

COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

**ELECTRONIC APPLICATION OF SOUTH)
KENTUCKY RURAL ELECTRIC COOPERATIVE)
CORPORATION FOR A GENERAL ADJUSTMENT)
OF RATES, APPROVAL OF DEPRECIATION)
STUDY, AND OTHER GENERAL RELIEF)**

**CASE NO.
2021-00407**

**RESPONSES TO COMMISSION STAFF'S FIRST REQUEST FOR
INFORMATION TO SOUTH KENTUCKY RURAL ELECTRIC
COOPERATIVE CORPORATION, DATED NOVEMBER 29, 2021**

COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION


In the Matter of:

THE ELECTRONIC APPLICATION OF)	
SOUTH KENTUCKY RURAL ELECTRIC)	
COOPERATIVE CORPORATION FOR A)	CASE NO.
GENERAL ADJUSTMENT OF RATES,)	2021-00407
APPROVAL OF A DEPRECIATION STUDY,)	
AND OTHER GENERAL RELIEF)	

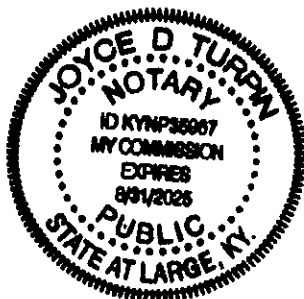
VERIFICATION OF KENNETH E. SIMMONS

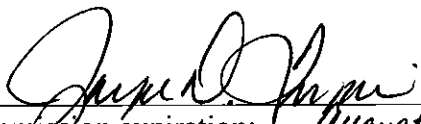
COMMONWEALTH OF KENTUCKY)
)
 COUNTY OF PULASKI)

Kenneth E. Simmons, President and Chief Executive Officer of South Kentucky Rural Electric Cooperative Corporation, being duly sworn, states that he has supervised the preparation of certain responses to Commission Staff's First Request for Information in the above-referenced case and that the matters and things set forth therein are true and accurate to the best of his knowledge, information and belief, formed after reasonable inquiry.


Kenneth E. Simmons

The foregoing Verification was signed, acknowledged and sworn to before me this 21st day of December, 2021, by Kenneth E. Simmons.




Commission expiration: August 31, 2025

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

THE ELECTRONIC APPLICATION OF)	
SOUTH KENTUCKY RURAL ELECTRIC)	
COOPERATIVE CORPORATION FOR A)	CASE NO.
GENERAL ADJUSTMENT OF RATES,)	2021-00407
APPROVAL OF A DEPRECIATION STUDY,)	
AND OTHER GENERAL RELIEF)	

VERIFICATION OF MICHELLE D. HERRMAN

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF PULASKI)

Michelle D. Herrman, Vice-President of Finance and Member Services of South Kentucky Rural Electric Cooperative Corporation, being duly sworn, states that she has supervised the preparation of certain responses to Commission Staff's First Request for Information in the above-referenced case and that the matters and things set forth therein are true and accurate to the best of her knowledge, information and belief, formed after reasonable inquiry.

Michelle D. Herrman
Michelle D. Herrman

The foregoing Verification was signed, acknowledged and sworn to before me this 21st day of December, 2021, by Michelle D. Herrman.



Joyce D. Turpin
Commission expiration: August 31, 2025

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

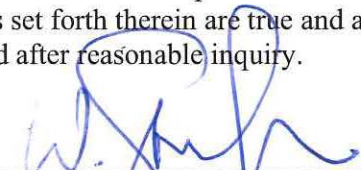
In the Matter of:

THE ELECTRONIC APPLICATION OF)	
SOUTH KENTUCKY RURAL ELECTRIC)	
COOPERATIVE CORPORATION FOR A)	CASE NO.
GENERAL ADJUSTMENT OF RATES,)	2021-00407
APPROVAL OF A DEPRECIATION STUDY,)	
AND OTHER GENERAL RELIEF)	

VERIFICATION OF WILLIAM STEVEN SEELYE


STATE OF MICHIGAN)
)
COUNTY OF WASHTENAW)

William Steven Seelye, Managing Partner, The Prime Group, LLC on behalf of South Kentucky Rural Electric Cooperative Corporation, being duly sworn, states that he has supervised the preparation of certain responses to Commission Staff's First Request for Information in the above-referenced case and that the matters and things set forth therein are true and accurate to the best of his knowledge, information and belief, formed after reasonable inquiry.



William Steven Seelye

The foregoing Verification was signed, acknowledged and sworn to before me this 22 day of December, 2021, by William Steven Seelye.



Commission expiration: 02/03/2023
ROSETTE COTRINA EDWARDS
WASHTENAW COUNTY, MICHIGAN



**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21

REQUEST 1

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 1. Provide the following expense account data:

Request 1a. A schedule, 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.

Response 1a. Please see attached.

Request 1b. 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 1b. South Kentucky provides the following summary of significant

activities, initiatives, or programs undertaken or continued since its last general rate case for the purpose of minimizing costs or improving the efficiency of its operations or maintenance activities. While there were other activities, initiatives, and programs undertaken, it is not possible to reasonably estimate the dollar impact of such actions.

1. We introduced AMI technology which allowed for the elimination of meter readers. Savings of approximately \$720,000 a year were estimated at the time.

2. The use of remote collars has allowed for better staff efficiency, saving both on staff time and transportation costs. Estimated annual savings are \$939,114.

3. We have introduced a mobile workforce platform, where we have reduced windshield time to allow for service orders to be provided real-time, without requiring service staff to return to the offices numerous times a day to receive new work assignments. This has approved efficiency and reduced response time. The savings are undetermined.

4. New ways for members to pay their electric bill have been introduced through our mobile app, website, kiosk and via our CheckOut program, reducing manning needs in our member service areas. We have reduced three fulltime staff positions, with an estimated savings of \$245,490 annually.

5. Temporary leased employees utilized to assist in our member services areas have been reduced from five to one, reducing our expenses by approximately \$68,000 annually.

6. Overall, staffing levels have been allowed to reduce as normal attrition occurs. Three recent reductions have resulted in \$431,000 in annual savings.

7. We have introduced LED lighting, and have moved away from older lighting technology such as high pressure sodium lights. The use of newer technology has resulted in reduced maintenance costs. As we transitioned to LED lighting beginning in 2016, we have realized a 96% reduction in annual operating expense related to this expense category. The 2020 annual savings noted on the income statement as compared to 2015, was \$457,697.

8. We have implemented energy efficiency measures in our own office spaces, converting warehouse lighting to LED fixtures. Estimated annual savings is \$20,000.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 2**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 2. Provide the capital structure at the end of the five most recent calendar years and each of the other periods shown in Schedule A1 and Schedule A2.

Response 2. Please see attached.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 3**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 3. Provide the following:

Request 3a. 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 B1.

Response 3a. Please see attached schedules showing long-term debt for the latest calendar year and for the test year.

Request 3b. An analysis of short-term debt as shown in Schedule B2 as of the end of the latest calendar year.

Response 3b. South Kentucky RECC did not have any short-term debt at the end of the latest calendar year or at the end of the test year.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 4**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 4. Provide the utility’s internal accounting manuals, directives, and policies and procedures.

Response 4. Please see attached RUS Bulletin 1717B-2 “Guide for Preparing Financial and Statistical Reports for Electric Distribution Borrowers”. Also reference the Audited Financial Statements provided as Exhibit 17 to the Application for a summary of significant accounting policies.

UNITED STATES DEPARTMENT OF AGRICULTURE
Rural Utilities Service

BULLETIN 1717B-2

RD-GD-2002-45

SUBJECT: Guide for Preparing Financial and Statistical Reports for Electric Distribution Borrowers

TO: All Electric Distribution Borrowers

EFFECTIVE DATE: Date of approval.

OFFICE OF PRIMARY INTEREST: Assistant Administrator, Electric Program.

FILING INSTRUCTIONS: This bulletin replaces RUS Bulletin 1717B-2, "Guide for Preparing Financial and Statistical Reports for Electric Distribution Borrowers," dated December 31, 1993. Suggestion to borrowers: Distribute copies of this bulletin to all units responsible for elements of the report.

This Bulletin is also available on the RUS Data Collection System Website at <http://dcs.usda.gov>.

PURPOSE: To provide instructions to all electric distribution borrowers required to submit operating reports to RUS. These instructions implement reporting requirements in the borrower's loan contract with RUS and the laws and regulations that authorize RUS to collect this information. The guidance provided in this bulletin corresponds to the completion of a paper Form 7 and 7a. The RUS Data Collection System Website contains instructions for completion of the electronic form.



Blaine D. Stockton
Assistant Administrator
Electric Program

2/14/02

Date

**INSTRUCTIONS FOR THE PREPARATION OF THE
FINANCIAL AND STATISTICAL REPORT**

TABLE OF CONTENTS

		Page
1	REQUIREMENTS	4
2	REPORTS	4
3	GENERAL	4
4	SPECIFIC INSTRUCTIONS	5

LIST OF EXHIBITS:

Exhibit A Specific Instructions for RUS Form 7	7
Exhibit B Specific Instructions for RUS Form 7a	29
Exhibit C Investments Under the 15 Percent Rule	35
Exhibit D Investment Descriptions	37

ATTACHMENTS:

Attachment 1	RUS Form 7
Attachment 2	RUS Form 7a

INDEX:

Financial and Statistical Reports
 Financial Statements
 Operating Reports
 Reports

ACRONYMS

CBO	Certificates of Beneficial Ownership
CD	Certificate of Deposit
CFC	National Rural Utilities Cooperative Finance Corporation
CL	Capital Leases
CATS	Certificates of Accrual on Treasury Securities
CTC	Capital Term Certificates
DCS	Data Collection System
ERC	Energy Resources Conservation
FCSFAC	Farm Credit System Finance Assistance Corporation
FDIC	Federal Deposit Insurance Corporation

ACRONYMS

(continued)

FERC	Federal Energy Regulatory Commission
FFB	Federal Financing Bank
FICO	Financing Corporation
FHLB	Federal Home Loan Banks
FHLMC	Federal Home Loan Mortgage Corporation or Freddie Mac
FmHA	Farmers Home Administration
FNMA	Federal National Mortgage Association or Fannie Mae
G&T	Generation and Transmission borrower
GNMA	Government National Mortgage Association, Ginnie Mae, or Ginnies
GSA	General Services Administration
NOW	Negotiable Order of Withdrawal
NRUCFC	National Rural Utilities Cooperative Finance Corporation
REFCORP	Resolution Funding Corporation
REIT	Real Estate Investment Trusts
RUS	Rural Utilities Service
SBA	Small Business Administration
Sallie Mae	Student Loan Marketing Association
TIGERS	Training Investment Growth Receipts
TVA	Tennessee Valley Authority
WMATA	Washington Metropolitan Area Transit Authority

1. REQUIREMENTS

The Rural Utilities Service's (RUS) requirements regarding the submission of financial and statistical reports by electric distribution borrowers are contained in the loan contract. Also, RUS's reporting requirements are codified in 7 CFR Parts 1710 and 1717.

2. REPORTS

2.1 The preparation of a monthly financial and statistical report aids a borrower's management in effectively operating and controlling the business.

2.2 As an aid to borrowers in developing and submitting operating information on a uniform basis, RUS furnishes a prescribed report form to be used by electric distribution borrowers. An original and one copy of RUS Form 7, pages 1 through 5, and Form 7a, Pages 1 and 2, should be submitted to RUS annually by March 1 for the period ending December 31. Quarterly reports (RUS Form 7, pages 1 and 2) are requested when a deficit exists in the prior year's operations. In addition, individual borrowers may be requested by RUS to submit RUS Form 7 (pages 1 and 2) monthly.

2.3 If after the filing of RUS Form 7 and 7a for December 31, major adjustments in the accounts are made which significantly affect the operating statement for the year, the balance sheet, or key financial ratios, revised reports reflecting these adjustments should be submitted to RUS promptly.

2.4 Sample copies of the revised report forms are attached to this guide. A supply of these forms will be furnished to borrowers not using the Data Collection System (DCS) system, upon request.

2.5 Distribution borrowers having generating facilities shall continue to submit reports on the operation of such facilities in accordance with the current instructions set forth in RUS Bulletin 1717B-3, in addition to the RUS Form 7 and 7a.

2.6 Timely reporting not only permits RUS to fulfill its reporting obligations, but helps the borrower have data promptly for effective management. It is strongly urged that attention be given to organizing your operations so that required reports will be submitted on time.

3. GENERAL

The "Financial and Statistical Report" makes available to RUS information for analyses in connection with the security of Government loan funds. It is believed that this report, when supplemented by such additional information as may be desired by an individual borrower, will also be of great assistance to boards of directors and managers of the system in successfully coping with various management problems.

The report provides RUS with sufficient information to prepare an annual financial and statistical report of all RUS borrowers' electric operations. RUS provides the Federal Energy Regulatory Commission (FERC) with a copy of the RUS statistical report. Thus, most borrowers are not required to submit individual reports to FERC.

The reports prepared by borrowers must accurately reflect the financial data as shown by the books of account, and should be prepared in accordance with the detailed instructions contained in this manual. Maximum benefits can be derived from the monthly and annual report only when they are correctly prepared. Careful preparation of the report also eliminates additional correspondence. After the report has been prepared and typed, it should be carefully reviewed and verified for both clerical and/or typographical errors. Accounts referenced: RUS Uniform System of Accounts - Electric (7 CFR 1767, subpart B, and RUS Bulletin 1767B-1).

These instructions and report forms do not apply to power supply borrowers.

4. SPECIFIC INSTRUCTIONS

4.1 The "Financial and Statistical Report," RUS Form 7, Pages 1 through 5, and Form 7a, "Investments, Loan Guarantees and Loans - Distribution," are composed as follows:

Form 7

- Part A. Statement of Operations
- Part B. Data on Transmission and Distribution Plant
- Part C. Balance Sheet
- Part D. Notes to Financial Statements
- Part E. Changes in Utility Plant
- Part F. Materials and Supplies
- Part G. Service Interruptions
- Part H. Employee - Hour and Payroll Statistics
- Part I. Patronage Capital
- Part J. Due From Consumers for Electric Service
- Part K. kWh Purchased and Total Cost
- Part L. Long-Term Leases
- Part M. Annual Meeting and Board Data
- Part N. Long-Term Debt and Debt Service Requirements
- Part O. Power Requirements Data Base – Annual Summary

Form 7a

- Part I. Investments
- Part II. Loan Guarantees
- Part III. Ratio
- Part IV. Loans

4.2 The following system is used in this guide for reference to items reported on RUS Forms 7 and 7a:

A capital letter designates the part, a number designates the item or line number, and a lower case letter designates the column. Example: A15d indicates Part A, Item 15, Column d.

4.3 "Red" (or negative) figures on the report should be indicated by enclosing the amount in parentheses (--). Do not use parentheses to indicate that an amount is to be deducted when the format provides for the deduction to be made. Example: The entry for Form 7 - C4 should not be enclosed with parentheses as Net Utility Plant is to be determined by subtracting line 4 from line 3.

4.4 A column for "Budget" has been provided on RUS Form 7, Page 1, Part A, "Statement of Operations," for the convenience of borrowers. When used, this should consist of the cumulative monthly figures taken from the previously prepared annual budget. A budget is a plan for future guidance of the business in which probable revenue and expense is estimated and allocated. If there is a substantial difference between the budget item and the actual, it would be appropriate to make an analysis of operations to determine if remedial action is needed. While reporting of the "Budget" information is optional, RUS may require borrowers to report budget information on a case-by-case basis.

4.5 Much care should be exercised in the insertion of the statistical data required by the report, particularly that which cannot be verified on the report.

4.6 Borrowers should report all amounts to the "nearest dollar" and eliminate the cents. All totals and subtotals should be the sums of the rounded figures used.

EXHIBIT A
SPECIFIC INSTRUCTIONS FOR RUS FORM 7
FINANCIAL AND STATISTICAL REPORT

PART A, STATEMENT OF OPERATIONS

Column

- a Last Year**
This column reflects cumulative annual totals through the month covered by the report, entries for which should be obtained from Column b of this same part (RUS Form 7, Part A) of the operating report for the corresponding month of the prior year.
- b This Year**
Cumulative annual totals are also reflected in this column, entries for which should be obtained from the year-to-date totals of the general ledger trial balance for the corresponding month.
- c Budget (Optional)**
Entries for this column should be obtained from the operating budget using cumulative annual totals for the corresponding month.
- d This Month**
Entries for this column should be obtained from the monthly totals of the general ledger trial balance of the appropriate accounts for the month involved.

Item No.

- 1 Operating Revenue and Patronage Capital**
The entry for Column b is obtained by adding Part O, Items 12 and 13 of the "Total Year to Date" column.
- 2 Power Production Expense**
Accounts 500 through 554
- 3 Cost of Purchased Power**
Accounts 555, 556, and 557
- 4 Transmission Expense**
Accounts 560 through 573
- 5 Distribution Expense - Operation**
Accounts 580 through 589

Item No. (continued)

- 6 **Distribution Expense - Maintenance**
Accounts 590 through 598
- 7 **Customer Accounts Expense**
Accounts 901 through 905
- 8 **Customer Service and Informational Expense**
Accounts 907 through 910
- 9 **Sales Expense**
Accounts 911 through 916
- 10 **Administrative and General Expense**
Accounts 920 through 931 and 935
- 11 **Total Operation and Maintenance Expense**
Total of Items 2 through 10
- 12 **Depreciation and Amortization Expense**
Accounts 403.1 through 403.7 and 404 through 407 (including 407.3 & 407.4)
- 13 **Tax Expense - Property and Gross Receipts**
Account 408.1 and 408.6. Some States have enacted laws providing for payments in lieu of property taxes. These taxes should be reported as "Tax Expense - Property and Gross Receipts."
- 14 **Tax Expense - Other**
All subaccounts of Accounts 408, except 408.1 and 408.6 plus Accounts 409.1, 410.1, 411.1, 411.4 and 420
- 15 **Interest on Long-Term Debt**
Account 427. Do not include any interest earned on Balance of Advance Payments. It is non-operating income, item 21.
- 16 **Interest Charged to Construction - Credit**
Account 427.3
- 17 **Interest Expense - Other**
Account 431
- 18 **Other Deductions**
Accounts 409.2, 410.2, 411.2, 411.5, 411.6, 411.7, 411.8, 411.9, 425, 426.1 through 426.5, 428, 428.1, 429, 429.1 and 430

Item No. (continued)

- 19** **Total Cost of Electric Service**
Total of Items 11 through 18
- 20** **Patronage Capital and Operating Margins**
Item 1 minus Item 19
- 21** **Non-Operating Margins - Interest**
Account 419 and 432. Include interest earned on Balance of Advance Payments, if any.
- 22** **Allowance for Funds Used During Construction**
Account 419.1
- 23** **Income (Loss) from Equity Investment**
Account 418.1 plus the amounts recorded in Account 421 relating to the income or loss from investments recorded on the equity method of accounting for investments.
- 24** **Non-Operating Margins - Other**
Net total of Accounts 415, 417, 418, 421, 421.1, less Accounts 416, 417.1, 421.2, and 422
- 25** **Generation and Transmission Capital Credits**
Account 423
- 26** **Other Capital Credits and Patronage Dividends**
Account 424
- 27** **Extraordinary Items**
Net total of Accounts 409.3 plus 434 minus 435 plus or minus 435.1
- 28** **Patronage Capital or Margins**
Total of Items 20 through 27

PART B, DATA ON TRANSMISSION AND DISTRIBUTION PLANT

All entries for Column a should be obtained from Column b of this part of the Operating Report for the prior year.

Item No.

1 New Services Connected

In Column b insert the total of all new individual services connected this year to date. The data should include new construction and exclude connections to new consumers on previously connected services.

2 Services Retired

In Column b place the number of all individual service installations physically removed during the year.

3 Total Services in Place

In Column b insert the number of services as of the end of the reporting period. (Report all services in place whether or not they are in use.)

4 Idle Services (Exclude Seasonals)

The number of idle services in Column b should be the total number of delivery points to which service wires remain physically in place but for which no bill is being rendered. Seasonal consumers or patrons paying a nominal sum for the retention in place of idle facilities should be excluded from the count of idle services.

5 Miles Transmission

Mileage in Column b represents the total pole line miles of transmission line that have been energized. A transmission line is a line serving as a source of supply to a point where the voltage is transformed to a voltage used for distribution purposes.

6 Miles Distribution - Overhead

Mileage in Column b represents the present total overhead pole line miles that have been energized. Distribution lines are those which deliver electric energy from the substation or metering point to the point of attachment to the consumers' wiring and include primary, secondary, and service facilities.

7 Miles Distribution - Underground

Mileage in Column b represents the total underground line miles of distribution lines (primary, secondary, and services) that have been energized.

8 Total Miles Energized

Sum of Items 5, 6, and 7

Note: (1) Underbuild in overhead lines or joint runs in underground installations do not increase the number of line miles except for distribution underbuild on transmission poles. In such cases, distribution pole line miles would be increased by the number of underbuild miles involved.

PART C, BALANCE SHEET

Assets and Other Debits

Item No.

- 1 Total Utility Plant in Service**
Accounts 101 (total of Accounts 301 through 399), 101.1, 102 through 106, 114, 116, 118, and 120.1 through 120.6
- 2 Construction Work in Progress**
All subaccounts of Account 107
- 3 Total Utility Plant**
Sum of Items 1 and 2
- 4 Accumulated Provision for Depreciation and Amortization**
All subaccounts of Account 108, and Accounts 111, 115, and 119
- 5 Net Utility Plant**
Item 3 less Item 4
- 6 Non-Utility Property (Net)**
Account 121 less Account 122
- 7 Investments in Subsidiary Companies**
Account 123.11
- 8 Investments in Associated Organizations - Patronage Capital**
Account 123.1
- 9 Investments in Associated Organizations - Other - General Funds**
The amount of the investments recorded in Accounts 123.22 and 123.23 as provided for in 7 CFR 1717, Subpart N, Investments, Loans, and Guarantees by Electric Borrowers.

Item No. (continued)

10 **Investments in Associated Organizations - Other - Nongeneral Funds**

The amount of the investments in Accounts 123.22 and 123.23. The following are classified as such investments:

(1) All National Rural Cooperative Finance Corporation (CFC) – Capital Term Certificates (CTC) except those purchased more than 24 months in advance of their due date.

(2) Investments which have been specifically excluded by the Administrator or his designated representative.

(Note: The above investments are nongeneral fund items regardless of the account in which they are reported. However, the only excludable investments to be reported, for Item 10 are those which are reported in Accounts 123.22 or 123.23. The sum of the amounts reported for Items 9 and 10 should equal the sum of the balances in Accounts 123.22 and 123.23.)

11 **Investments In Economic Development Projects**

Report investments in Economic Development Projects recorded in accounts 123, Investments in Associated Organizations, and 124, Other Investments. (Note: These Economic Development investment amounts should not be reported on any other line of the Balance Sheet.)

12 **Other Investments**

Report amount in Account 124 not related to Economic Development Projects included in Item 11.

13 **Special Funds**

Accounts 125 through 128

14 **Total Other Property and Investments**

Total of Items 6 through 13

15 **Cash - General Funds**

Accounts 131.1, 131.12, 131.13, 131.14, and 135. Item 46, "Accounts Payable," should be utilized for checks written and not paid as of the date of this report.

16 **Cash - Construction Funds - Trustee**

Accounts 131.2 and 131.3. Item 46, "Accounts Payable," must be credited for checks written and not paid as of the date of this report.

17 **Special Deposits**

Accounts 132 through 134

Item No. (continued)

- 18 **Temporary Investments**
Account 136

- 19 **Notes Receivable (Net)**
Account 141 and 145 less Account 141.1

- 20 **Accounts Receivable - Sales of Energy (Net)**
Account 142.1 less Account 144.1

- 21 **Accounts Receivable - Other (Net)**
Accounts 142.2, 143 and 146 less Accounts 144.2 through 144.4

- 22 **Materials and Supplies - Electric and Other**
Accounts 151 through 157, 158.1, 158.2 and 163

- 23 **Prepayments**
Accounts 165.1 and 165.2

- 24 **Other Current and Accrued Assets**
Accounts 171 through 174

- 25 **Total Current and Accrued Assets**
Total of Items 15 through 24

- 26 **Regulatory Assets**
Accounts 182.2 and 182.3

- 27 **Other Deferred Debits**
Accounts 181 through 190, except 182.2 and 182.3

- 28 **Total Assets and Other Debits**
Total of Items 5, 14, 25 through 27

Liabilities and Other Credits

Item No.

- 29 **Memberships**
Accounts 200.1 and 200.2

- 30 **Patronage Capital**
Accounts 201.1 and 201.2

Item No. (continued)

31 **Operating Margins - Prior Years**

Account 219.1 and Account 219.4 when it applies to operating margins.

32 **Operating Margins - Current Year**

Total of Items 20, 25, 26, and the portion of Line 27 that relates to operating margins of the current RUS Form 7, Part A, Column b less that portion of current year margins transferred from Account 219.1 to Account 201.2 and included in the amount reported for Line 28, "Patronage Capital or Margins."

33 **Non-Operating Margins**

Total of Account 219.2 plus Account 219.4 when it applies to non-operating margins, and Items 21, 22, 23, 24, and the portion of Line 27 that relates to non-operating margins, of the current RUS Form 7, Part A, Column b.

34 **Other Margins and Equities**

Total of Accounts 208, 211, 215, 216.1, 217, 218, and 219.3

35 **Total Margins and Equities**

Total of Items 29 through 34.

36 **Long-Term Debt - RUS (Net)**

Accounts 224.1, 224.3, 224.5, 224.7 and 224.9 less Accounts 224.2, 224.4, 224.6, 224.8, and 224.10; also enter the amount of Account 224.6 in the space for "Payments-Unapplied." Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

37 **Long-Term Debt - RUS - Economic Development (Net)**

Report amounts recorded in accounts 224.16, Long-Term Debt - Economic Development Notes Executed, less 224.17, RUS Notes Executed - Economic Development - Debit. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 49.

38 **Long-Term Debt – FFB – RUS Guaranteed**

Report amounts recorded in accounts 224.14 less 224.15 that relate to FFB loans. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

39 **Long-Term Debt - Other - RUS Guaranteed**

Report amounts recorded in accounts 224.11, 224.12, 224.14, 225, 226 less Accounts 123.21, 224.13 and 224.15 pertaining to Non-FFB debt whose repayment is guaranteed by RUS. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.

Item No. (continued)

- 40** **Long-Term Debt - Other (Net)**
Report amounts in Accounts 221, 222, 223, 224.11, 224.12, 224.14, 225, 226 less 123.21, 224.13 and 224.15 pertaining to debt whose repayment is NOT guaranteed by RUS. Report only the long-term portion of the debt under this item. The current portion of the debt (due within one year) should be reported on item 48.
- 41** **Total Long-Term Debt**
Total of Items 36 through 40.
- 42** **Obligations Under Capital Leases - Noncurrent**
Account 227
- 43** **Accumulated Operating Provisions**
Accounts 228.1 through 228.4, and 229. Note: If the cumulative amount recorded in Account 228 is a debit balance, the amount should be reported on Line 12, Other Investments.
- 44** **Total Other Noncurrent Liabilities**
Sum of items 42 and 43
- 45** **Notes Payable**
Accounts 231 and 233
- 46** **Accounts Payable**
Accounts 232.1, 232.2, 232.3 and 234.
- 47** **Consumers Deposits**
Account 235
- 48** **Current Maturities Long-Term Debt**
Report amounts due within one year of the obligations reported on items 36, 38, 39 and 40.
- 49** **Current Maturities Long-Term Debt – Economic Development**
Report amounts due within one year of the obligations reported on item 37.
- 50** **Current Maturities – Capital Leases**
Account 243
- 51** **Other Current and Accrued Liabilities**
Accounts 236.1 through 236.7, 237, 238.1, 238.2, 239, 240, 241, and 242.1 through 242.5

- 52** **Total Current and Accrued Liabilities**
Total of Items 45 through 51
- 53** **Regulatory Liabilities**
Account 254
- 54** **Other Deferred Credits**
Accounts 252, 253, 253.1, 255, 256, 257, 281, 282, and 283
- 55** **Total Liabilities and Other Credits**
Total of Items 35, 41, 44, and 52 through 54

PARTS D, NOTES TO FINANCIAL STATEMENTS

Part D provides space for important disclosure notes to the financial statements not included in other parts of this form.

A partial checklist of these disclosure notes is as follows:

Prepaid or deferred charges that are being amortized for a period exceeding 12 months.

Capital leases for lessee; sales or financing leases for lessor.

Unbilled revenue -- Report of the amount not billed to consumers for which kWhs have been consumed. Please state if this amount is or is not included in Part C, line 20.

Accounting changes.

Contingent Assets and Liabilities

Deferred compensation\Pension plans -- employers.

Deferred Debits or Credits, and Extraordinary Items.

Margin Stabilization Plans.

Short-term obligations expected to be refinanced.

Deferred credits that are being amortized for a period exceeding 12 months.

Related party transactions.

PART E, CHANGES IN UTILITY PLANT

Item No.

- 1 Distribution Plant**
Accounts 360 through 373
- 2 General Plant**
Accounts 391 through 399.
- 3 Headquarters Plant**
Accounts 389 through 390.
- 4 Intangibles**
Accounts 301, 302, and 303
- 5 Transmission Plant**
Accounts 350 through 359
- 6 All Other Utility Plant**
Accounts 101.1, 102 through 106, 114, 116, 118, 120.1 through 120.6, and 310 through 346.
- 7 Total Utility Plant in Service**
Total of Items 1 through 6. Amount in column e should agree with Part C, Item 1.
- 8 Construction Work in Progress**
Account 107. Amount in column e should agree with Part C, Item 2.
- 9 TOTAL UTILITY PLANT**
Total of Items 7 and 8. Amount in column e should agree with Part C, Item 3.

Column

- a Balance Beginning of Year**
The balances in this column for each item should be the same as shown in "Balance End of Year" column of the previous years' report.

Column (continued)**b** **Additions**

This column should show the additions to plant during the year including any corrections for additions for the current or preceding year for each item. The amount of the additions should be net cost (gross cost less contributions in aid of construction credited to the plant accounts). Include in this column transfers involving Account 103, "Experimental Electric Plant Unclassified," Account 106, "Completed Construction Not Classified - Electric," and Account 107, "Construction Work in Progress - Electric," made to close the record for items in these accounts. A credit will be shown in this column for Accounts 103, 106, and 107 if the "Balance End of Year" in either Accounts 103, 106, or 107 is less than "Balance Beginning of Year." Any amount paid for electric plant purchased during the year should be shown in Column b.

c **Retirements**

This column should show the value of physical retirements for each item of plant made during the year including any corrections for retirements for the current or preceding year. Any amount received during the year for electric plant sold should be shown in Column c. Do not include contributions in aid of construction in this account. See instructions for Column b above.

d **Adjustments and Transfers**

Include in this column:

1. Transfers between utility plant purchased or sold and the utility plant in service accounts.
2. Transfers between utility plant in service accounts and utility plant leased to others.
3. Transfers between utility plant in service accounts and utility plant held for future use.
4. Reclassifications or transfers within the utility plant in service accounts.

Do not include corrections of additions and retirements for the current or preceding year in this column. (These should be shown in Column b or Column c, respectively.) Do not include transfers from Account 107 to 106, or 106 to the electric plant in service accounts. (These are to be shown in Column b.)

Ordinarily, this column should total to zero. However, when utility plant purchased is transferred to the utility plant in service accounts, a difference will occur because of the accumulated provision for depreciation. When the utility plant in service accounts are credited with utility plant sold, a difference will develop. This is because of the adjustment to the accumulated provision for depreciation and the gain or loss.

Column (continued)

e **Balance End of Year**

These balances should be determined at year-end directly from the accounts. Each item and column total should be verified to see that "Balance Beginning of Year" plus "Additions" minus "Retirements" and plus or minus "Adjustments and Transfers" equal "Balance End of Year." The amount for Item 8 should agree with RUS Form 7, Part C, Item 2. The amount for Item 9 should agree with RUS Form 7, Part C, Item 3.

PART F, MATERIALS AND SUPPLIES

Item No.

1 **Electric**

Column a: Enter the total of the balances in Accounts 151 through 154 and 163 at the end of the previous year.

Column b: Enter the total of materials purchased during the year and recorded in Accounts 151, 152, and 154, plus net additions to Accounts 153 and 163 excluding inventory adjustments which are to be reported in Column f.

Column c: Enter the amount of the materials returned to stores from retirement of plant during the year.

Column d: Enter the net amount of materials used during the year (materials charged out less materials returned to stores). Include stores expense assigned to those materials. Do not include credits for inventory adjustments that are to be reported in Column f.

Column e: Enter the amount of all materials and supplies sold during the year.

Column f: Enter the net amount of inventory adjustments (shortages, overages, and breakage) made during the year.

Column g: Enter the total of the balances in Accounts 151 through 154 and 163 as of the end of the year.

2 **Other**

Enter in Column a the total of Accounts 155, 156, 157, 158.1, and 158.2 at the end of the previous year. Enter in Column b the amount of other purchases (at cost) for the year. Enter in Column c any trade-in merchandise or other material put into stock. Enter in Column d any merchandise or other materials taken from stock for the cooperative's use. Enter in Column e all merchandise and other material sold during the year. Enter in Column f any adjustments (net) for shortages, overages, breakage, etc. Enter in

Column g the total of the balances in Accounts 155, 156, 157, 158.1, and 158.2 on December 31 (Note: Columns a plus b and c, less d and e, plus or minus f, as appropriate, equal Column g).

PART G. SERVICE INTERRUPTIONS

The importance and manner of measuring and reporting continuity of service is described in RUS Bulletin 161-1. This bulletin provides for coding of causes that fit the four classifications shown in this part.

Average hours interruptions per consumer are obtained by multiplying the time of each interruption by the number of consumers affected and dividing by the average number of consumers receiving service.

Column

a Power Supplier

Enter in this column the average interruption hours per consumer resulting from failure of the power supplier's facilities.

b Extreme Storm

It is intended that this column exclude common or expected weather conditions and include extreme weather conditions resulting in extraordinary interruption time and equipment damage. Usually there is a series of concurrent interruptions resulting from conditions that exceed design assumptions.

c Prearranged

This column includes service interruptions caused by a decision to de-energize all or part of the system.

d All Other

Include in this column all service interruptions not included in Columns a, b, and c.

e Total

This column represents the sum of all causes, and represents either the average interruption hours per consumer for the current year (Item 1), or the average for 5 years (Item 2).

Item No.

1 Present Year

Enter data for the current year in the appropriate column.

2 Five Year Average

Enter data for the most recent 5 years including the current year. In the event that statistics are not available for a full previous 5 years, use the best estimate possible until actual figures become available

PART H, EMPLOYEE - HOUR AND PAYROLL STATISTICS

The object of this part is to obtain statistics on all work performed for the borrower by the cooperative's employees based on payroll records.

Item No.

1 **Number of Full-Time Employees**

The number reported should be the number of employees hired full-time for normal operations of the system. It should not include employees added to do emergency work, employees added for seasonal employment, or for special assignments. If an employee works for the first 6 months of the year, quits in July, and is replaced immediately or later by another employee, these two employees should be reported as one full-time employee.

2 **Employee-Hours Worked - Regular Time**

Report the total number of employee-hours worked for which the employees received a regular rate of pay. Include all employees both salaried and those paid by the hour. All leave with pay is to be counted as hours worked. All leave without pay is not to be counted.

3 **Employee-Hours Worked - Overtime**

Report the total number of employee-hours worked for which a premium rate of pay was received by the employee.

4 **Payroll - Expensed**

Enter the amount of payroll that was charged to the operation and maintenance expense accounts (Accounts 500 through 598 and 901 through 931 and 935) during the year.

5 **Payroll - Capitalized**

Enter the amount of payroll that was used in construction and retirement work (all payroll charged to Accounts 107.1 through 107.3, 108.8, plus all payroll directly charged to the plant Accounts 301 through 399).

6 **Payroll - Other**

Enter the amount of payroll that was not included in Items 4 and 5.

PART I, PATRONAGE CAPITAL

Item No.

1 Capital Credits Distributions

a. General Retirements

Column (a) - This Year

Enter the total of those retirements made during the current year that covered a specific period or a specific percentage of a period. See Item 1b(a) for additional instructions.

Column (b) - Cumulative

This entry should be determined in accordance with the instructions from Item 1a except that the period covered is from inception through and including the current year. It also may be determined by using the balance for this item for the prior year and adding the entry in Item 1a(a) for the current year.

b. Special Retirements

Column (a) - This Year

Enter the total of those retirements made during the current (reported) year, such as estate settlements (Note: The total of the entries in Items 1 and 2 in column a should equal total patronage capital retirements for the year).

Column (b) - Cumulative

The entry should be determined in accordance with the instructions for Item 2a except the period covered is from inception through and including the current year. It also may be determined by using the balances for this item for the prior year and adding the entry in Item 2a for the current year.

c. Total Retirements

Column (a) - This Year

Enter total of 1a and 2a

Column (b) - Cumulative

Enter total of 1b and 2b

2 Capital Credits Received

a. Cash Received From Retirement of Patronage Capital by Suppliers of Electric Power

Column (a) - This Year

Self-explanatory

b. Cash Received From Retirement of Patronage Capital by Lenders for Credit Extended to the Electric System

Column (a) - This Year
Self-explanatory

c. Total Cash Received

Column (a) - This Year
Enter total of 2a and 2b

PART J, DUE FROM CONSUMERS FOR ELECTRIC SERVICE

Item No.

1 Amount Due Over 60 Days

Include both connected and disconnected consumers.

2 Amount Written Off During Year

Include total charges during the current year to Account 144.1 representing the write-off of uncollectible accounts.

PART K, kWh PURCHASED AND TOTAL COST

Enter in Column a the name of each wholesale power supplier from which power was purchased for resale. Column b is for RUS use only. Enter in Column c the total kWh purchased from each supplier. Enter in Column d the total cost of power from each supplier. This shall include energy, demand, wheeling and other charges associated with the power purchased from each supplier. Enter in Column e the average cost per kWh purchased (in cents). This calculation is made by dividing Column d by Column c.

When the power bill includes charges or credits for items other than charges for demand and energy, such as fuel cost adjustments, wheeling, equipment rentals, taxes, etc., the amounts thereof should be determined and entered in Column f or g as appropriate.

PART L, LONG-TERM LEASES

Report in this part by lessor, the type of property, and the amount of rental for the year (accrued or paid) on all restricted property that the borrower holds under long-term lease from other parties.

Restricted Rentals as defined in 7 CFR Part 1718, Subpart B, "Mortgage for Distribution Borrowers," shall mean all rentals required to be paid under finance leases and charged to income, exclusive of any amounts paid under any such lease (whether or not designated therein as rental or additional rental) for maintenance or repairs, insurance, taxes, assessments, water

rates or similar charges. For the purpose of this definition the term “finance lease” shall mean any lease having a rental term (including the term for which such lease may be renewed or extended at the option of the lessee) in excess of 3 years and covering property having an initial cost in excess of \$250,000 other than aircraft, ships, barges, automobiles, trucks, trailers, rolling stock and vehicles; office, garage and warehouse space; office equipment and computers. Long-Term Lease as defined in 7 CFR Part 1718, Subpart B, “Mortgage for Distribution Borrowers,” shall mean a lease having an unexpired term (taking into account terms of renewal at the option of the lessor, whether or not such lease has previously been renewed) of more than 12 months.

General plant is not to be included in the data to be reported in this part. Leases accounted for as capital leases (CL), the cost of which is included in utility (or non-utility) plant, should also be disclosed here with proper additional information included in Part D, "Notes to Financial Statements," and Part N, "Long-Term Debt and Debt Service Requirements." Identify these leases by placing "(CL)" following the name of the lessor.

PART M, ANNUAL MEETING AND BOARD DATA

Item No.

- 1** **Date of Last Annual Meeting**
Use date scheduled even if no legal meeting was held. If such is the case, so state.

- 2** **Total Number of Members**
The number of members in the cooperative that are eligible to vote is to be reported in this block. This number is to be determined on the basis of one vote to one member. It will customarily be less than the number of billed consumers as usually some members are billed for more than one account. If exact figures are not available, enter best estimate and use asterisk (*) to show the figure is an estimate.

- 3** **Number of Members Present at Meeting**
Report number of members present in person as determined by registration or votes cast. Only report persons eligible to vote. Do not report total number of persons in attendance.

- 4** **Was Quorum Present?**
A "yes" or "no" answer is sufficient.

- 5** **Number of Members Voting by Proxy or Mail**
Report the number of absentee ballots cast. Include both proxy votes and absentee votes. If none, so state.

- 6** **Total Number of Board Members**
List number on board when all vacancies are filled.

Item No. (continued)

7 **Total Amount of Fees and Expenses for Board Members**

Include all fees, expenses, and per diem paid to board members for all purposes during the current year, including attendance at board meetings, training seminars, delegated board business, association meetings, amounts paid for insurance, and other expenses directly associated with individual board members.

8 **Does Manager Have Written Contract?**

A "yes" or "no" answer is requested.

PART N, LONG-TERM DEBT AND DEBT SERVICE REQUIREMENTS

This section is to be prepared by all borrowers that list an amount on line 36 through 40 plus line 42 of Part C, RUS Form 7. Report all loans made to the utility system here. Loans made by the reporting utility system to others (e.g., economic development loans to finance local projects) should not be reported in this part of the report. Part N, line 12a, Total, should match the sum of the amount reported on line 41, "Total Long-Term Debt," plus the sum of the amount reported on line 42, "Obligations Under Capital Leases - Noncurrent, Part C, Balance Sheet.

Item No.

1-11 Enter required data for each lender. List each lender separately. Include all types of long-term obligations including long-term lease obligations (capital) as reported on lines 36, 37, 38, 39, 40, and 42, Part C, Balance Sheet.

12 Enter the total of Items 1 through 11 for each column.

Column

a **Balance End of Year**

Enter the outstanding long-term debt balance for each lender.

b **Interest**

Enter the sum of the amount for current interest billed during the year by each lender. This amount includes interest charged to construction as well as interest charged to expense. Do not deduct the interest earned on Balance of Advance Payments accounts.

c **Principal**

Enter the sum of the amounts billed for principal during the year by each lender. If a portion of the principal amount is being refinanced (e.g., the proceeds from a RUS or RUS-guaranteed loan are used to pay off a CFC intermediate-term construction loan), that amount should not be included in this column as part of the principal billed. The

principal amount being refinanced, however, should be asterisked and the refinanced portion should be shown under Part D, "Notes to Financial Statements."

Do not include in Columns b and c amounts billed that are applicable to another year's transaction such as billings for past due accounts, note assumptions, etc.

Amounts reported in Columns b and c should include billings due for payment by the end of the year. If a billing was not received for such a payment, the amount that will be billed should be estimated and included as part of the amounts reported in these columns.

d **Total**

Enter the total of amounts in Columns b and c for each lender.

PART O. POWER REQUIREMENTS DATA BASE – ANNUAL SUMMARY

All revenue from operating electric plant including kWh sales, penalties, income from utility property, and miscellaneous items is to be reported in this part. Please note that if unbilled revenue is estimated (accrued) and reported in Form 7, Part A, Item 1, then the unbilled revenue must be included in the applicable classes on this form in Part O, also. It must be added to the billed revenue for Residential Sales, Residential Sales - Seasonal, etc. It should not be reported as Sales for Resales - Other.

Item No.

1 - 9 **Line a**

Number Consumers Served

Enter the number of consumers, by classification, having a current service connection in December in Column a. Enter the average number of consumers served based on the number of months that revenue is reported in Column b.

Special Circumstances for Number Consumers Served

Residential consumers (seasonal and non-seasonal) should be counted on the basis of the number of residences served. If one meter serves two residences, then two consumers should be counted. If a water heater is metered separately from other appliances on the same premises, do not count the water heater load as a separate consumer.

Security or safety lights, billed to a residential customer, should not be counted as an additional consumer, nor should they be included in the Public Street and Highway Lighting Classification.

Seasonal consumers expected to resume service during the next seasonal period should be counted during off-season periods as well.

A residence and commercial establishment on the same premises, receiving service through the same meter and being billed under the same rate schedule, would be classified as one consumer based on the rate schedule. If the same rate schedule applies to both the residential and the commercial class, the consumer should be classified according to principal use.

Consumers for Public Street and Highway Lighting should be counted by the number of billings, regardless of the number of lights per billing.

Installations erected for billboards or advertising purposes should be counted by billing and included in the appropriate commercial classification.

1 - 9 Line b

kWh Sold

Enter the number of kWh sold during the year for each consumer classification in Column c, Total Year to Date.

1 - 9 Line c

Revenue

Enter the dollar value of billings for the year for each consumer classification in Column c, Total Year to Date.

10 Total Number of Consumers

Enter the total of Lines 1a through 9a, Column a, December, and Column b, Average No. Consumers Served.

11 Total kWh Sold

Enter the total of Lines 1b through 9b, Column c, Total Year to Date.

12 Total Revenue Received from Sales of Electric Energy

Enter the total of Lines 1c through 9c, Column c, Total Year to Date.

13 Other Electric Revenue

Report amounts in accounts 412, 414, 449.1, 450, 451, and 453 through 456 less account 413. Enter the total in column c, Total Year to Date. Check: Line 12 total plus Line 13 total must agree with Part A, Line 1, Column b.

14 kWh - Own Use

Enter the total of the kWh consumed for corporate purposes in Column c, Total Year to Date. Show only kWh purchases under wholesale power contract for resale or self-generated and used for this purpose. Do not report energy purchased directly from a supplier solely for corporate purposes.

15 Total kWh Purchased

Enter the total of the kWh delivered by the power suppliers in the Column c, Total Year to Date. Transformer loss adjustments for low or high side delivery, if any, should be reported as kWh delivered.

16 Total kWh Generated

Enter the total of the net generation in Column c, Total Year to Date. Check: These figures should agree with those reported in RUS Form 12d, 12e, 12f, and 12g.

17 Cost of Purchases and Generation

Enter the total of Part A, Column b, Lines 2, 3, and 4, in Column c, Total Year to Date.

18 Interchange - kWh - Net

Energy flow between two electric systems, but not included in power billings is to be entered on this line. Energy received into the systems should be reported as a positive figure and energy delivered out of the system should be reported as a negative number. When the flow is both "in" and "out", the difference should be reported. Enter the total in Column c, Total Year to Date.

19 Peak - Sum All kW Input (Metered)

Please check the appropriate box indicating coincident or non-coincident peak.

Enter the highest monthly demand reported in Column c, Total Year to Date.

Include both generated and purchased power. For purchased power, use metered demand plus adjustments for transformer losses. Do not include adjustments made for billing purposes.

EXHIBIT B
SPECIFIC INSTRUCTIONS FOR RUS FORM 7a
INVESTMENTS, LOAN GUARANTEES AND LOANS - DISTRIBUTION

This form implements the reporting requirements placed on RUS borrowers in 7 CFR 1717, Subpart N.

General Instructions

1. RUS Form 7a, Investments, correspond to those reported in the Balance Sheet (RUS Form 7, Page 2, Part C, Balance Sheet). Also, all investment items summarized on the Balance Sheet are also reported here and classified as either included, that is subject to the 15% Rule*, or excluded.

*The 15 percent Rule states: "A Borrower in compliance with all provisions of its RUS mortgage, RUS loan contract, and any other agreements with RUS may, without prior written approval of the Administrator, invest its own funds or make loans or guarantees not in excess of 15 percent of its total utility plant without regard to any provisions contained in any RUS mortgage or RUS loan contract to the effect that the borrower must obtain prior approval from RUS, ..." [Reference 7 CFR 1717.654, "Transactions below the 15 percent level," 1717.655, "Exclusion of certain investments, loans, and guarantees," and 1717.656, "Exemption of certain borrowers from controls."]

2. *Please cross check each item listed in PART I. INVESTMENTS, to ensure that the total of each category on the Form 7a (e.g., 1. Non-Utility Property (Net)) matches the balance sheet amount on Form 7.*

3. Exhibit C of this bulletin classifies most investments as either Included or Excluded. In developing our guidelines, we referred to 7 CFR 1717.655, "Exclusion of certain investments, loans, and guarantees." If you need further clarification, contact your RUS Regional Division office for assistance. Exhibit D of this bulletin describes each type of investment in greater detail and classifies it as included or excluded.

4. Almost all investments must be reported separately, however, there are exceptions: Energy Resources Conservation (ERC) loans, and Loans to Employees, Officers, and Directors, each of these types of investments should be combined and reported as a total. A full description of each investment is needed by RUS to verify its proper classification as included or excluded.

5. Loan guarantees that a RUS borrower makes (e.g. member guarantees of its power supplier's loan from RUS) in conformance with the terms of a formal agreement with RUS are excludable.

6. If you need more space than the printed forms provide, please show the remainder of your investments, separately, on a continuation page with headings like the Form 7a, keyed to the report name, item name, and number. A continuation form is enclosed.

Please review the following material carefully.

ITEMS INCLUDED IN 15% RULE CALCULATION:

All items properly reported in the Balance Sheet, RUS Form 7, Part C. Balance Sheet, items: 6 through 13, 15, 17 through 19, plus 21 must be reported as Included, or Excluded items, as defined below. The sum of the Included items, plus the sum of the borrower's commitments to invest in the 12 months following the reporting period, plus the sum of loans (the balances of loans outstanding) which the borrower has guaranteed, except those amounts excluded, added together, may not exceed 15% of Total Utility Plant to comply with the 15% Rule. [Reference 7 CFR 1717.655, "Exclusion of certain investments, loans, and guarantees."]

EXCLUDED INVESTMENTS:

The following list includes nearly all Approved Exclusions [Reference 7 CFR 1717.655]

1. Patronage Capital allocated from a power supply cooperative of which the borrower is a member.
2. Loans, investments, security, obligations entered into prior to the date of the borrower's initial RUS Mortgage.
3. Securities or deposits issued, guaranteed or fully insured as to payment by the U.S. Government or any agency thereof. Though not an exhaustive list, this includes:
 - (a) U.S. Savings Bonds
 - (b) U.S. Treasury Bonds, Notes, Bills, Certificates
 - (c) Checking, Savings, and Certificates of Deposit, up to the limit of the amount insured by an instrumentality of the U.S. Government. [However, the amount exceeding \$100,000 (in any single institution) insured by the Federal Deposit Insurance Corporation (FDIC) should be reported on Form 7a, Part I, as an Included item.]
 - (d) Securities issued by the following Federal agencies and guaranteed as to payment by the full faith and credit of the U.S. Government (payable from the U.S. Treasury):
 - Farm Credit System Financial Assistance Corporation (FCSFAC),
 - Farmers Home Administration (FmHA),
 - Federal Financing Bank (FFB),
 - General Services Administration (GSA),
 - Government National Mortgage Assoc. (GNMA),
 - Maritime Administration Guaranteed Ship Financing Bonds issued after 1972,
 - Small Business Administration (SBA),
 - Washington Metropolitan Area Transit Authority (WMATA) Bonds.
 - (e) Other securities or deposits issued, guaranteed or fully insured as to payment by any agency of the United States Government. Unlike those listed above, these instruments may not be guaranteed by the full faith and credit of the U.S. Government, but are excludable.

4. Capital term certificates, bank stock, or similar securities of the supplemental lender which have been purchased as a condition of membership in the supplemental lender, or as a condition of receiving financial assistance from such lender, i.e., subscription or loan related capital term certificates from CFC, or stock from CoBank or Banks for Cooperatives.
5. Capital Credits issued by the supplemental lender received as an outcome of receiving financial assistance from that lender.
6. CFC Commercial Paper, CoBank Cash Investment Service, and Surplus Funds Program (St. Paul Bank for Cooperatives).
7. Any other investment that has been given formal written approval by the Administrator of RUS as an exclusion from the 15% Rule should be shown in Excluded column. For clarity, footnote such investments, and explain their special exemptions, otherwise the reviewer will assume they are classified improperly.
8. Investments funding post-retirement benefits are an excluded investment. [Reference Financial Accounting Standards Board Statement 106]
9. Reserves, if required by Revenue Bond Agreement; or amounts set aside to ensure prompt payment of loans made, guaranteed, or secured by a lien accommodated by RUS are excluded. However, only funds required for payments due within a three-month period after the report date may be excluded unless the "Agreement" requires a larger fund.

PART I. INVESTMENTS

Report all items in the following Balance Sheet categories on Form 7, Part C:

1. Non-Utility Property (Net):
Report items summarized as Balance Sheet item 6.
2. Investments in Associated Organizations:
Report items summarized as Balance Sheet items 7, 8, 9 and 10.
3. Investments in Economic Development Projects:
Report items summarized as Balance Sheet item 11.
4. Other Investments:
Report items summarized as Balance Sheet item 12.
5. Special Funds:
Report items summarized as Balance Sheet item 13.

6. Cash-General:

Report items summarized as Balance Sheet item 15.

7. Special Deposits:

Report items summarized as Balance Sheet item 17.

8. Temporary Investments:

Report items summarized as Balance Sheet item 18.

9. Notes and Accounts Receivable (Net):

Report items summarized as Balance Sheet item 19 and 21.

10. Commitments To Invest Within 12 Months:

These items do not appear on the RUS Form 7, Part C, Balance Sheet. Report any legally binding commitments to invest within the 12 months following the reporting period.

Column headings:

Column (a), Investment Description, giving issuer's name e.g. C.D. 1st National Bank, Omaha NE, or US Treasury Certificates, other investments, giving the name, the city and state of their address, type of investment.

Column (b), Included Amount: See Exhibit C of this bulletin.

Column (c), Excluded Amount: See Exhibit C of this bulletin.

Column (d), Income or Loss: For each investment that is accounted for under the equity method of accounting and reported in Section 2, Investments in Associated Organizations, 3, Investments in Economic Development Projects, and 4, Other Investments, indicate the amount of income or loss recognized during the reporting period. If there were no investments to account for under the equity method of accounting, please enter zero. For each receivable reported in section 9, Accounts & Notes Receivable (Net), indicate the amounts, if any, charged to the provision for uncollectible notes receivable. If there were no charges for uncollectible notes receivable, please enter zero.

Column (e), Rural Development: Identify investments in rural economic development by placing an "X" in column e. Include investments in any/all types of projects or products that were made to improve the economy and/or quality of life in your area.

Examples of Rural Economic Development Investments include (but are not limited to): energy resources and conservation loans, rural development loans/grants, water/wastewater, satellite/cable TV, natural/propane gas, telephone/Internet, power quality, load management, agricultural services, housing, industrial parks/organizations, incubator buildings, public health/safety, financing/revolving loan funds, security services, etc.

PART II. LOAN GUARANTEES

In this part, the reporting RUS borrower should list each loan guarantee they have given. They should not list those they receive from RUS or any other source. For example, a reporting borrower's guarantee of a bank's loan to a local rural development project should be reported here. By contrast, a Federal Financing Bank loan to your organization, the reporting RUS borrower, the repayment of which is guaranteed by RUS, should not be reported here.

List each loan your organization has guaranteed. This includes but is not limited to guarantees of loans to rural development projects, subsidiary organizations, associated/nonassociated organizations, power supply organizations.

Excluded Guarantees: Guarantees that a borrower makes in conformance with the terms of a formal agreement with RUS are excludable. For example, if a reporting RUS borrower guarantees the repayment of a loan made by a bank to a subsidiary of the power supplier, but the terms of that loan were not specifically agreed to by RUS, the guarantee is Includable. By contrast, a member's guarantee of its power supplier's loan, made as required by RUS, is Excludable.

Column (a), Organization: Identify the legal person, or entity whose loan is guaranteed, giving the name, the city and state of their address.

Column (b), Maturity Date: This is the date when the final payment on the loan guarantee by your organization is payable. If the final date has been extended, the new final date payment should be furnished here.

Column (c), Original Amount: The original loan amount owed upon execution of the note, usually the face amount, or a portion thereof, if it is a partial guarantee.

Column (d), Loan Balance: The remaining balance of the original loan amount that is outstanding, or portion thereof if it is a partial guarantee.

Column (e), Rural Development: Identify loan guarantees in rural economic development by placing an "X" in column e. Include loan guarantees in any/all types of projects or products that were made to improve the economy and/or quality of life in your area.

Examples of Rural Economic Development Investments include (but are not limited to): energy resources and conservation loans, rural development loans/grants, water/wastewater, satellite/cable TV, natural/propane gas, telephone/Internet, power quality, load management, agricultural services, housing, industrial parks/organizations, incubator buildings, public health/safety, financing/revolving loan funds, security services, etc.

Line 4, Totals, report the totals of Original Amounts and Loan Balances for all guarantees.

Line 5, Total - Included Loan Guarantees, report the sums of the Original Amounts and remaining Loan Balances or portion of the loan balances (shown in column d) that your

organization guaranteed, which are not excludable, that is, those which are subject to the 15% Rule limitation.

PART III, RATIO OF INVESTMENTS AND LOAN GUARANTEES TO TOTAL UTILITY PLANT

Divide the sum of the Included Investments (Part I, item 11, Total of Investments, column (b)) plus Included Loan Guarantees (Part II, Totals, Column (d)) by the Total Utility Plant (Form 7, Part C, Balance Sheet, item 3). This percentage should be expressed as a whole number with one decimal digit, e.g. 12.9%. Note: the balance of the "Loans" Part IV is not included.

PART IV, LOANS

List each note receivable, draft, demand loan, time loan, and similar evidence of indebtedness for each loan made by your organization. However, loans to your Employees, Officers, and Directors, and Energy Resources Conservation Loans (both items printed on the form) should be reported as totals.

Column (a) Name of the debtor organization

Column (b) Final maturity date

Column (c) Original loan amount

Column (d) Outstanding loan balance, or carrying value

Column (e) "X" for loans made for Rural Development purposes

EXHIBIT C**INVESTMENTS UNDER THE 15 PERCENT RULE**Investments to be INCLUDED in the 15 Percent Calculation

Annuity-type investments	Money market mutual funds
Asset management accounts	Mortgage-backed securities (unless
Brokerage Accounts (non-FDIC)	backed by full faith and credit
Cash and CD's* (uninsured part)	of a U.S. Government Agency)
Commercial paper (except NRUCFC)	Municipal bonds
Common stock	Mutual funds
Convertible certificates (bonds,	Options (stock)
debentures, preference stock)	Patronage capital, other than that
Corporate bonds	from power suppliers
Energy resources conservation loans	and supplemental lenders
Futures contracts	Preferred stock
Lines of credit (to others,	Real Estate Investment Trusts
including G&T's)	Repurchase agreements
Loan guarantees NOT required by RUS	Unit investment trusts
Loans - personal	Warrants
Membership certificates	Zero coupon bonds

Investments to be EXCLUDED from 15 Percent Calculation

Capital term certificates, bank	Patronage capital,
stocks, etc., purchases as	from power supply cooperative
condition of supplemental lender	from supplemental lenders
membership or financing	Post Retirement Benefits - Funded
CoBank cash investment services	Revenue Bond (Debt Service) Reserves
certificates	Surplus Funds Program (St. Paul
Commercial paper issued by NRUCFC	Bank for Cooperatives)
Deferred compensation (including	U.S. Savings Bonds
MINT)	U.S. Treasury Bills
Loan guarantees required by RUS	U.S. Treasury Bonds
Mortgage backed securities backed	U.S. Treasury Notes
by full faith and credit of a	U.S. Governments backed by full
U.S. Government agency	faith and credit, U.S. Treasury:
(e.g., Ginnies, FCSFAC,	e.g., Maritime Administration
FmHA CBO's, Frannies, FFB,	Guaranteed Ship Financing Bonds
GSA, and TVA)	(issued after 1972)
NRUCFC membership certificates	Farm Credit System Financial
NRUCFC securities (debt)	Assistance Corporation
	FmHA, SBA, and WMATA

Investments Which May Be EXCLUDED Within Certain Limits

* Several forms of investment may be excluded from the 15 percent calculation to the extent that they are insured by U.S. Government agencies, such as FDIC, etc. However, any such investments in excess of the insured amount (typically \$100,000) are Included in the 15 percent calculation.

**EXHIBIT D
INVESTMENT DESCRIPTIONS**

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Annuity	Provides regular, guaranteed income payments for life or set time period.	Includable
Asset Management Account	One-stop financial plan that included brokerage account, checking, debit and credit card, money market fund.	Includable
Brokerage Accounts	Stock Brokers, banks, other agents providing investment services	Includable
Capital term certificates, bank stock, or similar securities	Securities of the supplemental lender which have been purchased as a condition of membership in the supplemental lender, or as a condition of receiving financial assistance from such lender.	Excludable
Cash, Uninsured	See U.S. Government issued, guaranteed, or fully insured securities or deposits.	Includable
Certificate of Deposit (CD) (Less than \$100,000) In FDIC Bank	Receipt for set sum of money left in bank for set period of time at an agreed-upon interest rate; at end of period, bank pays deposit plus interest.	Excludable
CoBank Cash Investment Services	Short-term unsecured notes sold by the CoBank.	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Commercial Paper	Short-term unsecured notes sold by large corporations.	Includable
Commercial Paper, NRUCFC	Short-term unsecured notes sold by NRUCFC.	Excludable
Common Stock	Security that represents ownership in a company.	Includable
Convertible	Bond, debenture, or preferred share of stock which may be exchanged by owner for common stock, usually of same company.	Includable
Corporate Bond	Debt obligation of corporation.	Includable
Debt Service Reserve	Cash set aside to ensure prompt payment of (1) Revenue Bonds, or (2) RUS: Loans, Guarantees, or RUS Lien Accommodated Loans	Excludable: AMT. DUE IN THE 3 MONTHS FOLLOWING REPORT DATE
Deferred Compensation	Periodic payments made to an employee after retirement, either for the employee's life or for a specified number of years, for specific duties performed during periods of active employment.	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Energy Resources Conservation (ERC) Loans	Loans made by RUS borrower to its consumers for the cost of labor and materials for the following energy conservation measures: <ol style="list-style-type: none">1. Caulking2. Weather-stripping3. Ceiling insulation4. Wall insulation5. Floor insulation6. Duct insulation7. Pipe insulation8. Water heater insulation9. Storm windows10. Thermal windows11. Storm or thermal doors12. Clock thermostats13. Attic ventilation fans	Includable
Futures contracts	Contracts covering sale of financial instruments or physical commodities for future delivery; includes agricultural products, metals, Treasury bills, foreign currencies, and stock index futures (i.e., Standard and Poor's 500).	Includable
Line of Credit	Bank's moral commitment to make loans to a company for a specific maximum amount for a given period of time, typically 1-year. There is usually no commitment fee charged on the unused line. However, a compensating balance requirement often exists.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Loan Guarantee	Guarantees for the payment of debt obligations of others; i.e., including but not limited to rural development projects, subsidiary organizations, associated/nonassociated organizations, power supply organizations, etc.	Includable Excludable if formally approved by RUS/ or required by RUS loan contract.
Loans - Employees, Directors, Officers, and Others	Agreement by which an owner of property (the lender) allows another party (the borrower) to use the property for a specified time period, and in return the borrower will pay the lender a payment (usually interest), and return the property (usually cash) at the end of the time period. A loan is usually evidenced by a Promissory Note. Loans to a power supply cooperative, G&T, of which the cooperative is a member, are excludable, if these loans have been given specific RUS approval for exclusion or are required by RUS.	Includable
Membership Certificate	Security that represents ownership in a company.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Money market deposit account (if FDIC insured and Under \$100,000)	A type of money market fund at a bank or savings and loan association with limited checking privileges.	Excludable
Money market mutual fund	An investment company which buys short-term money market instruments.	Includable
Mortgage-backed securities	Securities representing a share ownership of mortgages guaranteed as to payment by an Agency of the Federal governments; includes Ginnie Maes, Fannie Maes, Freddie Macs, etc.	Excludable
Mortgage-Backed securities	Not guaranteed as to payment by an agency of the Federal Government.	Includable
Municipal bond	Debt obligation of state, city, town or their agencies.	Includable
Municipal bond Public Utility Cooperative (Municipalities)	Debt obligation of public utility cooperative that is required by law to obtain financing through bonds.	Includable
Mutual fund	Investment trust in which your dollars are pooled with those of hundreds of others and invested by professional managers in stocks or bonds.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
National Rural Utilities Coopera- tive Finance Corporation (NRUCFC) membership certificate	Security that represents ownership in NRUCFC.	Excludable
NRUCFC Patronage Capital	Amounts paid or payable by NRUCFC arising from its furnishing credit services to member cooperatives, i.e., the refund of excess of its charges over its actual cost of service.	Excludable
NRUCFC Securities, Other	All securities issued by NRUCFC, except patronage capital, are excludable investments.	Excludable
Negotiable order of withdrawal (NOW) account	NOW interest-bearing checking account.	Excludable if FDIC & under \$100,000
Options	The right to buy (call) or sell (put) a stock at a given price (strike price) for a given period of time.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Patronage Capital, other than power suppliers and supplemental lenders	Amounts paid or payable by the other associated companies in connection with the furnishing of supplies, etc., which are in excess of the cost of service and all other amounts which the associated companies are obligated to credit to the cooperative as patronage capital.	Includable
Patronage Capital, G&T Power Suppliers	Amounts paid or payable by the cooperative in connection with the furnishing of electric energy which are in excess of the cost of service and all other amounts which the G&T power supplier is obligated to credit to the cooperative as patronage capital.	Excludable
Preferred stock	Stock sold with a fixed dividend; if company is liquidated, has priority over common stock.	Includable
Real estate investment trusts (REIT)	Corporation or trust that invests in or finances real estate: offices, shopping centers, apartments, hotels, etc.; sold as securities.	Includable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Repurchase Agreement	Short-term buy/sell deal involving any money market instruments (but usually Treasury bills, notes, and bonds) in which there is an agreement that securities will be resold to the seller on an agreed-upon date, often the next day. The money market fund holds the securities as collateral and charges interest for the loan.	Includable
Savings account	Account in which money deposited earns interest.	Excludable if FDIC insured & less than \$100,000
SuperNOW account	Interest-bearing bank account.	Excludable if FDIC insured & less than \$100,000
Surplus Funds Program, (St. Paul Bank for Cooperatives)	Short-term unsecured notes sold by the Banks of Cooperatives. (St. Paul, Springfield, and CoBank).	Excludable
Treasury bills	Short-term U.S. Treasury securities; maturities: 13, 26, 52 weeks.	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
Treasury bonds	Long-term U.S. Treasury securities; maturities: 10 years or more.	Excludable
Treasury notes	Medium-term securities of U.S. Treasury, maturities: not less than 1 year and not more than 10 years.	Excludable
Unit investment trust	Fixed portfolio of securities deposited with a trustee; offered to public in units; categories include municipal bonds, corporate bonds, public utility common stocks, etc.	Includable
U.S. Savings Bonds	Debt obligations of U.S. Treasury designed for small investor.	Excludable
U.S. Government issued, guaranteed, or fully insured, securities or deposits	Securities or deposits issued, guaranteed, or fully insured, as to payment by the U.S. Government, or any agency thereof.	Excludable
	Deposits are fully insured, up to a \$100,000 limit, by the following agencies: 1. Federal Deposit Insurance Corporation (FDIC) 2. National Credit Union Share Insurance Fund	Excludable

INVESTMENT DESCRIPTIONS

<u>Type of Investment</u>	<u>Description</u>	<u>Includable or Excludable</u>
U.S. Government issued, guaranteed, or fully insured, securities or deposits (continued)	<p>Securities fully backed with the full faith and credit of the U.S. Government are as follows:</p> <ol style="list-style-type: none"> 1. Farm Credit System Financial Assistance Corporation (FCSFAC) 2. Farmers Home Administration (FmHA) Certificates of Beneficial Ownership (CBO) 3. Federal Financing Bank (FFB) 4. General Services Administration (GSA) 5. Government National Mortgage Association (GNMA), also known as Ginnie Mae 6. Maritime Administration Guaranteed Ship Financing Bonds, issued after 1972 7. Small Business Administration (SBA) 8. Washington Metropolitan Area Transit Authority (WMATA) Bonds 	Excludable
	<p>The following investments are securities backed by the full faith and credit of U.S. Government agencies and are Excludable Investments:</p> <ol style="list-style-type: none"> 1. Farm Credit System 2. Federal Home Loan Banks (FHLB) 3. Federal Home Loan Mortgage Corporation (FHLMC) (Freddie Mac) 	Excludable

U.S. Government
issued, guaranteed,
or fully insured,
securities or deposits
(continued)

4. Federal National Mortgage
Association (FNMA)
(Fannie Mae)
5. Financing Corporation
(FICO)
6. Resolution Funding
Corporation (REFCORP)
7. Student Loan Marketing
Association (Sallie Mae)
8. Tennessee Valley Authority
(TVA)
9. United States Postal
Service

Warrant

Gives holder right to
purchase a given stock at
a stipulated price over
a fixed number of years.

Includable

Zero coupon bond

Debt instruments; sold at
discount from face value
with no annual interest
paid out; capital appreciation
realized upon maturity;
includes Training Investment
Growth Receipts (TIGERS),
and Certificates of Accrual
on Treasury Securities (CATS).

Includable

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 5**

RESPONSIBLE PERSON: Ken Simmons

COMPANY: South Kentucky RECC

Request 5. Provide the utility's long-term construction planning program.

Response 5. Please see attached.



2020-2023 Construction Work Plan

**Kentucky 54 Wayne
Somerset, Kentucky**



**SOUTH KENTUCKY RURAL ELECTRIC COOPERATIVE
CORPORATION**

**KENTUCKY 54 WAYNE
SOMERSET, KENTUCKY**

**CONSTRUCTION WORK PLAN (CWP)
January 2020 – December 2023**

ENGINEERING CERTIFICATION

Upon completion of the construction proposed herein, the above electric distribution system can provide adequate and dependable service to the projected 70,335 members. The peak demand calculated under *extreme* forecast, is estimated to be approximately 548MW in the winter 2023-2024.

The loads estimated for the 2020-2023 period are consistent with the 2018 South KY RECC Power Requirements Study and the applicable RUS bulletins. The Long Range System Study (LRSS) was completed in 2007 and the construction included herein is in accordance with the LRSS.

I certify that this 2020-2023 Construction Work Plan was prepared by me or under my direct supervision, and that I am a duly registered Professional Engineer under the laws of the State of Kentucky.

John Kevin Newton
Kentucky P.E. No. 21,520

Dakota Brown, EIT

Engineer's Certification

Table of Contents

I. Executive Summary

A. Purpose of the Report, Results of Const., & General Basis	1
B. Service Area & Power Supply	2
C. System Organization & Operation	3
D. Status of Previous Construction Work Plan	3
E. KY PSC Electric Distribution Service Area	5
F. Summary of Proposed 2020-2023 Construction & Costs	6

II. Basis of the Study & Proposed Construction

A. Design Criteria	6
B. Historical Line & Equipment Costs	8
C. Conductor Change Out Program	11
D. Analysis of Current System Studies (LF, LRSS, RUS form 300)	12
E. Existing & Projected Substation Loading	15
F. System Reliability	16
G. Historical Annual Energy, Load and Member Data	16
H. Circuit Loading & Voltage Conditions	17

III. Required Construction Items

A. Code 100 – New Services	17
B. Code 300 – System Improvements	18
C. Code 601 – Transformers & Meters	21
D. Code 602 – Service Changes	21
E. Code 603 – Line Sectionalizing & Gap Arrestors	21
F. Code 604 – Line Regulators	22
G. Code 605 – Line Capacitors/Controls	22
H. Code 606 – Pole Replacements	22
I. Code 607 – Miscellaneous Replacements	22
J. Code 608 – Non-Site Specific Conductor Replacements	23
K. Code 612 – Step-Transformers	23
L. Code 615 – Communications	23
M. Code 702 – Outdoor Lighting	24
N. Code 704 – SCADA	24
O. Substation, Meter Point Additions, & Changes	24

IV. Conclusions

24

USB Drive - Milsoft Windmil Load Flow Cases

- 1- Existing System/Existing Load (530MW)
- 2- Existing System/Future Load (545MW)
- 3- Future System/Future Load (545MW)

List of Figures

Figure 1.1. KY Public Service Commission (PSC) Electric Distribution Service Area	5
Figure 2.1. SKRECC Operations & Maintenance Survey (RUS Form 300)	13

List of Tables

Table 1.1. 2015-2018 CWP Project Statuses	4
Table 1.2. Yearly Index of New Construction & System Improvement Costs	6
Table 2.1. Prior Two Year Historical Data & Construction Required	8
Table 2.2. Substation 2017/2018 Winter Loading	15
Table 2.3. SAIDI – System Average Interruption Duration Index	16
Table 2.4. Historical & Projected Annual Energy, Load, & Member Data	16
Table 3.1. System Improvement Results	20



I. EXECUTIVE SUMMARY

A. PURPOSE OF THE REPORT

This report documents data configured during the winter of 2017-2018 that illustrates an engineering analysis and summarizes the proposed construction for South Kentucky Rural Electric Cooperative Corporation's (SKRECC) electric distribution system for the Construction Work Plan (CWP) period of 2020-2023.

This plan provides engineering support in the form of descriptions, costs, and justifications of required new and alteration of facilities to provide quality and reliable electric service for its new and existing members. SKRECC's intention for this report is to fulfill the specifications and direction of the Rural Utilities Services (RUS) Work Plan criteria to attain financial support for its proposed construction requirements.

RESULTS OF THE PROPOSED CONSTRUCTION

Upon completion of the construction of facilities proposed herein, the system will provide adequate and dependable service to approximately 64,009 residential members utilizing an average of 1,089 kWh per member per month; 6,295 small commercial members, and 31 large commercial members provided for on an individual basis. It is estimated 7,920 idle services.

GENERAL BASIS OF THE STUDY

The 2023 projected number of consumers and total peak system loads were derived directly from SKRECC's 2018 Power Requirements Study (PRS) prepared jointly by East Kentucky Power Cooperative (EKPC) and SKRECC as approved by the RUS. The projected load increases are uniformly spread throughout the system except for specified high growth areas that were noted individually.

New distribution, transmission, and power supply construction requirements are considered simultaneously as a "one system" approach for the orderly and economic development of the total system. All of the proposed construction and recommendations herein, relative to power supply and delivery, were discussed with the cooperative's power supplier, EKPC.

A complete list of the lines and equipment with their estimated cost (based on 2 year historical data) required to serve additional members is developed in Sections II & III. A similar list and cost of necessary service upgrades to existing members is also included in these sections.

An analysis, using RUS guidelines and the design criteria herein, for thermal loading, voltages, physical conditions, and reliability are performed on all of the substations with relation to their distribution feeders and associated equipment on the projected system. Milsoft's distribution analysis software (WINDMIL) is used to analyze each distribution circuit including the base 2017-2018 peak load conditions with the addition of year 2023 calculated load. The exhibits in Sections II & III form the rest of the basis of this analysis.

For each inadequacy that was determined, alternate solutions were investigated and economically evaluated, so that the most cost effective construction, if required, is proposed.

B. SERVICE AREA & POWER SUPPLY

South Kentucky Rural Electric Cooperative Corporation's headquarters is in Somerset, KY located in the South Central region of the state. Its distribution system serves a large portion of rural areas of all or part of Wayne, Russell, Pulaski and McCreary Counties, and sections of Adair, Casey, Lincoln and Laurel Counties. The system covers the major geographical portions of these counties, with Kentucky Utilities Company serving more of the urban type regions and some rural areas along the main roads. The urban areas including district offices within the SKRECC service area include Russell Springs, Monticello, Albany, and Whitley City.

Most of the service area is rural in nature with some tourism, farming, and small commercial establishments. The geographic area consists of significant rolling hills, some rocky, rough terrain and some grazing lands along streams and tributaries. The population of our service area is increasing at a modest rate. Manufacturing and the development of industrial parks is occurring system wide.

The following data is from SKRECC's 12/31/2018 Form 7:

Number of Consumers:	67,871
MWh Purchased:	1,379,206
MWh Sold:	1,324,987
Maximum kW Demand:	439,402
Total Utility Plant:	\$267,830,383.26
Consumers per Mile:	9.83

Currently, 34 of SKRECC's 42 substations are constructed with 69/12.47 kV operating voltage, leaving the remaining 8 constructed for 69/24.94 kV. The total distribution line mileage is 6,900 with installed conductor sizes ranging from 6ACWC to 336ACSR.

SKRECC purchases its power from East Kentucky Power Cooperative (EKPC), a NERC affiliated G&T in the SERC Region. They provide the interconnected generation and transmission system with distribution substation infrastructure for SKRECC's supply. EKPC is

the Cooperative responsible owner and operator of the generation, transmission, and distribution substation assets.

EKPC provides all of SKRECC's power and energy requirements, by virtue of a standard "all requirements" power contract. EKPC is an RUS financed G&T Cooperative centrally located in Winchester, KY.

C. SYSTEM ORGANIZATION AND OPERATION

As previously mentioned, SKRECC's headquarters is located in Somerset, Kentucky, near the central location of the distribution system. SKRECC's member owned distribution system is governed, operated, and maintained under the supervision of a Board of Directors, Management Staff, and Engineering/Construction team and leaders. Additional support staff of technicians, administrators, contractors, and aides are used to compliment the system operations.

SKRECC utilizes contractor construction crews for both large system improvements and member line extensions as needed.

D. STATUS OF PREVIOUS CONSTRUCTION WORKPLAN

Projects that did not meet 100% completion from the previous 2015-2018 Construction Work Plan were reviewed and determined if addition to this CWP is necessary. Each of these were evaluated to either carryover or eliminate entirely from the Construction Work Plan process due to system adaptations or other rationale. Please refer to Table 1.1 on the next page for the previous Construction Work Plan project statuses.

Table 1.1. 2015-2018 CWP Project Statuses

Work Plan #	Substation	Line Description	Change Description	Distance	Begin Pole #	End Pole #	
301.51	Russell Springs	Loveless Road	8ACWC to #2ACSR	0.30	172702	172716	COMPLETE
301.52	Russell Springs	Old Clear Springs Road	#4ACSR to #2ACSR	0.30	155809	155817	COMPLETE
301.53	Russell Springs	C W Hale Road	6ACWC to #2ACSR	0.50	167580	167536	COMPLETE
301.54	Russell Springs	Miller Short Road across Hwy 76	#4ACSR to #2ACSR	0.40		164682	IN PROGRESS
302.51	Windsor	Combest Lane of Hwy 837	8ACWC to #2ACSR	1.10	146288	146346	COMPLETE
302.52	Windsor	Fines Beasley	8ACWC to #2ACSR	0.50	143436	143445	COMPLETE
302.53	Windsor	Luttrell Road	8ACWC to #2ACSR	0.50	138581	138588	COMPLETE
303.51	Nancy	Fawn Road	6ACWC to #2ACSR	0.80	124501	124516	CARRYOVER
307.51	Shopville	Acorn-Ano	6ACWC to #2ACSR	0.50	190096	141123	COMPLETE
312.51	Sewellton	Veterans Memorial Park Road	#4ACSR to #2ACSR	0.20	170354	170366	COMPLETE
312.52	Sewellton	Miller's Creek Tap	8ACWC to #2ACSR	0.30	186059	186065	COMPLETE
312.53	Sewellton	Mervin Lawless Line	#4ACSR to #2ACSR	0.40	186594	186587	COMPLETE
312.54	Sewellton	Feed from Old store at 1058 + 379	#4ACSR to #2ACSR	0.30	186058	186044	IN PROGRESS
312.55	Sewellton	Over the Rock House	#6CU to #2ACSR	0.20	186130	242945	COMPLETE
312.56	Sewellton	Sugar Camp Road	#6CU to #2ACSR	1.30	186262	189153	DELETED
313.51	Zula	George Garman Road	#6CU to #2ACSR	1.00	224834	246091	IN PROGRESS
314.51	Monticello	Steve Debord	#4ACSR to #2ACSR	0.20	193956	193952	COMPLETE
314.52	Monticello	Bell Hill Road	#4ACSR to #2ACSR	2.10	238299	238346	COMPLETE
315.51	Bronston	Island View Drive/Twin Rivers	#4ACSR to #2ACSR	0.80	133946	133970	COMPLETE
316.51	Mt. Victory	Denton Phelps	6ACWC to #2ACSR	0.80	179172	169996	COMPLETE
317.51	Whitley City	Skull Bone	6ACWC to #2ACSR	0.50	182032	182063	COMPLETE
317.52	Whitley City	Bell Farm	6ACWC to #2ACSR	1.40	181703	181717	CARRYOVER
317.53	Whitley City	Rock Creek	6ACWC to #2ACSR	2.80	181703	181695	CARRYOVER
317.54	Whitley City	Hickory Knob Church Road	6ACWC to #2ACSR	3.30	181571	181606	COMPLETE
318.51	Pine Knot	Kingtown	#4ACSR to #2ACSR	1.50	192392	192477	COMPLETE
318.52	Pine Knot	Mine 18 Part A	6ACWC to #2ACSR	1.50	192673	192764	COMPLETE
318.53	Pine Knot	Mine 18 Part B	6ACWC to #2ACSR	1.20	192673	192808	COMPLETE
327.51	Slat	Patrick Road	6ACWC to #2ACSR	0.50	184803	184817	COMPLETE
327.52	Slat	New Hope Church Road	6ACWC to #2ACSR	0.50	231609	231619	COMPLETE
327.53	Slat	Kennett Lane	6ACWC to #2ACSR	0.30	230844	230847	COMPLETE
331.51	Wiborg	Incline Road	6ACWC to #2ACSR	1.20	161599	161755	COMPLETE
331.52	Wiborg	Hammonds Camp	#4ACSR to #2ACSR	1.30	162484	165288	COMPLETE
331.53	Wiborg	Don Horn Tap	6ACWC to #2ACSR	2.00	160518	160556	COMPLETE
331.54	Wiborg	Gus Skinner	6ACWC to #2ACSR	2.50	123062	152906	COMPLETE
331.55	Wiborg	Freemon Prong	6ACWC to #2ACSR	1.60	177781	177848	COMPLETE
334.51	Gap of Ridge	Hegnarer - Duncan Ramsey Road	6ACWC to #2ACSR	0.60	208362	208464	COMPLETE
338.11	Homestead	Green Acres	#4ACSR to 1/0ACSR	0.60	502354	502414	COMPLETE
338.12	Homestead	Apple Tree Park	6HD	0.20	502096	502122	COMPLETE
338.51	Homestead	Green Acres	#4ACSR to 1/0ACSR	0.70	502354	502414	COMPLETE
338.52	Homestead	Shrewsbury Avenue	6HD	0.50	501137	501045	COMPLETE
338.53	Homestead	Don Patton Road	6HD	0.40	501549	501560	COMPLETE
338.54	Homestead	Clay Street	6HD	0.20	501458	501451	COMPLETE
338.55	Homestead	Apple Tree Park	6HD	0.20	502096	502122	COMPLETE
340.51	Gregory Road	Zion to Turkey	6ACWC to #2ACSR	1.70	235136	234627	COMPLETE
314.11	Monticello	Green Ford	6ACWC to #2ACSR	1.00	238491	238599	DELETED
340.12	Gregory Road	Paul Dick	6ACWC to #2ACSR	0.80	220930	220948	DELETED

Electric Distribution Service Areas

PSC Regulated Rural Electric Utilities

- Big Sandy RECC
- Blue Grass Energy Cooperative
- Clark Energy Cooperative
- Cumberland Valley Electric
- Farmers RECC
- Fleming-Mason Energy Cooperative
- Grayson RECC
- Inter-County Energy Cooperative
- Jackson Energy Cooperative
- Jackson Purchase Energy Corporation
- Kenegy Corporation
- Licking Valley RECC
- Meade County RECC
- Nolin RECC
- Owen Electric Cooperative
- Salt River Electric Cooperative
- Shelby Energy Cooperative
- South Kentucky RECC
- Taylor County RECC

PSC Regulated Investor Owned Utilities

- Duke Energy Kentucky, Inc.
- Kentucky Power
- Kentucky Utilities Company (KU)
- Louisville Gas and Electric Company (LG&E)

TVA Regulated Utilities

- Gibson EMC (TN)
- Pennyrile RECC
- Tri-County REMC
- Warren RECC
- West Kentucky RECC

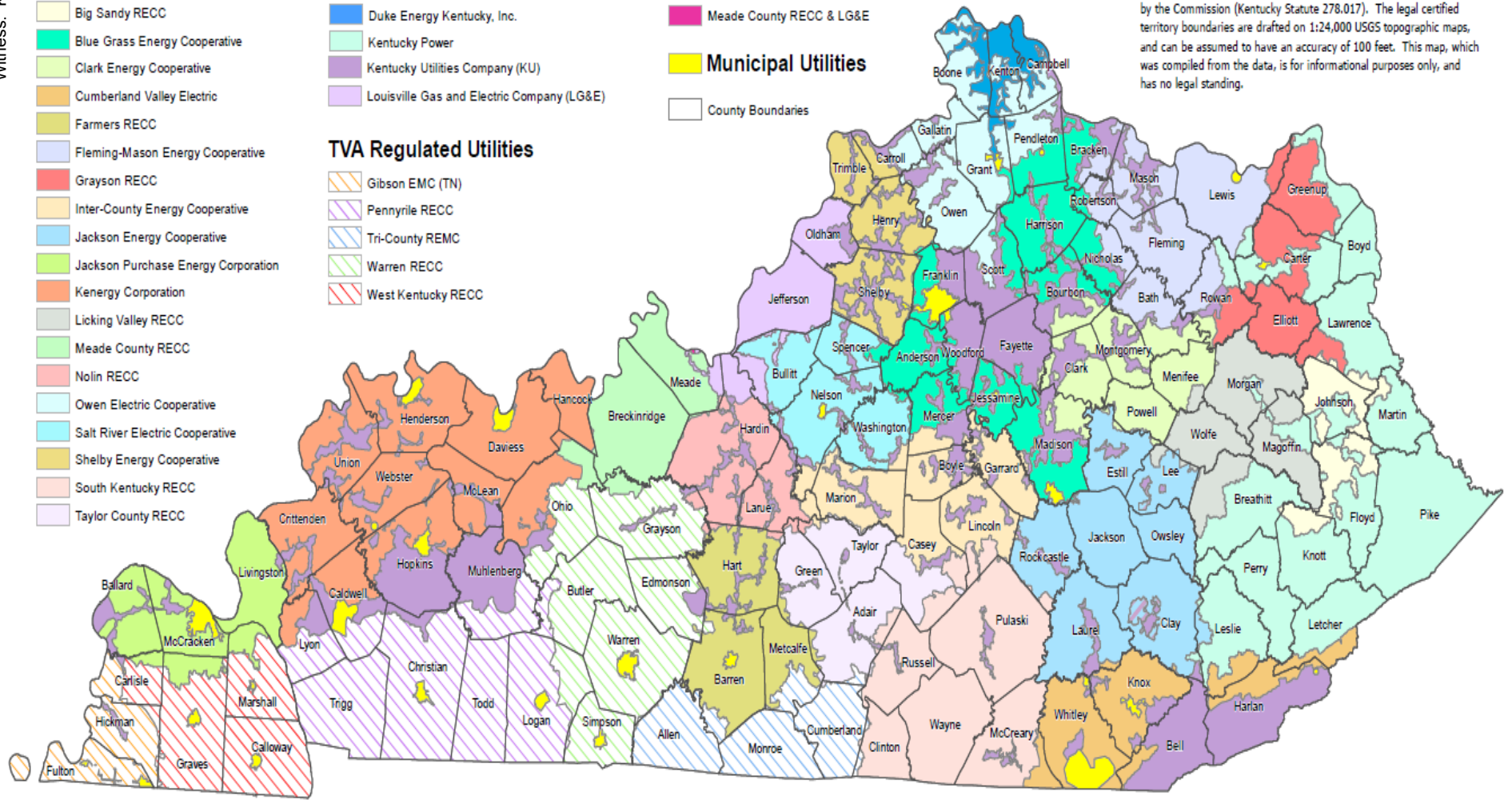
Multi-Service Areas

- Jackson Energy Cooperative & KU
- Meade County RECC & LG&E

Municipal Utilities

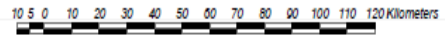
- County Boundaries

The electric service areas are compiled from certified territory maps on file with the Public Service Commission. These are legal documents which define the retail service area of electric suppliers regulated by the Commission (Kentucky Statute 278.017). The legal certified territory boundaries are drafted on 1:24,000 USGS topographic maps, and can be assumed to have an accuracy of 100 feet. This map, which was compiled from the data, is for informational purposes only, and has no legal standing.



Kentucky has 30 municipal systems serving over 500,000 customers. Ten of these are provided wholesale power by the Tennessee Valley Authority (TVA) and are regulated by them. The others are self-regulated by the municipality.

The boundaries for the municipal systems were either derived from the Public Service Commission's certified territory maps, or from boundaries submitted for informational purposes to the PSC from the municipals. If the municipal service area boundaries were unknown, a circle was placed around the urbanized area.



Kentucky Public Service Commission
 January 7, 2019

Figure 1.1. KY Public Service Commission (PSC) Electric Distribution Service Area.

F. SUMMARY OF PROPOSED 2020-2023 CONSTRUCTION & COSTS

The costs of the recommended construction program over the 2020-2023 period are summarized as follows:

Table 1.2. Yearly Index of New Construction & System Improvement Costs

Total Yearly Costs	2020	2021	2022	2023	2020-2023
New Construction	\$5,066,480	\$5,299,350	\$5,541,632	\$5,793,682	\$21,701,145
System Improvements	\$6,551,430	\$5,560,485	\$5,591,679	\$5,574,121	\$23,277,715

Total Yearly Costs	2020	2021	2022	2023	Total 2020-2023 CWP Costs
	\$11,617,910	\$10,859,835	\$11,133,311	\$11,367,803	\$44,978,859

The total amount above is subject to RUS loan funds. Specifics of new construction items and system improvements begin in Section III.

II. BASIS OF THE STUDY & PROPOSED CONSTRUCTION

A. DESIGN CRITERIA

The RUS General Field Representative reviewed each of the following design criteria items on September 12, 2019.

Construction proposed herein is required to meet the following minimum standards for voltage, thermal load, safety, and system reliability.

1. The minimum voltage on primary distribution lines of 117 volts on a 120-volt base (125 volts at the source after re-regulation).
2. Primary conductors loaded over 75% of their thermal loading are evaluated for uprating. Thermal conductor ratings are calculated using the ANSI/IEEE STD 738-91 method of calculation.
3. The following equipment will have maximum loading to be flagged using the following nameplate percentages:
 - a. Power transformers 130% winter; 100% summer
 - b. Regulators 130% winter; 100% summer
 - c. Voltage Conv. Trans. 130% winter; 100% summer
 - d. Reclosers 70% winter or summer
 - e. Line Fuses 70% winter or summer

4. Former conductors (and associated poles and hardware as required) will be replaced as needed.
5. Poles and/or crossarms will be replaced if found to be physically deteriorated by visual inspection and/or tests.
6. All distribution lines are to be designed and constructed according to RUS standard construction specifications and guidelines.
7. New lines and line conversions will be built according to the standard primary voltage levels as recommended in the Long Range Plan.
8. New primary conductor sizes will be determined on a case-by-case basis using the economic conductor sizing computer program and presently known constants and variables. The final proposed conductor may be modified to conform to SKRECC's standard sizes and recommendations of the Long Range Plan.
9. Conversions to multiphase will be considered to correct voltage drop and phase balance problems. Single phase and vee phase lines operating at 7.2/12.47 kV with loads exceeding 250 kW per phase will be considered for multi-phasing. Single phase and vee phase lines operating at 14.4/24.9 kV with loads exceeding 430 kW per phase will be considered for multi-phasing. Operating and engineering practices used to develop the loading criteria are based on a single phase line interruption that may cause operation of the ground trip on three phase oil circuit reclosers. This is due to 35 ampere unbalance at 7.2 kV and 30 ampere unbalance at 14.4 kV, which can be more than doubled during cold load pick up.
10. Voltage conversions from 7.2/12.47 kV to 14.4/24.9 kV will be considered to relieve thermally loaded conductors, reduce voltage drop, and relieve single and vee phase lines exceeding 250 kW per phase. Major factors used to determine if voltage conversions are appropriate rather than multi-phasing and/or conductor replacement are:
 - a. Overall economics
 - b. Condition of conductor.
 - c. Location of project relative to existing 14.4/24.9 kV.
 - d. Ability to reuse retired 7.2/12.47 kV transformers.
 - e. Impact of planned outages during conversions to critical loads such as hospitals, water treatment facilities, etc.
 - f. Special operating conditions and factors
11. Capacitors will be considered for improvement of substation power factors at peak loading and improvement of line voltage.
12. It is recommended that proposed construction items required for voltage improvements whose forecasted need is based solely on calculated voltages from computerized circuit analysis printouts, not be authorized for construction until such calculated voltages are measured in the field and extrapolated to peak loading conditions, and then compared to calculated values to corroborate that actual values exceed the minimum design level.

B. HISTORICAL LINE & EQUIPMENT COSTS

Table 2.1. Prior Two Year Historical Data & Construction Required

CODE 100 NEW SERVICES	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of New Services								
Overhead	519	525	522	550	560	570	580	2,260
Underground	409	422	416	430	440	450	460	1,780
							TOTAL	4,040
Ave. Length								
Overhead '	220	236	228'	225	225	225	225	225'
Underground	148	150	149'	150	150	150	150	150'
Cost of New Line								
Overhead Costs	\$1,901,540	\$2,151,089	\$2,026,315	\$2,228,050	\$2,336,617	\$2,449,692	\$2,567,450	\$9,581,809
Underground Costs	\$1,140,745	\$1,142,221	\$1,141,483	\$1,204,430	\$1,269,413	\$1,337,211	\$1,407,935	\$5,218,990
Average Cost per OH Service	\$3,664	\$4,097	\$3,881	\$4,051	\$4,173	\$4,298	\$4,427	\$4,237
Average Cost per UG Service	\$2,789	\$2,707	\$2,748	\$2,801	\$2,885	\$2,972	\$3,061	\$2,930

CODE 300 LINE CHANGE & CONVERSION	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Total Cost of Line Chg.				\$104,340	\$141,000	\$141,000	\$141,000	\$527,340

CODE 601 TRANSFORMERS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of New Transformers	957	748	853	850	850	850	850	3,400
Total Cost of Transformers	\$930,290	\$882,510	\$906,400	\$935,000	\$963,050	\$991,942	\$1,021,700	\$3,911,691
Ave. Cost per Transformer	\$972	\$1,180	\$1,076	\$1,100	\$1,133.00	\$1,166.99	\$1,202.00	\$1,150

CODE 601 METERS / DISCONNECTS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of New Meters	2,188	120	1,154					0
Number of New Disc. Collars	1,120	1,232	1,176					0
Number of New Meters w/ Disc.				1,250	1,250	1,250	1,250	5,000
Cost of Meters w/ Disc.			\$0	\$300,000	\$309,000	\$318,270	\$327,818	\$1,255,088
Ave. Installed Cost per Meter w/ Disc.			\$0	\$240	\$247	\$255	\$262	\$251

* Installations beginning in this CWP will Include Meter & Disconnect as a Single Device

CODE 602 SERVICE CHANGES	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Service Changes	181	217	199	200	205	210	215	830
Cost of Service Changes	\$710,435	\$868,370	\$789,403	\$800,000	\$844,600	\$891,156	\$939,745	\$3,475,501
Ave. Installed Cost	\$3,925	\$4,002	\$3,963	\$4,000	\$4,120	\$4,244	\$4,371	\$4,184

CODE 603 LINE SECTIONALIZING	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Cost of Sectionalizing	\$40,089	\$159,078	\$99,584	\$100,000	\$100,000	\$100,000	\$100,000	\$400,000

CODE 603 GAP ARRESTORS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Arrestors	0	1186	1186	1,100	1,100	1,100	1,100	4,400
Total Cost	\$0	\$126,365	\$126,365	\$143,000	\$147,290	\$151,709	\$156,260	\$598,259
Ave. Installed Cost	\$0	\$107	\$107	\$130	\$134	\$138	\$142	\$136

* Gap Arrestor Replacement Program began in 2005, added to Code 603 in this 2020-2023 CWP Period

CODE 604 LINE REGULATORS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Voltage Regulators					3	3	3	9
Total Cost				\$0	\$33,990	\$35,010	\$36,060	\$105,060
Ave. Installed Cost				\$11,000	\$11,330	\$11,670	\$12,020	\$46,020

CODE 605 LINE CAPACITORS/ CONTROLS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Capacitors/Controls								0
Total Cost								\$0
Ave. Installed Cost								\$0

CODE 606 POLE REPLACEMENTS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Poles	898	921	910	1,000	1,000	1,000	1,000	4,000
Total Cost	\$2,289,073	\$2,841,407	\$2,565,240	\$2,750,000	\$2,832,500	\$2,917,475	\$3,004,999	\$11,504,974
Ave. Installed Cost	\$2,549	\$3,085	\$2,817	\$2,750	\$2,833	\$2,917	\$3,005	\$2,876

CODE 607 MISC. REPLACEMENTS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Jobs	128	125	127	130	130	130	130	520
Total Cost	\$189,294	\$169,157	\$179,226	\$188,500	\$194,155	\$199,980	\$205,979	\$788,614
Ave. Installed Cost	\$1,479	\$1,353	\$1,416	\$1,450	\$1,494	\$1,538	\$1,584	\$1,517

* Category for Replacement of Guys, Anchors, Crossarms, Insulators, Switches w/ Existing Pole

CODE 608 NON-SITE SPECIFIC CONDUCTOR REPLACEMENTS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Total Cost of Line Replacement				\$465,590	\$494,450	\$518,810	\$498,350	\$1,977,200

CODE 609 AUTO-TRANSFORMERS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of 1000 kVA Auto-Transformers								0
Total Cost								\$0
Ave. Installed Cost								\$0

CODE 615 COMMUNICATIONS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Radio System Total Cost				1,100,000				\$1,100,000

CODE 702 OUTDOOR LIGHTS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Outdoor Lights	379	385	382	390	400	410	420	1,620
Total Cost	\$317,029	\$379,694	\$348,362	\$390,000	\$412,000	\$434,969	\$458,945	\$1,695,914
Ave. Installed Cost	\$836	\$986	\$911	\$1,000	\$1,030	\$1,061	\$1,093	\$1,045.91

CODE 702 OUTDOOR LIGHT REPLACEMENTS	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of Lights Replacement	2,320	1,940	2,130	1,500	1,250	1,000	750	4,500
Total Cost of Replacement	\$1,448,554	\$1,292,401	1,370,478	\$900,000	\$772,500	\$636,540	\$491,727	\$2,800,767
Ave. Installed Cost Replacement	\$624	\$666	\$645	\$600	\$618	\$637	\$656	\$628

CODE 704 SCADA	April 2017- March 2018	April 2018- March 2019	Yearly Average Prior Two Years	2020	2021	2022	2023	2020-2023
Number of RTUs				1	1	1	1	4
Total Cost				\$9,000	\$9,270	\$9,548	\$9,835	\$37,653
Ave. Installed Cost				\$9,000	\$9,270	\$9,548	\$9,835	\$9,413

Total Yearly Costs	2020	2021	2022	2023	2020-2023
New Construction	\$5,066,480	\$5,299,350	\$5,541,632	\$5,793,682	\$21,701,145
System Improvements	\$6,551,430	\$5,560,485	\$5,591,679	\$5,574,121	\$23,277,715

Total Yearly Costs	2020	2021	2022	2023	Total 2020-2023 CWP Costs
	\$11,617,910	\$10,859,835	\$11,133,311	\$11,367,803	\$44,978,859

C. CONDUCTOR CHANGE OUT PROGRAM

Copper Weld conductors (primarily 6A and 8A CWC) will remain the first priority to be replaced. The following is a summary of the mileage left on the distribution system:

Single Phase, 6A; 8A CWC	1,151mi
Two Phase, 6A; 8A CWC	10.61mi
Three Phase, 6A; 8A CWC	6.23mi

Aside from Copper Weld, other copper conductors still in service will remain second priority to be replaced. The following is a summary of the mileage of these conductors left on the distribution system:

Single Phase, 1/0 STRCU	1.48mi
Three Phase, 1/0 STRCU	6.57mi
Single Phase, 2-3 STRCU	23.40mi
Three Phase, 2-3 STRCU	7.29mi

Another concern is #4 ACSR conductor. This conductor will be replaced on an as needed basis.

D. ANALYSIS OF CURRENT SYSTEM STUDIES (LF, LRSS, RUS FORM 300)

LOAD FORECAST (LF)

The load forecast used in this CWP is the 2018 Load Forecast prepared jointly by East Kentucky Power and South Kentucky RECC engineering personnel. It has been approved by South Kentucky RECC's management and Board of Directors.

LONG RANGE SYSTEM STUDY 2007 (LRSS)

Patterson & Dewar Engineers, Inc., completed a LRSS for SKRECC's distribution system in early 2007, in which the construction included herein is in accordance with. A comparison of the current 2008 Load Forecast and the LRSS for total consumers and total system peak kW demands is as follows:

2007 LRSS Load Levels	Long Range System Study and Load Forecast		2015-2018 CWP	
	Cons.	MW*	Cons.	MW*
LL 1- 2005	61696 actual	314.5		
LL 2- 2010	66846	485		
LL 3- 2013	70749	524		
LL 4- 2016	74684	564	68,204	559
LL 5- 2026	86790	724		

* For extreme winter scenario (10% probability)

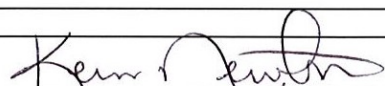
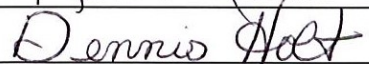
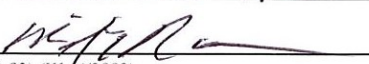
2018 OPERATIONS & MAINTENANCE SURVEY

In December of 2018, the RUS General Field Representative, alongside the Operations and Engineering Department of SKRECC completed the Operations and Maintenance Survey (RUS Form 300). In general, the distribution facilities, operations and maintenance, and engineering programs are adequate with improvements and modifications acquired each year. The following recommendations were noted:

1. Telephone poles are left standing close to electric poles and need to be removed. Cable TV attachments require constant monitoring to ensure contract compliance and code requirements are being met.
2. Several problem trees were observed in rural areas. A more aggressive policy is recommended.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0025. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

UNITED STATES DEPARTMENT OF AGRICULTURE RURAL UTILITIES SERVICE REVIEW RATING SUMMARY	BORROWER DESIGNATION KY 54 DATE PREPARED December 18, 2018																																										
Ratings on form are: 0: Unsatisfactory -- No Records 2: Acceptable, but Should be Improved -- See Attached Recommendations NA: Not Applicable 1: Corrective Action Needed 3: Satisfactory -- No Additional Action Required at this Time																																											
PART I. TRANSMISSION and DISTRIBUTION FACILITIES																																											
1. Substations (Transmission and Distribution) <i>(Rating)</i> a. Safety, Clearance, Code Compliance NA b. Physical Conditions: Structure, Major Equipment, Appearance NA c. Inspection Records - Each Substation NA d. Oil Spill Prevention NA 2. Transmission Lines a. Right-of-Way: Clearing, Erosion, Appearance, Intrusions NA b. Physical Condition: Structure, Conductor, Guying NA c. Inspection Program and Records NA 3. Distribution Lines - Overhead a. Inspection Program and Records 3 b. Compliance with Safety Codes: Clearances 3 Foreign Structures 2 Attachments 2 c. Observed Physical Condition from Field Checking: Right-of-Way 2 Other NA	4. Distribution - Underground Cable <i>(Rating)</i> a. Grounding and Corrosion Control 3 b. Surface Grading, Appearance 3 c. Riser Pole: Hazards, Guying, Condition 3 5. Distribution Line Equipment: Conditions and Records a. Voltage Regulators 3 b. Sectionalizing Equipment 3 c. Distribution Transformers 3 d. Pad Mounted Equipment Safety: Locking, Dead Front, Barriers 3 Appearance: Settlement, Condition 3 Other NA e. Kilowatt-hour and Demand Meter Reading and Testing 3																																										
PART II. OPERATIONS and MAINTENANCE																																											
6. Line Maintenance and Work Order Procedures <i>(Rating)</i> a. Work Planning & Scheduling 3 b. Work Backlogs: Right-of-Way Maintenance 3 Poles 3 Retirement of Idle Services 2 Other NA 7. Service Interruptions a. Average Annual Hours/Consumer by Cause (Complete for each of the previous 5 years) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:10%;">PREVIOUS 5 YEARS (Year)</th> <th style="width:10%;">POWER SUPPLIER a.</th> <th style="width:10%;">MAJOR STORM b.</th> <th style="width:10%;">SCHEDULED c.</th> <th style="width:10%;">ALL OTHER d.</th> <th style="width:10%;">TOTAL e.</th> <th style="width:10%;"><i>(Rating)</i></th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>1.4</td> <td>32.2</td> <td>6.3</td> <td>156.6</td> <td>196.4</td> <td>3</td> </tr> <tr> <td>2014</td> <td>23.1</td> <td>21.5</td> <td>6.2</td> <td>175.0</td> <td>225.8</td> <td>3</td> </tr> <tr> <td>2015</td> <td>2.8</td> <td>19.6</td> <td>5.2</td> <td>171.0</td> <td>198.6</td> <td>3</td> </tr> <tr> <td>2016</td> <td>6.5</td> <td>294.9</td> <td>8.3</td> <td>145.1</td> <td>454.8</td> <td>2</td> </tr> <tr> <td>2017</td> <td>2.8</td> <td>48.6</td> <td>9.0</td> <td>158.8</td> <td>219.2</td> <td>3</td> </tr> </tbody> </table> b. Emergency Restoration Plan 3	PREVIOUS 5 YEARS (Year)	POWER SUPPLIER a.	MAJOR STORM b.	SCHEDULED c.	ALL OTHER d.	TOTAL e.	<i>(Rating)</i>	2013	1.4	32.2	6.3	156.6	196.4	3	2014	23.1	21.5	6.2	175.0	225.8	3	2015	2.8	19.6	5.2	171.0	198.6	3	2016	6.5	294.9	8.3	145.1	454.8	2	2017	2.8	48.6	9.0	158.8	219.2	3	8. Power Quality <i>(Rating)</i> a. General Freedom from Complaints 3 9. Loading and Load Balance a. Distribution Transformer Loading 3 b. Load Control Apparatus NA c. Substation and Feeder Loading 3 10. Maps and Plant Records a. Operating Maps: Accurate and Up-to-Date 3 b. Circuit Diagrams 3 c. Staking Sheets 3
PREVIOUS 5 YEARS (Year)	POWER SUPPLIER a.	MAJOR STORM b.	SCHEDULED c.	ALL OTHER d.	TOTAL e.	<i>(Rating)</i>																																					
2013	1.4	32.2	6.3	156.6	196.4	3																																					
2014	23.1	21.5	6.2	175.0	225.8	3																																					
2015	2.8	19.6	5.2	171.0	198.6	3																																					
2016	6.5	294.9	8.3	145.1	454.8	2																																					
2017	2.8	48.6	9.0	158.8	219.2	3																																					
PART III. ENGINEERING																																											
11. System Load Conditions and Losses <i>(Rating)</i> a. Annual System Losses 5.7% 3 b. Annual Load Factor 41.2% 3 c. Power Factor at Monthly Peak 95+% 3 d. Ratios of Individual Substation Annual Peak kW to kVA 3 12. Voltage Conditions a. Voltage Surveys 3 b. Substation Transformer Output Voltage Spread 3	13. Load Studies and Planning <i>(Rating)</i> a. Long Range Engineering Plan 3 b. Construction Work Plan 3 c. Sectionalizing Study 3 d. Load Data for Engineering Studies 3 e. Load Forecasting Data 3																																										

PART IV. OPERATION AND MAINTENANCE BUDGETS						
YEAR	For Previous 2 Years		For Present Year	For Future 3 Years		
	2016	2017	2018	2019	2020	2021
	Actual \$ Thousands	Actual \$ Thousands	Budget \$ Thousands	Budget \$ Thousands	Budget \$ Thousands	Budget \$ Thousands
Normal Operation	4,111	4,150	4,218	4,345	4,475	4,609
Normal Maintenance	8,358	7,588	8,850	9,116	9,389	9,671
Additional (Deferred) Maintenance						
Total	12,469	11,738	13,068	13,460	13,864	14,280
14. Budgeting: Adequacy of Budgets for Needed Work			3		(Rating)	
15. Date Discussed with Board of Directors			1/10/2019		(Date)	
EXPLANATORY NOTES						
ITEM NO.	COMMENTS					
3b.	Poles with telephone attachments left standing close to the electric pole should be removed. Cable TV attachments require constant monitoring and follow-up to ensure code requirements are met.					
3c.	Several problem trees were observed in rural areas.					
RATED BY:				TITLE	DATE	
				VP ENGINEERING & OPERATIONS	12/18/18	
REVIEWED BY:				PRESIDENT & CEO	12/18/18	
REVIEWED BY:				RUS GFR	12/18/18	

RUS Form 300 (Rev. 4-02) (V1, 4/2002)

Figure 2.1. SKRECC Operations & Maintenance Survey (RUS Form 300)

E. EXISTING & PROJECTED SUBSTATION LOADING

Table 2.2. Substation 2017/2018 Winter Loading

Substation	Substation Capacity		Winter 2017/2018 Actual	Winter 2023/2024 Design Load	Sub Loading at Design Load	Required Action
	Winter Rating (kVA)					
Russell Springs #1	18,140		11,385	14,084	78%	
Russell Springs #2	18,140		6,440	7,967	44%	
Windsor	18,140		8,228	10,178	56%	
Nancy	18,140		10,990	13,595	75%	
Mt. Olive	18,140		8,107	10,029	55%	
Somerset	18,140		10,649	13,173	73%	
E. Somerset	18,140		13,644	16,878	93%	*
Shopville	18,140		11,038	13,654	75%	
Norwood	18,140		13,750	17,009	94%	*
Floyd	24,840		10,644	13,167	53%	
N. Albany	18,140		10,368	12,826	71%	
S. Albany	18,140		11,967	14,804	82%	
Sewellton	24,840		8,881	10,986	44%	
Zula	18,140		10,270	12,704	70%	
Monticello	18,140		12,710	15,723	87%	*
Bronston #1	18,140		9,780	12,098	67%	
Bronston #2	18,140		12,000	14,844	82%	
Mt. Victory	8,980		2,645	3,272	36%	
Whitley City	18,140		10,333	12,782	70%	
Pine Knot	18,140		10,543	13,042	72%	
Oak Hill	18,140		12,027	14,878	82%	
Asahi	18,140		9,350	11,566	64%	
W. Somerset	18,140		13,548	16,759	92%	*
Salem	18,140		11,673	14,440	80%	
Cabin Hollow	18,140		12,251	15,155	84%	
S. Floyd	18,140		12,439	15,388	85%	
S. Oakhill	24,840		18,369	22,723	91%	*
Snow	18,140		8,718	10,785	59%	
Slat	31,050		11,981	14,821	48%	
E. Pine Knot	18,140		5,378	6,653	37%	
Cemetery Rd.	8,980		4,739	5,862	65%	
Wiborg	18,140		13,910	17,207	95%	*
Jamestown	24,840		10,793	13,351	54%	
Nelson Valley	18,140		10,495	12,983	72%	
Zollicoffer	18,140		6,326	7,826	43%	
Gap of the Rdg.	18,140		12,286	15,198	84%	
Upchurch	18,140		10,588	13,098	72%	
Webb's X-rds.	18,140		8,667	10,721	59%	
Woodstock	18,140		7,176	8,877	49%	
Homestead	52,160		26,434	32,700	63%	
Jabez	24,840		5,341	6,607	27%	
Gregory Road	18,140		3,180	3,934	22%	
TOTAL	823,990		440,041	544,348		

* These substations will not become overloaded during the workplan period; however, load shifts where possible or power supply studies will be started during the workplan period to address their future loading concerns.

F. SYSTEM RELIABILITY

Table 2.3. SAIDI – System Average Interruption Duration Index

IN MINUTES						
YEAR	POWER SUPPLIER	MAJOR EVENT	PLANNED	OTHER	TOTAL SAIDI	EXCL. MS
2014	23.082	21.492	6.150	175.038	225.762	204.270
2015	2.784	19.584	5.214	171.042	198.624	179.040
2016	6.510	294.888	8.310	145.062	454.770	159.882
2017	2.814	48.642	8.958	158.784	219.198	170.556
2018	9.036	0.006	12.324	266.472	287.838	287.832
5 YR AVG.	8.8452	76.9224	8.191	183.280	277.238	200.316

G. HISTORICAL ANNUAL ENERGY, LOAD, AND MEMBER DATA

Table 2.4. Historical & Projected Annual Energy, Load, & Member Data

HISTORICAL ANNUAL ENERGY, LOAD, AND MEMBER DATA										
Year	Energy Purchased (MWh)	Energy Sold (MWh)	% Inc.	Energy Loss (MWh)	% Loss	Non-Coincident Peak (MW)	% Inc.	% Annual Load Factor	Number of Members Annual Ave.	% Inc.
2006	1,169,831	1,117,337	-1.4%	52,494	4.5%	337.6	7.3%	39.6%	61,869	1.6%
2007	1,232,718	1,161,833	4.0%	70,885	5.8%	354.7	5.1%	39.7%	62,408	0.9%
2008	1,347,309	1,266,216	9.0%	81,093	6.0%	417.0	17.6%	36.9%	66,276	6.2%
2009	1,293,897	1,214,861	-4.1%	79,036	6.1%	379.0	-9.1%	39.0%	66,318	0.1%
2010	1,409,563	1,328,054	9.3%	81,509	5.8%	380.0	0.3%	42.3%	66,430	0.2%
2011	1,312,896	1,276,229	-3.9%	36,667	2.8%	318.0	-16.3%	47.1%	66,361	-0.1%
2012	1,256,982	1,191,513	-6.6%	65,469	5.2%	326.0	2.5%	44.0%	66,327	-0.1%
2013	1,321,554	1,246,354	4.6%	75,200	5.7%	461.0	41.4%	32.7%	66,272	-0.1%
2014	1,374,317	1,310,882	5.2%	63,435	4.6%	466.8	1.3%	33.6%	66,530	0.4%
2015	1,320,602	1,270,980	-3.0%	49,622	3.8%	378.8	-18.9%	39.8%	66,763	0.4%
2016	1,334,195	1,252,206	-1.5%	81,989	6.1%	369.2	-2.5%	41.3%	67,067	0.5%
2017	1,274,648	1,200,951	-4.1%	73,697	5.8%	438.5	18.8%	33.2%	67,436	0.6%
2018	1,379,206	1,324,987	10.3%	54,219	3.9%	449.7	2.6%	35.0%	67,871	0.6%
Note: All Data is from the Form 7										
PROJECTED ANNUAL ENERGY, LOAD, AND MEMBER DATA										
Year	Energy Purchased (MWh)	Energy Sold (MWh)	% Inc.	Energy Loss (MWh)	% Loss	Non-Coincident Peak (MW)	% Inc.	% Annual Load Factor	Number of Members Annual Ave.	% Inc.
2019	1,394,204	1,320,521	-0.3%	73,683	5.3%	457.3	1.7%	34.8%	68,251	0.5%
2020	1,452,532	1,375,817	4.2%	76,715	5.3%	458.1	0.2%	36.2%	68,736	0.7%
2021	1,459,754	1,382,663	0.5%	77,091	5.3%	461.0	0.6%	36.1%	69,223	0.7%
2022	1,480,905	1,402,714	1.4%	78,191	5.3%	461.3	0.1%	36.6%	69,777	0.8%
2023	1,491,149	1,412,426	0.7%	78,723	5.3%	462.2	0.2%	36.8%	70,335	0.8%
Note: All Projections Above are from 2018 Power Requirement Study The Increase in Members, Demand, and Sales in 2008 were impacted from the addition of the MEPB System										

H. CIRCUIT LOADING AND VOLTAGE CONDITIONS

SKRECC's distribution system has consistently been a winter peaking system; therefore, the winter peak conditions have been used as the basis for identifying system improvements.

The SKRECC 2017/2018 non-coincident winter peak was 439 MW. The corresponding peak kWh consumer billing data was used to develop the engineering analysis model in WINDMIL. In the year 2017, SKRECC's distribution system served approximately 61,391 residential members averaging 990 kWh/month, 5,995 small commercial members averaging 3,874 kWh/month, & 28 large commercial members averaging 571,916 kWh/month.

Through the use of line voltage regulators and capacitors, adequate system voltages are being maintained for current system conditions.

Please refer to the USB Drive provided for the primary analysis of the 2017/2018 & 2023 SKRECC winter peak distribution system. The analysis provides present and future based winter peak circuit loading per substation and feeder, 120 V base voltage drop, primary voltage, primary system losses, consumer billing load, primary conductor size and impedance mileage from the sub including fault current calculations.

Each file on the USB drive will contain the SKRECC distribution system with each scenario analyzed. The beginning analysis corresponds the existing system with existing load. The second scenario demonstrates the existing system with previously mentioned future 2023 calculated load. Lastly, the proposed system will be simulated with the same future calculated load as used in the previous analysis. This coincides with the system SKRECC plans to develop during this 2020-2023 CWP.

III. REQUIRED CONSTRUCTION ITEMS

A. CODE 100 - NEW SERVICES

SKRECC continues to experience moderate member growth in many parts of its service territory. Between April 2017 and March 2019, SKRECC added approximately 1,875 services for new members. This amounted to an average line extension cost of \$3,314 per service with an average length of 190 ft.

During the upcoming 2020-2023 work plan period, SKRECC projects that 4,040 new services will be added, with a total cost over the 2020-2023 period of \$14,800,798. The new services will add a total of 143.5 miles of line to the system. The historical data used to demonstrate these projections are provided in Section II. In this work plan, services to new consumers make up approximately 33% of the total capital required over this CWP period.

B. CODE 300 - SYSTEM IMPROVEMENTS

The following criteria provide an explanation of each Code 300 Construction item and a rationale of how the decisions were made for each project.

2020-2023 CWP System Improvements Projects Summary

Project Code: 301.61 - 399.93

Total Miles: 3.74 mi

Estimated Cost: \$527,340

Please refer to **Table 3.1. System Improvement Results.**

Nancy 0301 Sievers Rd. to Naomi

Project Code: 303.61

Total Miles: 1.00 mi

Estimated Cost: \$141,000

DESCRIPTION OF THE PROPOSED CONSTRUCTION

Convert 1.00 mi of 3PH 1/0ACSR to 3PH 336ACSR.

REASON FOR THE PROPOSED CONSTRUCTION

The existing 3PH has exceeded the primary conductor thermal loading design criteria. This overloading is due to moderate load growth in this specified area.

RESULTS OF THE PROPOSED CONSTRUCTION

This replacement will allow SKRECC to maintain its primary conductor design specifications previously defined. The resolution of this replacement will aid SKRECC in reducing losses, load balancing, and to continue serving the electrical demand in this particular area.

ALTERNATIVE PLANS CONSIDERED

Construction of a double circuit was considered, however, provided the location and costs associated, this conductor replacement is the optimal solution.

South Oakhill 2502 Slate Branch Rd.

Project Code: 325.61
Total Miles: 0.74 mi
Estimated Cost: \$104,340

DESCRIPTION OF THE PROPOSED CONSTRUCTION

Convert 0.74 mi of 3PH 1/0ACSR to 3PH 336ACSR.

REASON FOR THE PROPOSED CONSTRUCTION

The existing 3PH has exceeded the primary conductor thermal loading design criteria. This overloading is due to moderate load growth in this specified area.

RESULTS OF THE PROPOSED CONSTRUCTION

This replacement will allow SKRECC to maintain its primary conductor design specifications previously defined. The resolution of this replacement will aid SKRECC in reducing losses, load balancing, and to continue serving the electrical demand in this particular area.

ALTERNATIVE PLANS CONSIDERED

Construction of a double circuit was considered, however, provided the location and costs associated, this conductor replacement is the optimal solution.

South Floyd 2404 Highway 1676/Mt. Zion

Project Code: 324.61
Total Miles: 1.00 mi
Estimated Cost: \$141,000

DESCRIPTION OF THE PROPOSED CONSTRUCTION

Convert 1.00 mi of 3PH 1/0ACSR to 3PH 336ACSR.

REASON FOR THE PROPOSED CONSTRUCTION

The existing 3PH has exceeded the primary conductor thermal loading design criteria. This overloading is due to moderate load growth in this specified area.

RESULTS OF THE PROPOSED CONSTRUCTION

This replacement will allow SKRECC to maintain its primary conductor design specifications previously defined. The resolution of this replacement will aid SKRECC in reducing losses, load balancing, and to continue serving the electrical demand in this particular area.

ALTERNATIVE PLANS CONSIDERED

Construction of a double circuit was considered, however, provided the location and costs associated, this conductor replacement is the optimal solution.

Zollicoffer 3304 South Highway 235

Project Code: 333.61
Total Miles: 1.00 mi
Estimated Cost: \$141,000

DESCRIPTION OF THE PROPOSED CONSTRUCTION

Convert 1.00 mi of 3PH 1/0ACSR to 3PH 336ACSR.

REASON FOR THE PROPOSED CONSTRUCTION

The existing 3PH has exceeded the primary conductor thermal loading design criteria. This overloading is due to moderate load growth in this specified area.

RESULTS OF THE PROPOSED CONSTRUCTION

This replacement will allow SKRECC to maintain its primary conductor design specifications previously defined. The resolution of this replacement will aid SKRECC in reducing losses, load balancing, and to continue serving the electrical demand in this particular area.

ALTERNATIVE PLANS CONSIDERED

Construction of a double circuit was considered, however, provided the location and costs associated, this conductor replacement is the optimal solution.

Table 3.1. System Improvement Results

Work Plan #	Substation	Circuit #	Line Description	Change Description	Ph	Distance	Begin Pole #	End Pole #	Cost Per Mile	Total Cost
303.61	Nancy	0301	Sievers Rd. to Naomi	1/0ACSR to 336ACSR	3PH	1.00	203614	203650	\$141,000	\$141,000
325.61	South Oakhill	2502	Slate Branch Rd.	1/0ACSR to 336ACSR	3PH	0.74	109303	120937	\$141,000	\$104,340
324.61	South Floyd	2404	Hwy 1676/Mt. Zion	1/0ACSR to 336ACSR	3PH	1.00	100552	243559	\$141,000	\$141,000
333.61	Zollicoffer	3304	South Hwy 235	1/0ACSR to 336ACSR	3PH	1.00	228427	191771	\$141,000	\$141,000
						TOTAL				3.74 mi

TOTAL
\$527,340

C. CODE 601 - TRANSFORMERS & METERS

SKRECC will resume purchasing non-PCB oil transformers and continue to conduct an off-site PCB testing routine on each retired transformer. During this routine, if the transformer is determined to be not suitable for field use due to PCB tolerance, an EPA approved facility will dispose of the transformer providing SKRECC with a *Certificate of Disposal*. Regarding new purchases, between April 2017 and March 2019, SKRECC required 1,705 transformers at an average cost of \$1,076. Based upon this historical data, SKRECC expects to require approximately 3,400 transformers during this 2020-2023 CWP period at a capital cost of \$3,911,691. During this same time period, SKRECC expects to require 5,000 meters with disconnect at a capital outlay of \$1,255,088.

D. CODE 602 - SERVICE CHANGES

Between April 2017 and March 2019, SKRECC increased service wire capacity for 398 members. Based upon this historical data, SKRECC expects to continue this trend for an approximate 830 members during this 2020-2023 CWP period at a capital cost of \$3,475,501.

E. CODE 603 – LINE SECTIONALIZING & GAP ARRESTORS

The engineering staff of SKRECC is conducting an ongoing sectionalizing analysis for the entire SKRECC Distribution System. As part of this ongoing sectionalizing study, equipment sizing, locations, etc. are determined and progressed per circuit on a case by case basis. Due to moderate load growth, existing sectionalizing equipment sizes will not be dramatically impacted. Location determinations are analyzed frequently and are often directed by scenario, relocation, or reoccurring fault impacted areas. Sectionalizing schemes are vital to safe and reliable distribution systems, therefore SKRECC recognizes and practices its importance.

Over the last several years, SKRECC has experienced many power quality issues from the gapped-type lightning arrestors on its system. For many years, the improved MOV arrestors have been utilized exclusively, however, many of the gapped-type lightning arrestors remain in service. Before the change, SKRECC estimated nearly one third of its approximate 60,000 transformers (or 20,000) were constructed with gapped-type arrestors.

This 2020-2023 CWP includes provisions for SKRECC to continue replacing the gapped-type lightning arrestors. The estimated capital expenditure of \$598,259 that has been allotted for this will allow us to change out approximately 4,400 of these lightning arrestors over the 2020-2023 period. Areas initially targeted are those where (1) reoccurring power quality problems are experienced, and/or (2) includes sensitive or high priority members such as hospitals, schools, etc.

F. CODE 604 - LINE REGULATORS

During this 2020-2023 CWP period, SKRECC plans to deploy (3) sets totaling to (9) Voltage Regulators in specified locations across its system. These regulators will dramatically mitigate future voltage concerns observed from the engineering analysis procedure performed for this 2020-2023 CWP period.

G. CODE 605 – LINE CAPACITORS/CONTROLS

SKRECC and EKPC consistently monitor substation power factors on a monthly basis and determine any change necessary to maintain a minimum power factor of 95% at substation peak. Once a power factor correction is determined, SKRECC will dictate the size and location most feasible for both parties in order to obtain the expected results. EKPC supplies all capacitors and controls on SKRECC's system.

H. CODE 606 - POLE REPLACEMENTS

The physical condition of SKRECC's electric plant is satisfactory according to Work Order Inspections completed by Patterson and Dewar Engineers. A significant number of pole replacements have been made in recent years, along with an ongoing inspection program that is carried out by one, in-house, full-time line inspector.

SKRECC's distribution system contains approximately 148,000 wood poles. RUS guidelines recommend that approximately 10% of the pole plant be inspected annually. This corresponds to approximately 14,800 pole inspections per year. Our current inspection program exceeds this number, as we inspect approximately 20,000 poles on an annual basis with our ground line inspection program. We also visually inspect one half of our system each year as dictated by the Public Service Commission.

During the 2020-2023 CWP period, SKRECC is projected to replace 4,000 poles (1,000 per year) at a total cost of \$11,504,974. Both the number of poles and the costs associated are based upon recent historical data of SKRECC's pole replacement activity.

I. CODE 607 - MISCELLANEOUS REPLACEMENTS

Between April 2017 and March 2019, SKRECC replaced 253 miscellaneous equipment items at an average cost of \$1,416. This miscellaneous equipment includes guys, anchors, crossarms, insulators, and switches in regards to circumstances in which the pole is not being replaced. Based upon this historical data, SKRECC anticipates to replace approximately 520 miscellaneous equipment items at a capital cost of \$788,614.

J. CODE 608 – NON-SITE SPECIFIC CONDUCTOR REPLACEMENTS

Miscellaneous Conductor Replacements

Total Estimated Miles: 32 mi

Estimated Cost: \$1,977,200

DESCRIPTION OF CONSTRUCTION

Convert single phase and/or multiphase Copper ACWC/CU and #4ACSR conductor types to a better quality conductor.

REASON FOR CONSTRUCTION

SKRECC continues to pursue the plans and actions required to replace existing Copper ACWC/CU and #4ACSR with better quality conductor meeting the design specifications and criteria previously stated in this report. These type conductors produce reliability constraints, deterioration traits, and other related issues on the SKRECC system.

RESULTS OF CONSTRUCTION

These replacements will allow SKRECC to improve the quality of its distribution system, reduce line loss, and better enhance the reliability to its members.

ALTERNATIVE PLANS CONSIDERED

As part of SKRECC's initiative to replace these conductors, these miscellaneous replacements will remain a part of the SKRECC ongoing Conductor Replacement Program.

K. CODE 612 - STEP-TRANSFORMERS

SKRECC does not expect to require any additional auto-transformers during this 2020-2023 CWP period.

L. CODE 615 - COMMUNICATIONS

In recent years, SKRECC has experienced numerous failures in various locations regarding its analog two-way radio system. This analog system has become antiquated as a result from advanced technologies and absent hardware. SKRECC is proposing to implement a digital two-way radio system in order to satisfy coverage, enhance communications, and increase its reliability.

M. CODE 702 - OUTDOOR LIGHTING

SKRECC offers a lighting program that provides a variety of lights to all members, including both traditional open bottomed globe type fixtures and directional floodlights. Homeowner associations and cities also have a choice of various fixtures including street lighting and decorative purpose installations. SKRECC is operating uniformly toward a system wide LED security light and flood light plant. Based upon historical data and the replacement of inoperable existing lights; SKRECC predicts that it will replace approximately 6,120 lights over this 2020-2023 CWP period representing a capital expenditure of \$4,496,681.

N. CODE 704 - SCADA

Contingent upon the reconstruction of current EKPC/SKRECC substation infrastructure, SKRECC plans to reconfigure and replace if necessary its corresponding SCADA equipment. SKRECC also intends to engage in a Voltage Reduction Pilot program during this 2020-2023 CWP period.

O. SUBSTATION, METER POINT ADDITIONS, & CHANGES

As previously noted, SKRECC does not anticipate any new substations during this 2020-2023 CWP period. SKRECC is constantly monitoring substation capacities conjointly with EKPC.

IV. CONCLUSIONS

The recommendations set forth in this construction work plan will enable South Kentucky RECC to serve its cooperative members at the projected peak demand of 548MW calculated under *extreme* forecast. The recommendations contained herein are in accordance with established RUS guidelines and other criteria regarding SKRECC's Long Range System Study, calculated load forecast, and other related studies. Any questions or comments regarding this report should be directed to Dakota Brown, Engineering Manager at dakotab@skrecc.com or Kevin Newton, VP of Engineering & Operations at knewton@skrecc.com.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21

REQUEST 6

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 6. Concerning the utility's construction projects:

Request 6a. For each project started during the last five calendar years, provide the information requested in the format contained in Schedule C1. For each project, include the amount of any cost variance and delay encountered, and explain in detail the reasons for such variances and delays.

Response 6a. Please see attached schedule.

Request 6b. Using the data included in Schedule C1, calculate the annual "Slippage Factor" associated with those construction projects. The Slippage Factor should be calculated as shown in Schedule C2.

Response 6b. Please see attached schedule.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 7**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 7. Provide the information shown in Schedule D for each construction project in progress, or planned to be in progress, during the 12 months preceding the historical test year and the historical test year.

Response 7. All planned projects were complete during the 12 months preceding the historical test year and during the historical test year.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE

COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21

REQUEST 8

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 8. Provide, in the format provided in Schedule E, 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 D.

Response 8. Please see response to Request 7 above. There were no active projects during the 12 months preceding the test year.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 9**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 9. 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 9. South Kentucky does not typically record capitalized interest as projects are typically short-term in nature.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21

REQUEST 10

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 10. Provide the following monthly account balances for the test year for the total company and Kentucky jurisdictional operations:

- a. Plant in service (Account No. 101);
- b. Plant purchased or 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, give a reasonable estimate);

j. Balance in accounts payable applicable to amounts included in plant under construction (if actual is indeterminable, give a reasonable estimate); and

k. Balance in accounts payable applicable to prepayments by major category or subaccount.

Response 10 (a) through (g) and (i) through (k). Please see attachments for (a)

through (g). There were not balances applicable to question (i), (j), or (k).

Response 10(h). Minimum cash requirements are adjusted on a daily and weekly basis depending upon the needs of the cooperative. South Kentucky has a line of credit available with CFC which may be relied upon for liquidity purposes. The typical balance in our general operating account is between \$1,000,000 and \$3,000,000.

In addition, we regularly utilize commercial paper investments with CFC to move money from the general operating account in order to build dollars to pay for our EKPC power bill monthly.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 11**

RESPONSIBLE PERSON: Steve Seelye
COMPANY: South Kentucky RECC

Request 11. Provide a reconciliation and detailed explanation of each difference, if any, in the utility's capitalization and net investment rate base for the historical test year.

Response 11.

Please see attached.

Please note, South Kentucky's revenue requirements are based on a times interest earned (TIER) measurement, not return on rate base or capitalization.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 12**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 12. 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 or each item of utility plant, the amortization period, and the unamortized balance at the beginning of the test year.

Response 12. No acquisitions of an operating unit or system have occurred since our last rate case.

SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE

COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21

REQUEST 13

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 13. 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 13. As part of this Application, South Kentucky is requesting Commission approval for its recently completed depreciation study and prospective implementation of the rates contained therein. The depreciation study and proposed depreciation rates are discussed in the testimony of William Steven Seelye, Exhibit 10 to the Application. Specific reference is made to Mr. Seelye’s testimony exhibits WSS-5 and WSS-6.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 14**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 14. Provide the utility's cash account balances at the beginning of the test year and at the end of each month during the test year for total company and Kentucky jurisdictional operations.

Response 14. Please see attached.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 15**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 15. Provide the average number of customers on the utility's system by rate schedule for the test year and two most recent calendar years.

Response 15. Please see attached.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 16**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 16. Provide a schedule, in the format provided in Schedule F, of electric operations net income, per kWh sold, per company books for the test year and three calendar years preceding the test year.

Response 16. Please see attached.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 17**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 17. Provide the comparative operating statistics for total company as shown in Schedule G.

Response 17. Please see the attached schedule.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 18**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 18a. Provide the information requested in Schedule H for budgeted and actual numbers of full and part time employees by employee group, by month, and by year; and regular wages, overtime wages, and total wages by employee group, by month, for the test year and three most recent calendar years preceding the test year. Explain any variance exceeding five percent.

Response 18a. Please see attached Schedule H.

Request 18b. Complete the information requested in Schedule H1.

Response 18b. Please see the attached Schedule H1.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 19**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 19. 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 since the utility’s last base rate case.

Request 19a. 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.

Response 19a. South Kentucky works with an outside consultant, INTANDEM, LLC to perform a compensation study. This study includes data from the 2021 National Compensation System provided by NRECA and Economic Research Institutes Salary Assessor Database.

Adjustments to wages and salaries are consistent to the results from the study.

The compensation study is provided under seal subject to a motion for confidential treatment.

Request 19b.

If comparisons were not performed, explain why not.

Response 19b.

Please see the response to 19a above.

ATTACHMENT
FILED UNDER
SEAL PURSUANT
TO A MOTION FOR
CONFIDENTIAL
TREATMENT

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 20**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 20. Provide the most recent wage, compensation, and employee benefits studies, analyses, or surveys conducted since the utility's last base rate case or that are currently utilized by the utility.

Response 20. Please see the confidential attachment filed in response 19a above.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 21**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 21. For each employee group, state the amount, percentage increase, and effective dates for general wage increases and, separately, for merit increases granted in the past three calendar years.

Response 21.

South Kentucky does not have a unionized employee group. General Wage increases each year for the total employee group are based upon the cost of living portion of INTANDEM, LLC’s compensation study. Each grade is evaluated to determine the appropriate increase percentage by grade category. The cost of living increases are typically scheduled to go into effect for the first full pay period in July each year.

The following increase ranges by year are as follows:

2018 –2.43% (Grade 5) – 1.73% (Grade 16) Overall Average – 1.68%

2019 – 1.62% (Grade 5) – 3.93% (Grade 16) Overall Average – 1.94%

2020 – No study completed in 2020 – There were no Cost of living increases in 2020

In addition to the cost of living increases, employees who are not currently at the salary midpoint for their position may receive an increase in December. This increase is to move the employee closer to their midpoint by the three year period as defined by the compensation program. Increase percentage ranges for eligible employees in these years were as follows:

2018 – .92%- 21.68%, with the average increase percentage for eligible group being 8.74%

2019 – 2.05%- 12.08%, with the average increase percentage for eligible group 8.33%

2020 –3.06%- 11.59%, with the average increase percentage for eligible group 7.87%

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 22**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 22. Provide a schedule reflecting the salaries and other compensation of each executive officer for the base period and three most recent calendar years. Include the percentage annual increase and the effective date of each increase, the job title, duty and responsibility of each officer, the number of employees who report to each officer, and to whom each officer reports. 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 22. Please see attached

**South Kentucky RECC
Job Description - CEO
Exempt Position**

Job Title: Chief Executive Officer
Department: Executive
Reports to: SKRECC Board of Directors
Supervises: V.P. of Engineering & Operations, V.P. of Finance and Executive Assistant to CEO

Qualifications:

The desirable candidate will hold a bachelor's degree and 10 years of management experience in the electric utility industry. In lieu of a bachelor's degree, 15 years of experience in the electric utility industry may be considered. Experience with a generation and transmission cooperative is preferred. A graduate degree in business, finance, engineering or a related field, is a plus. Union negotiating experience is a plus. Must possess and demonstrate successful management and strong business skills with experience in the electric utility industry. Proven knowledge of the electric cooperative business model and principles is critical. Knowledge and experience in the areas of board relations, RUS and non-RUS financing, rate regulation and tariff compliance matters, permitting and right-of-way negotiations on federal lands; distribution system planning/operations, strategic planning and member/consumer relations is required. Must have excellent oral and written communication skills. Strong interpersonal skills and excellent communication are required. Preference will be given to candidates with demonstrated experience in rural electric cooperatives, public power or municipal.

Job Requirements:

- Provides advice and assistance to the Board of Directors and direction of the Cooperative's operations to assure that all efforts are being directed toward the fulfillment and achievement of the mission and objectives of the Cooperative.
- Develops a high degree of understanding and appreciation of the Cooperative's way of doing business among the Directors, employees, membership, and general public.
- The incumbent is responsible for directing the transmission of electricity, financial planning, and the development of administrative procedures and representation of CEPC on a local and national level. The ideal candidate will have experience dealing with energy & regulatory issues on a state or national level; competitive open market pricing; and will actively participate in national, state, and local related organizations.
- Incumbent must project a positive attitude and professional image, be outgoing, possess a strong work ethic, be forthcoming and honest in all dealings, have a collaborative consensus building management style and be a team builder. They must work well with the employees, member systems and the board. They must have the ability to develop positive long term relationships with the member systems, community organizations, state and federal legislators, associated regional and national organizations, and the board. Strong people skills are mandatory.
- This position requires skill and leadership in managing diverse functions and developing a centralized operation with enhanced awareness of cost efficiency and safety. Through subordinate staff, CEO directs the activities of 100 full time employees and is responsible for selecting, hiring and developing the senior management team and providing for orderly management succession.
- Ability to accept responsibility for the leadership, direction, control, planning, negotiating, organizing, directing, supervising, formulating practices, or making final decisions.
- Ability to adapt to situations involving the interpretation of feelings, ideas, or facts in terms of personal viewpoint; to use creativity, self-expression, or imagination.
- Ability to influence people in their opinions, attitudes, or judgments about ideas or things; to motivate, convince, and negotiate.

- Ability to perform under stress when confronted with emergency, critical, unusual, or dangerous situations, or in situations in which working speed and sustained attention are critical aspects of the job; to be subject to danger or risk, or to tension as a regular, consistent part of the job.
- Extensive knowledge required of management functions and practices. Knowledge of utility concepts, economics, rate structuring, and operational requirements of the electric utility industry is essential.
- Must be able to deal discreetly with confidential information.
- General computer skills necessary with knowledge of word processing, spreadsheet and presentation programs.
- Ability to deal with people beyond giving and receiving instructions such as in a team, supervisory, marketing, or counseling situation.
- Must have demonstrated ability to effectively organize, delegate and supervise employees.

Duties & Responsibilities:

Reporting to a seven (7) member Board, the CEO will supervise and direct the entire staff of the Coop. The CEO duties include, but are not limited to:

- Coordination, development and succession planning of the senior management staff;
- Oversight of daily operations of established SKRECC departments and/or contactors to assure that the organization reaches its objectives;
- Exercise a high degree of understanding and appreciation of the Coop's method of conducting business among the Board, employees, membership, and general public;
- Manage subordinate supervisors and ensure their direct labor employees are well-trained and able to conduct the Coop's operations in a knowledgeable, efficient and safe manner in the provision of electric utility service to SKRECC's members and consumers;
- Effectively organizes, delegates and supervises employees;
- Insures the Board is fully apprised of SKRECC's business affairs through the use of various communications methods;
- Maintain a productive relationship with various local and state governments and agencies; and
- Carry out management's responsibilities in accordance with the directives of SKRECC's Board, policies and applicable law.
- Ability to accept responsibility for the leadership, direction, control, planning, negotiating, organizing, directing, supervising, formulating practices, or making final decisions.
- Ability to adapt to situations involving the interpretation of feelings, ideas, or facts in terms of personal viewpoint; to use creativity, self-expression, or imagination.
- Ability to influence people in their opinions, attitudes, or judgments about ideas or things as well as motivate, convince, and negotiate.
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- Extensive knowledge required of management functions and practices.
- Knowledge of utility concepts, economics, rate structuring, and operational requirements of the electric utility industry is essential.
- Must be able to deal discreetly with confidential information.
- General computer skills necessary with knowledge of word processing, spreadsheet and presentation programs.
- Ability to deal with people beyond giving and receiving instructions such as in a team, supervisory, marketing, or counseling situation.
- Must have demonstrated ability to effectively organize, delegate and supervise employees.
- Develops courses of action which will achieve a consistent, coordinated structure of operations directed toward fulfilling the mission and objectives of the Cooperative.
- Provides organizational means for gaining the enterprise objectives for the individuals who make up the work force.

- Assures controls are being developed and carried out as a principal part of the internal management function.
- In carrying out his/her controlling function, the CEO shall review all control measurement data from key performance areas to assure, through comparison and evaluation, that activities required in the broad delegation process have been properly performed to achieve the desired level of results.
- Has financial authority within the limits of the annual budget.
- Establishes necessary communication methods to keep the Board of Directors fully and accurately apprised of the business affairs of the Cooperative.
- Develops programs to foster an understanding of the systems objectives, plans, and programs for the Directors, the employees, and the general membership.
- Coordinates and/or directs the everyday efforts of all department managers to achieve smooth operations as required. Coordinates with the corporate legal counsel and seeks legal advice on necessary legal matters.
- Develops and fosters in the consumer and the public an understanding and acceptance of the Cooperative's objectives, plans, and programs.
- Participates actively in and contributes time and effort to national, state, or local organizations whenever there is an opportunity to further the best interests of the Cooperative.
- Informs the member-consumers of the manner of operation, plans, progress, and problems of their Cooperative.
- Manages Executive Staff who supervise the employees in the Engineering Department, Operations Department, Member Service Department, General Office Department, and H.R. Department.
- Is responsible for the overall direction, coordination, and evaluation of these units.

Qualification Requirements:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Valid Kentucky Driver's License.

**South Kentucky RECC
Job Description – Vice President of Engineering & Operations
Exempt Position**

Job Title: Vice President, Engineering & Operations
Department: Executive Staff
Reports to: CEO
Supervises: Engineering Team, Dispatch & Technical Services Team, Construction Team, Right of Way Team, District Office Construction Teams, Safety Team, IT Team, Metering Team, Transportation Team, Building & Grounds Team and Operations Team Assistant

Qualifications: High School diploma or GED is required. Bachelor's degree in business, engineering or related field is preferred. 10 years of electric utility experience is required.

Job Requirements:

- Excellent communication skills (verbal and written), will be required to communicate with employees, community leaders, government officials and members in an instructive and well-informed manner.
- Knowledge or understanding of Occupational Safety and Health Association, Rural Utility Service, Kentucky Public Service Commission, Federal Motor Carrier Safety Administration, National Electric Safety Commission, National Electric Code and South Kentucky RECC policies, procedures, rules and regulations.
- Must be able to perform Budgeting for each area within the Engineering and Operations Department.
- Must be capable of performing cost analysis and routing monthly, quarterly and annual reports as needed.
- Experience with personal computers including Word documents, Excel Spreadsheets and Power Point (proficient skills required).
- Candidate must have and/or the ability to become adept with various software programs utilized throughout the organization.
- Good organizational and follow-up skills.
- Candidate must know or obtain an in-depth knowledge of South Kentucky RECC Rates and Tariffs and East Kentucky Power's Rates and Tariff's.
- Must have good problem solving and conflict resolution skills.
- Capable of working independently with little or no supervision. Willingness to accept responsibility and accountability.
- Ability to develop employees and build a team that works well with others.
- The capability to prioritize projects and oversee them to their completion is a requisite.
- Must have the ability to scrutinize and understand new technologies and apply them to the day to day operations of the cooperative.
- General knowledge of electrical line construction and maintenance and information technology issues.
- Must be in the after-hours supervisory on-call rotation and must live within 30 minutes (verified via Google Maps™) of the Somerset Office.
- Negotiation skills are required in the hiring of contractors for construction, right-of-way, safety, pole inspections, transformer repair, tower rental agreements, joint use contracts and other contractual obligations that may arise from time to time.

Duties and Responsibilities include but are not limited to the following:

- Directly supervises and oversees the Engineering Team, Dispatch & Technical Services Team, Construction Team, Right of Way Team, District Office Construction Teams, Safety Team, IT Team, Metering Team, Transportation Team, Building & Grounds Team and Operations Team Assistant.
- Collaborate with these Managers to fill vacant positions in each team.
- Works with the Safety and Loss Control Manager in developing and implementing job safety and training programs.
- Participates in the development and implementation of goals, objectives, priorities, policies, procedures, project prioritization and problem resolution.
- Completes and maintains various reports on production and cost control.
- Plans and coordinates staffing levels and equipment needs to achieve maximum benefit to the members while remaining within the parameters of the annual budget.

- Monitor the RUS Work Plan as well as the annual capital budget to analyze work progress, timeline and completeness of each component.
- Must stay abreast of current technology trends related to each department.
- Participates in the development of Construction Work Plan and Long-Range Plan.
- Assists in the development of special rates and Tariff's on an as needed basis.
- Works to resolve and mediate personnel issues as they arise.
- Prepare and present to the President/CEO a capital and expense budget annually.
- Works with CEO and other Staff Members in development of Strategic and Efficiency Plans.
- Participates in state wide operational organizations and committees.
- Appropriate communications with members and other personnel that will promote positive images of self and the Cooperative.
- Works with Managers and Human Resources in the hiring, transfer, promotion and discipline of employees.
- Strives to achieve the goals and objectives set by the President/CEO.
- Assures employees are being utilized to the full potential and their work loads are fair and balanced.
- Plan and organize best practices to serve membership with the most efficient and cost control method.
- Collaborate with Managers to resolve challenges during routine work duties.
- Investigate member concerns that have not been satisfied by other team members.
- Promote prompt, reliable electric service to the members and maintain good power quality.
- Have working knowledge of all laws and regulations governing the operations of the Cooperative.
- Participate in policy formation both within the department and on a companywide basis.
- Perform annual performance appraisals on team members.
- Attend Board Meeting and give monthly reports.
- Keep President/CEO informed of any significant work related matters.
- Support the President/CEO, Executive Staff and the Board of Directors.
- Participate and support other departments in the execution of cooperative functions.
- Active involvement in the community is expected.
- Must have the ability to build a dependable team of loyal employees.
- Be a resource for employees and Executive Staff Team Members.
- Perform other duties as assigned.

External Contacts:

- Contractors
- Kentucky Association of Electric Cooperatives
- Local, State and Federal agencies
- Members
- Community groups and organizations
- Attorneys
- Local Government Officials
- Kentucky Public Service Commission
- Rural Utility Service
- Telephone and CATV Companies
- EKPC
- US Army Corp of Engineers
- US Forest Service
- Kentucky Highway Department
- Railway & Railroads
- Other organizations

Working conditions:

- Due to participation in community activities, meetings, and other activities, the work week may exceed 40 hours.
- At times out of town travel is required and may be several days duration and can include nights weekends and holidays.
- Most work will be performed indoors with limited work outdoors sometimes in poor weather conditions.

Physical Requirements:

- Occasional standing, walking, stooping, bending.
- Must maintain a valid driver's license.
- Frequent operation of office machines.
- Frequent use of eye/hand coordination.

South Kentucky RECC is currently accepting resumes for the position of:

Vice President of Engineering & Operations (Exempt)

SPECIFICATIONS

Education: High School diploma or GED is required. Bachelor's degree in business, engineering or related field is preferred. 10 years of electric utility experience is required.

Reports to: President & CEO

Job Knowledge:

Excellent communication skills (verbal and written), will be required to communicate with employees, community leaders, government officials and members in an instructive and well-informed manner.

Knowledge or understanding of Occupational Safety and Health Association, Rural Utility Service, Kentucky Public Service Commission, Federal Motor Carrier Safety Administration, National Electric Safety Commission, National Electric Code and South Kentucky RECC policies, procedures, rules and regulations. Must be able to perform Budgeting for each area within the Engineering and Operations Department. Must be capable of performing cost analysis and routing monthly, quarterly and annual reports as needed. Experience with personal computers including Word documents, Excel Spreadsheets and Power Point (proficient skills required). Candidate must have and/or the ability to become adept with various software programs utilized throughout the organization. Good organizational and follow-up skills. Candidate must know or obtain an in-depth knowledge of South Kentucky RECC Rates and Tariffs and East Kentucky Power's Rates and Tariff's. Must have good problem solving and conflict resolution skills. Capable of working independently with little or no supervision. Willingness to accept responsibility and accountability. Ability to develop employees and build a team that works well with others. The capability to prioritize projects and oversee them to their completion is a requisite. Must have the ability to scrutinize and understand new technologies and apply them to the day to day operations of the cooperative. General knowledge of electrical line construction and maintenance and information technology issues. Must be in the after-hours supervisory on-call rotation and must live within 30 minutes (verified via Google Maps™) of the Somerset Office. Negotiation skills are required in the hiring of contractors for construction, right-of-way, safety, pole inspections, transformer repair, tower rental agreements, joint use contracts and other contractual obligations that may arise from time to time.

Job Functions:

Directly supervises and oversees the Engineering Team, Dispatch & Technical Services Team, Construction Team, Right of Way Team, District Office Construction Teams, Safety Team, IT Team, Metering Team, Transportation Team, Building & Grounds Team and Operations Team Assistant. Collaborate with these Managers to fill vacant positions in each team. Works with the Safety and Loss Control Manager in developing and implementing job safety and training programs. Participates in the development and implementation of goals, objectives, priorities, policies, procedures, project prioritization and problem resolution. Completes and maintains various reports on production and cost control. Plans and coordinates staffing levels and equipment needs to achieve maximum benefit to the members while remaining within the parameters of the annual budget. Monitor the RUS Work Plan as well as the annual capital budget to analyze work progress, timeline and completeness of each component. Must stay abreast of current technology trends related to each department. Participates in the development of Construction Work Plan and Long-Range Plan. Assists in the development of special rates and Tariff's on an as needed basis. Works to resolve and mediate personnel issues as they arise. Prepare and present to the President/CEO a capital and expense budget annually. Works with CEO and other Staff Members in development of Strategic and Efficiency Plans. Participates in state wide operational organizations and committees. Appropriate communications with members and other personnel that will promote positive images of self and the Cooperative.

Works with Managers and Human Resources in the hiring, transfer, promotion and discipline of employees. Strives to achieve the goals and objectives set by the President/CEO. Assures employees are being utilized to the full potential and their work loads are fair and balanced. Plan and organize best practices to serve membership with the most efficient and cost control method. Collaborate with Managers to resolve challenges during routine work duties. Investigate member concerns that have not been satisfied by other team members. Promote prompt, reliable electric service to the members and maintain good power quality. Have working knowledge of all laws and regulations governing the operations of the Cooperative. Participate in policy formation both within the department and on a companywide basis. Perform annual performance appraisals on team members. Attend Board Meeting and give monthly reports. Keep President/CEO informed of any significant work-related matters. Support the

President/CEO, Executive Staff and the Board of Directors. Participate and support other departments in the execution of cooperative functions. Active involvement in the community is expected. Must have the ability to build a dependable team of loyal employees. Be a resource for employees and Executive Staff Team Members. Perform other duties as assigned.

Working Conditions:

Due to participation in community activities, meetings, and other activities, the work week may exceed 40 hours. At times out of town travel is required and may be several days duration and can include nights weekends and holidays. Most work will be performed indoors with limited work outdoors sometimes in poor weather conditions.

Physical Demands:

Occasional standing, walking, stooping, bending. Must maintain a valid driver's license. Frequent operation of office machines. Frequent use of eye/hand coordination.

Benefits: Health, dental, 401k, holidays, vacation, and more.

Send resume by noon on Friday, March 9, 2018 to:

Karen Black

V.P. of Human Resources

EOE/M/F/Vet/Disability

Schedule of Salaries for each Executive Officer

	2020				2019				2018			
	Salary	Total Compensation	Date of Increase	% Annual increase	Salary	Total Compensation	Date of Increase	% Annual increase	Salary	Total Compensation	Date of Increase	% Annual increase
President & CEO												
Compensation	\$ 250,016.00		01/2020		\$ 190,008.00	\$ 257,255.73	01/2019		\$ 190,008.00		01/2018	
	\$ 250,016.00	\$ 261,369.37	No Increase	0.0000%	Vacancy from 05/2019 - 12/2019				\$ 190,008.00	\$ 205,739.66	No increase	0.0000%
					\$ 250,016.00	\$ -	12/2019	0.0000%				
Duty and responsibility	Job Description Attached				Job Description Attached				Job Description Attached			
# of employees who report	5				5				5			
Reports to	Board of Directors				Board of Directors				Board of Directors			
COO/VP of Engineering & Operations												
Compensation	\$ 178,048.00		01/2020		\$ 153,483.20		01/2019		\$ 176,404.80	-	01/2018	0.0000%
	\$ 190,840.00	\$ 176,098.40	12/2020	7.1846%	\$ 165,464.00		07/2019		Vacancy from 01/2018 - 03/2018			
					\$ 178,048.00	\$ 158,601.33	12/2019	16.0049%	\$ 138,340.80		03/2018	
									\$ 141,668.80		07/2018	
									\$ 153,483.20	\$ 134,454.50	12/2018	10.9458%
Duty and responsibility	Job Description Attached				Job Description Attached				*Hired VP of Engineering & Operations 03/2018			
# of employees who report	14				14				14			
Reports to	President & CEO				President & CEO				President & CEO			

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 23**

RESPONSIBLE PERSON: **Michelle Herrman**

COMPANY: **South Kentucky RECC**

Request 23. 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 23. Please see attached.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 24**

**RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC**

Request 24. Provide all current labor contracts and the most recent labor contracts previously in effect.

Response 24. South Kentucky is not unionized. Therefore, there is no labor contract in effect.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 25**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 25. Provide each medical insurance policy that the utility currently maintains.

Response 25. Please see attached.

Kentucky Rural Electric Cooperative Employers Benefit Plan – South Kentucky Rural Electric Cooperative Corporation

Medical Benefit Plan-PPO and HDHP

Revised: January 1, 2021

SUMMARY PLAN DESCRIPTION


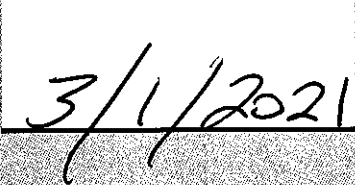
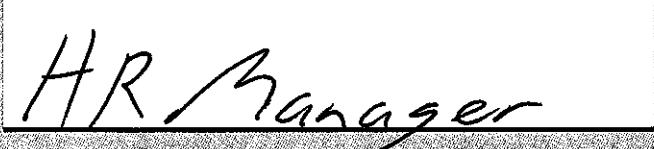
SELF-FUNDED MEDICAL PLAN FOR

KENTUCKY RURAL ELECTRIC COOPERATIVE
EMPLOYERS BENEFIT PLAN -
SOUTH KENTUCKY RECC

EFFECTIVE DATE: JANUARY 1, 2021

It is the intention of the Employer to hereby establish a program of benefits constituting an "Employee Welfare Benefit Plan" under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code of 1986, and any amendments thereto.

IN WITNESS WHEREOF, the employer has executed this Summary Plan Description as of the Plan Effective Date shown.

By:		Date:	
	Authorized Representative		
Title:			

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IMPORTANT MESSAGE

CHANGES IN ELIGIBILITY

You should report **ANY CHANGE IN ELIGIBILITY** to *your employer* as soon as possible. Changes in eligibility include:

1. Marriage or divorce
2. Death of any *dependent*
3. Birth or adoption of a *child*
4. *Dependent child* reaching the limiting age
5. IRS ineligible *dependent child*
6. Total disability
7. Retirement
8. *Medicare* eligibility

For specific details on maintaining coverage under the *plan*, refer to SECTION 3 - ELIGIBILITY.

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TABLE OF CONTENTS

SECTION 1 MEDICAL BENEFITS

SCHEDULE OF BENEFITS	1-1
CLAIMS AUDIT	1-1
PRIOR AUTHORIZATION REQUIREMENTS	1-1
PREFERRED PROVIDER ORGANIZATION PLAN (PPO)	1-2
HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	1-12
PPO NETWORK INFORMATION	1-21
HOW TO FILE A MEDICAL CLAIM	1-22
MISCELLANEOUS MEDICAL CHARGES	1-22
PAYMENT OF CLAIMS	1-22
CLAIM FILING LIMITS	1-22
MEDICAL BENEFITS	1-23
DEDUCTIBLE AND COINSURANCE INFORMATION	1-23
PRIOR AUTHORIZATION REQUIREMENTS	1-24
HOW THE PROGRAM WORKS	1-24
PRIOR AUTHORIZATION REQUIREMENTS	1-24
NON-COMPLIANCE PENALTY	1-25
SECONDARY COVERAGE WAIVER	1-25
CASE MANAGEMENT	1-25
DISEASE MANAGEMENT	1-25
MEDICAL BILL REVIEW	1-25
MEDICAL COVERED EXPENSES	1-26
INPATIENT HOSPITAL BENEFITS	1-26
QUALIFIED PRACTITIONER BENEFITS	1-26
PREVENTIVE WELLNESS BENEFIT	1-27
CONTRACEPTIVES	1-27
COVID-19 TESTING	1-27
OUTPATIENT HOSPITAL BENEFIT	1-28
URGENT CARE CENTER BENEFIT	1-28
AMBULATORY SURGICAL CENTER/FREE STANDING SURGICAL FACILITY	1-28
X-RAY AND LABORATORY TESTS	1-28
AMBULANCE SERVICE BENEFIT	1-28
PREGNANCY BENEFIT	1-28
NEWBORN BENEFITS	1-28
BIRTHING CENTER BENEFIT	1-29
CONVALESCENT NURSING HOME BENEFIT	1-29
HOME HEALTH CARE BENEFIT	1-29
HOSPICE CARE BENEFIT	1-30
PSYCHOLOGICAL DISORDERS, CHEMICAL DEPENDENCE AND ALCOHOLISM BENEFIT	1-31
OTHER COVERED EXPENSES	1-31
LIMITATIONS AND EXCLUSIONS	1-34
ALTERNATIVE TREATMENTS	1-34
DENTAL	1-34
DRUGS	1-34
EXPERIMENTAL OR UNPROVEN SERVICES	1-34

PHYSICAL APPEARANCE	1-35
PROVIDERS	1-35
REPRODUCTION	1-36
ROUTINE AND GENERAL HEALTH	1-36
SERVICES UNDER ANOTHER PLAN	1-36
OTHER	1-37

PRESCRIPTION DRUG BENEFIT **1-39**

SECTION 2 DEFINITIONS

DEFINITIONS	2-1
-------------	-----

SECTION 3 ELIGIBILITY

ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE **3-1**

EMPLOYEE COVERAGE	3-1
DEPENDENT COVERAGE	3-2
WORKING SPOUSE PROVISION	3-2
RETIREE COVERAGE	3-3
SPECIAL ENROLLMENT RIGHTS	3-3
MEDICAID/STATE CHILD HEALTH PLAN	3-4
SPOUSAL TRANSFER PROVISION	3-4
BENEFIT CHANGES	3-5
SPECIAL PROVISIONS FOR NOT BEING ACTIVELY AT WORK	3-5
TOTAL DISABILITY EXTENSION OF BENEFITS	3-5
TERMINATION OF COVERAGE	3-5
SURVIVORSHIP CONTINUATION	3-6
IMPORTANT NOTICE FOR ACTIVE EMPLOYEES AND SPOUSES AGE 65 AND OVER	3-7

FAMILY AND MEDICAL LEAVE ACT (FMLA) **3-8**

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA) **3-11**

CONTINUATION OF COVERAGE DURING MILITARY LEAVE	3-11
REINSTATEMENT OF COVERAGE FOLLOWING MILITARY LEAVE	3-11

CONTINUATION OF BENEFITS **3-12**

THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)	3-12
--	------

SECTION 4 GENERAL PLAN INFORMATION

PLAN DESCRIPTION INFORMATION **4-1**

STATEMENT OF ERISA RIGHTS	4-3
COVERED PERSON RIGHTS	4-3

COORDINATION OF BENEFITS **4-5**

THIRD PARTY RECOVERY, SUBROGATION AND REIMBURSEMENT **4-8**

GENERAL PROVISIONS **4-10**

AMENDMENTS TO OR TERMINATION OF THE PLAN	4-10
ASSIGNMENT	4-10

CONFORMITY WITH APPLICABLE LAW	4-10
FAILURE TO ENFORCE PLAN PROVISIONS	4-10
FREE CHOICE OF PROVIDER	4-10
INTERPRETATION	4-10
PAYMENT OF CLAIMS	4-11
PHYSICAL EXAMINATION	4-11
HIPAA PRIVACY	4-11
HIPAA SECURITY	4-18
CLAIM APPEAL PROCEDURE	4-22

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SECTION 1 MEDICAL BENEFITS

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SCHEDULE OF BENEFITS

CLAIMS AUDIT

In addition to the *plan's* medical record review process, the *plan administrator* may use its discretionary authority to utilize an independent bill review and/or claim audit program or service for a complete claim. While every claim may not be subject to a bill review or audit, the *plan administrator* has the sole discretionary authority for selection of claims subject to review or audit.

The analysis will be employed to identify charges billed in error and/or charges that are not *usual and customary* and/or *medically necessary* and *reasonable*, if any, and may include a patient medical billing records review and/or audit of the patient's medical charts and records.

Upon completion of an analysis, a report will be submitted to the *plan administrator* or its agent to identify the charges deemed in excess of the *usual and customary* and *reasonable* amounts or other applicable provisions, as outlined in this plan document.

Despite the existence of any agreement to the contrary, the *plan administrator* has the discretionary authority to reduce any charge to a *usual and customary* and *reasonable* charge, in accord with the terms of this plan document.

PRIOR AUTHORIZATION REQUIREMENTS

The Utilization Management company (UM) shown on your ID card will handle the authorization requirements of *your plan*. *You* or *your* provider should call the UM for authorization as soon as possible to receive proper care coordination. However, *you* or *your* provider must call within the time frames shown below. The UM toll-free number is shown on the back of *your* ID card.

PPO BENEFIT PROVISION

PPO benefits will be payable for Non-*PPO* provider services up to the *plan's usual and customary and reasonable* limits **only** if:

1. *You* receive treatment that is a *covered expense* from a *PPO* provider and as a result of that treatment, a *covered expense* is incurred from a Non-*PPO* hidden provider that is a pathologist; anesthesiologist; radiologist; *emergency* room physician; or assistant surgeon;
2. *You* do not have access to a *PPO* provider within 30 miles of *your* place of residence;
3. *You* are treated for an *injury* or receive treatment for an *emergency*, including treatment received if *you* are admitted to the *hospital* directly from the *emergency* room;
4. *You* are inpatient confined in a *PPO* facility and receive a consultation from a Non-*PPO* hidden provider;
5. *You* received a referral from a *PPO* provider to a Non-*PPO* hidden provider for diagnostic laboratory or pathology services; or
6. The required medical services are not available from a *PPO* provider.

PREFERRED PROVIDER ORGANIZATION PLAN (PPO PLAN)

PRIOR AUTHORIZATION REQUIRED	NON-COMPLIANCE PENALTY	SUMMARY
<ul style="list-style-type: none"> • Inpatient <ul style="list-style-type: none"> ○ Inpatient Behavioral Health/Substance Abuse ○ Skilled Nursing Facility Admissions • Outpatient: <ul style="list-style-type: none"> ○ Adenoidectomy ○ Arthroscopy Any Joint ○ Blepharoplasty ○ Cardiac Catheterization ○ Cochlear Implants ○ Cholecystectomy ○ Deviated Septum/Nasal ○ Durable Medical Equipment (in excess of \$500) ○ Endoscopic Procedures ○ Epidural/Facet & Trigger Point Injections ○ Excision of Mass ○ Genetic Testing/Molecular Pathology ○ High End Radiology - MRI/CT/PET ○ Laminectomy/Spinal Surgery ○ Laparoscopy ○ Lung Perfusion Study ○ Mammoplasty ○ Occupational Therapy ○ Orthopedic Surgery With Implants ○ Physical Therapy After 10 Visits ○ Surgery ○ Tonsillectomy ○ Varicose Vein Stripping & Ligation 	<p><i>PPO</i>: \$100 per occurrence.</p> <p><i>Non-PPO</i>: \$100 per occurrence.</p> <p>The penalty is taken prior to applying the deductible and coinsurance provisions of the <i>plan</i>. The penalty is not applied to the out-of-pocket limit.</p>	<p><i>PPO</i>: <u>Your PPO provider</u> is required to handle the <i>prior authorization</i> requirements with UM.</p> <p><i>Non-PPO</i>: <u>You</u> must call UM for authorization at least 24 hours in advance of any non-<i>emergency</i> inpatient admission. All inpatient admissions, except maternity admissions that do not exceed 48 hours for a normal vaginal delivery or 96 hours for a cesarean section delivery, require <i>prior authorization</i>. If <i>you</i> do not obtain <i>prior authorization</i>, benefits will be payable after the non-compliance penalty. If admission is on an <i>emergency</i> basis, UM must be notified within 48 hours or the first business day following <i>your</i> admission.</p>
<p>Medical Bill Review</p>	<p>None</p>	<p>If <i>you</i> discover a provider billing error (your doctor billing for treatment not received, for example), report it to the <i>plan</i>. As a reward, <i>you</i> will receive 50% of the error amount, but not more than \$1,000 per bill.</p>

MEDICAL BENEFIT SCHEDULE
PPO PLAN

	NETWORK	NON-NETWORK
Lifetime Maximum Benefit	Unlimited	Unlimited
Annual Deductible (Single/Family)¹ The Family Amount Can Be Any Combination Of Family Members But An Individual Would Never Satisfy More Than Their Own Individual Amount. Deductibles Apply to Out-of-Pocket Maximum	\$600/\$1,800	\$1,200/\$3,600
Maximum Out-Of-Pocket Coinsurance Limits (Single/Family)	Medical: \$1,900/\$3,800	\$4,500/\$9,000
Maximum Out-Of-Pocket² (Single/Family) The Family Amount Can Be Any Combination Of Family Members But An Individual Would Never Satisfy More Than Their Own Individual Amount. Maximum Includes: <ul style="list-style-type: none"> • Copayments • Prescription Costs Maximum Excludes: <ul style="list-style-type: none"> • Cost Containment Penalties • Exclusions and Limitations • Charges in Excess of Maximum Allowed Amount 	Medical: \$7,150/\$14,300	Unlimited
COVERED BENEFITS		
PHYSICIAN SERVICES	YOUR COST SHARE RESPONSIBILITY	
Physician Office Services <ul style="list-style-type: none"> • Office Visit Copayment (PCP/SPC) • Allergy Injection/Serum • Allergy Testing • Imaging Services (MRI, MRA, CAT, PET, SPECT) • Diagnostic Test (Lab & X-Ray) • Office Surgery/Eye Care/Hearing Care • Prescription Dispensed In Physician's Office 	<ul style="list-style-type: none"> \$30 Copay per visit \$30 Copay per visit with office visit, + 10% After Deductible \$30 Copay per visit with office visit 10% After Deductible No Cost Share if billed alone \$30 Copay per visit with office visit No Cost Share if billed alone 10% After Deductible 	<ul style="list-style-type: none"> 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible

COVERED BENEFITS		
PHYSICIAN SERVICES	YOUR COST SHARE RESPONSIBILITY	
Preventive Care Services Office Visit Copayment Services include, but are not limited to: <ul style="list-style-type: none"> • Routine Exams (PCP/SPC) • Colonoscopy • Contraceptives • Mammogram³ • PAP/PSA Testing • Immunizations • Annual Diabetic Eye Exam • Diabetic Education • PCP Vision/Hearing Screening • Breast Pumps – 1 Pump/Pregnancy⁴ 	No Cost Share	First \$500 per calendar year is covered at 100%. Anything in excess of \$500 member is responsible for 30% with deductible waived.
Behavioral Health Office Services	\$30 Copayment per visit	30% After Deductible
Live Health Online	\$30 Copayment per visit	Not A Covered Benefit
COVERED BENEFITS		
FACILITY SERVICES	YOUR COST SHARE RESPONSIBILITY	
Behavioral Health & Substance Abuse Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> • Inpatient Facility Services • Inpatient Professional Services • Other Outpatient Services 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: Methadone Clinics And Halfway Houses Are Excluded.		
Emergency Room Covered As Outlined In The Medical Benefits Section Copayment Waived If Admitted To Hospital, If Placed In Observation Copayment Will Apply <ul style="list-style-type: none"> • Emergency Room Services • Emergency Room Physician • Non-Emergent Emergency 	\$100 Copayment No Cost Share \$100 Copayment	\$100 Copayment Covered at In-Network Level \$100 Copayment
Hospice Care Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Hospital Inpatient Services Precertification Required Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> • Room & Board (Semiprivate or ICU/CCU) • Hospital Services & Supplies Inpatient Hospital Professional Services <ul style="list-style-type: none"> • Surgeon • Anesthesiologist • Radiologist • Pathologist 	10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible

COVERED BENEFITS		
FACILITY SERVICES	YOUR COST SHARE RESPONSIBILITY	
<p>NOTE: The In-Network Benefit Applies To Non-Network Providers In The Following Situations:</p> <ul style="list-style-type: none"> Professional Services (Radiologist, Pathologist or Anesthesiologist) When Services Are Rendered At An In-Network Facility Services Are Not Available At An In-Network Facility/Provider Covered Individuals Traveling Outside The United States Medical Emergency Treatment Diagnostic Procedures Performed In An In-Network Physician's Office & Sent To An Outside Diagnostic Facility For Evaluation 		
<p>Inpatient Facility Services (Other Than Hospital) Covered As Outlined In The Medical Benefits Section</p> <ul style="list-style-type: none"> Skilled Nursing Facility Extended Care Facility 	10% After Deductible	30% After Deductible
<p>NOTE: Precertification Required. Limited To 60 days Per Sickness Or Injury.</p>		
<p>Outpatient Surgery/Alternative Care Facility Covered As Outlined In The Medical Benefits Section Services Include, But Not Limited To:</p> <ul style="list-style-type: none"> Surgery Administration of General Anesthesia 	10% After Deductible, If Billed With An Office Visit \$30 Copayment applies.	30% After Deductible
<p>NOTE: The In-Network Benefit Applies To Non-Network Providers In The Following Situations:</p> <ul style="list-style-type: none"> Professional Services (Radiologist, Pathologist or Anesthesiologist) When Services Are Rendered At An In-Network Facility Services Are Not Available At An In-Network Facility/Provider Covered Individuals Traveling Outside The United States Medical Emergency Treatment Diagnostic Procedures Performed In An In-Network Physician's Office & Sent To An Outside Diagnostic Facility For Evaluation 		
<p>Urgent Treatment Center</p> <ul style="list-style-type: none"> Urgent Treatment Center Services 	\$30 Copayment	30% After Deductible
COVERED BENEFITS		
SPECIALIZED SERVICES	YOUR COST SHARE RESPONSIBILITY	
<p>Abortion Covered As Outlined In The Medical Benefits Section</p> <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	<p>\$30 Copayment</p> <p>10% After Deductible</p> <p>10% After Deductible</p>	<p>30% After Deductible</p> <p>30% After Deductible</p> <p>30% After Deductible</p>
<p>NOTE: Abortion Services Only Covered If The Life Of The Mother Is Endangered.</p>		
<p>Accidental Dental Injury Covered As Outlined In The Medical Benefits Section</p> <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	<p>\$30 Copayment</p> <p>10% After Deductible</p> <p>10% After Deductible</p>	<p>30% After Deductible</p> <p>30% After Deductible</p> <p>30% After Deductible</p>
<p>NOTE: Covered For Accidental Dental Injuries To Sound And Natural Teeth Only If The Treatment Is Completed Within 12 Months Of The Accident.</p>		
<p>Ambulance Services (Land / Air) Covered As Outlined In The Medical Benefits Section</p>	10% After Deductible	10% After Deductible
<p>NOTE: If Related to An Inpatient Admission The Deductible Will Be Waived. All Other Services And Providers Are Paid At The In Network Benefit Level. Ground Ambulance Transport Between Hospital And Skilled Nursing Facilities Are Covered.</p>		
<p>Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Covered As Outlined In The Medical Benefits Section</p> <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	<p>\$30 Copayment</p> <p>10% After Deductible</p> <p>10% After Deductible</p>	<p>30% After Deductible</p> <p>30% After Deductible</p> <p>30% After Deductible</p>
<p>Autism Covered As Outlined In The Medical Benefits Section</p> <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	<p>\$30 Copayment</p> <p>10% After Deductible</p> <p>10% After Deductible</p>	<p>30% After Deductible</p> <p>30% After Deductible</p> <p>30% After Deductible</p>
<p>NOTE: Limited To \$500 Paid Per Month. ABA Therapy, PT, ST, OT Visits Are Included In This \$500 Limit Per Month.</p>		

COVERED BENEFITS		
SPECIALIZED SERVICES	YOUR COST SHARE RESPONSIBILITY	
Behavioral Health & Substance Abuse Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Inpatient Professional Services Outpatient Professional Services 	10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible
Cardiac Rehabilitation Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Chiropractic/Spinal Manipulation Covered As Outlined In The Medical Benefits Section	\$30 Copayment	30% After Deductible
NOTE: \$1,000 Maximum Benefit Combined In-Network And Non-Network Per Plan Year. X-Rays Are Not Included In The \$1,000 Maximum.		
Approved Clinical Trials Routine patient costs of items and services furnished in connection with participation in an approved clinical trial are covered for qualified individuals.		
NOTE: If The Covered Person Is Part Of An FDA-Approved Clinical Trial For A Life-Threatening Disease Medical Expenses That Are Currently Covered Under The Plan That Occur During The Trial Will Be Covered Benefits.		
Contacts or Glasses Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Covered following Cataract Surgery or Eye Injury. Limited to \$50 for eyeglasses, including frames, \$75 for one contact lens, \$150 for two contact lenses.		
Durable Medical Equipment (DME) Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Precertification Is Required If the Cost To Purchase Or Rent Such Equipment Exceeds \$500.00.		
Hearing Services/Cochlear Implants Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: 1 Hearing Aid per ear only if necessary, by impairment of hearing following ear surgery or traumatic injury.		
Home Health Care Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: 60 Visit Plan Year Maximum Benefit Combined In-Network And Non-Network		
Infertility Diagnosis Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Covered For Services To Diagnose Infertility Only. Any Artificial Means To Achieve Pregnancy Including, But Not Limited To, In Vitro Fertilization, GIFT, ZIFT, Artificial Insemination And All Related Fertility Testing, Treatment And Drugs Are Not Covered Benefits On The Plan.		
Inpatient & Outpatient Professional Services Covered As Outlined In The Medical Benefits Section Services Include, But Not Limited To: <ul style="list-style-type: none"> Medical Care Visit (One Per Day) Intensive Medical Care Concurrent Care Surgery Anesthesia Administration Newborn Exams 	10% After Deductible	30% After Deductible
NOTE: The In-Network Benefit Applies To Non-Network Providers In The Following Situations: <ul style="list-style-type: none"> Professional Services (Radiologist, Pathologist or Anesthesiologist) When Services Are Rendered At An In-Network Facility Services Are Not Available At An In-Network Facility/Provider Covered Individuals Traveling Outside The United States Medical Emergency Treatment Diagnostic Procedures Performed In An In-Network Physician's Office & Sent To An Outside Diagnostic Facility For Evaluation 		

COVERED BENEFITS		
SPECIALIZED SERVICES	YOUR COST SHARE RESPONSIBILITY	
Maternity/Pregnancy Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Hospital Birthing Center 	\$30 Copayment 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: The Following Stipulations Apply: <ul style="list-style-type: none"> Once Delivered, The Claim For The Newborn Will Apply To The Benefit Plan Of The Newborn Pregnancy Of Dependent Daughter Is NOT Covered 		
Nutritional Counseling Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Outpatient Services 	\$30 Copayment 10% After Deductible	30% After Deductible 30% After Deductible
NOTE: Counseling Must Be Rendered By A Licensed Nutritionist Or Dietician And Must be Medically Necessary. When Part Of PPACA Services Refer To Preventative Care Benefits. Diagnosis Of Obesity Will Be Covered If Organic In Nature. Eating Disorders Are Covered.		
Occupational Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Prior Authorization Is Required for Occupational Therapy.		
Oral Surgery Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Organ Transplant Services(Non-Blue Distinction Center Facility) Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Organ Transplant Services	Consult The Transplant Benefit Section Plan Includes Blue Distinction Transplant Center	
Orthotic/Prosthetic Devices Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Wigs are covered following chemotherapy limited to 1 wig per calendar year, up to a maximum of \$300. Custom molded Orthotic Devices, Diabetic shoes, Orthopedic shoes, or shoe inserts are not covered.		
Physical Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Prior Authorization Is Required After 10 Physical Therapy Visits.		
Private Duty Nursing Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Reconstructive Surgery Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Covered For The Correction Of Abnormal Congenital Conditions And/Or Performed As A Result Of Injury Or Illness		
Sleep Disorder Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Sleep Studies are Covered in The Patients Home.		
Speech Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Speech Therapy To Treat A Developmental Delay Is Not Covered.		
Sterilization (Reversal Excluded From Coverage) Covered As Outlined In The Medical Benefits Section Female Participants Covered At 100% Per ACA Guidelines.	10% After Deductible	30% After Deductible

COVERED BENEFITS	
PRESCRIPTION DRUGS	YOUR COST SHARE RESPONSIBILITY
<p>Retail Pharmacy Limited to a 34-day supply (a 90-day supply can be purchased at certain retail pharmacies at the Mail Order Co-pay Level shown below).</p> <p>Tier I Member Payment Amount Tier II Member Payment Amount Tier III Member Payment Amount Tier IV – Specialty Medications Member Payment Amount</p> <p>Prescription Drug Benefit shall include Specialty Medications Included in Copay Assistance program. Manufacturer assistance program covers most if not all of the coinsurance amount. Your out-of-pocket cost per 30-day supply will not exceed the maximum copayment.</p> <p>Direct Mail Service Limited up to a 90-day supply.</p> <p>Tier I Member Payment Amount Tier II Member Payment Amount Tier III Member Payment Amount</p> <p>Specialty Medication You must obtain pre-authorization through the drug card or benefits will not be payable.</p> <p>Over-the-Counter Drugs (OTC) OTC proton pump inhibitors OTC non-sedating anti-histamines</p> <p>You must still obtain a prescription for your qualified practitioner.</p> <p>Step Therapy: PPI Class Not all PPI Class drugs are covered by the plan. Some require Step Therapy. Step Therapy requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, KREC may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KREC will then cover Drug B.</p> <p>If you are prescribed certain generic drugs in this class, you may not be subject to clinical review due to the generic drug representing STEP A in the Step Therapy program.</p> <p>If you are prescribed certain brand name drugs in this class you may be subject to clinical review by the Prescription Drug Card vendor. Experts in conjunction with your physician will determine if you can advance through the step tiers. STEP B will be represented by the preferred PPI medications and STEP C will be represented by the non-preferred PPI medications.</p>	<p>\$15 Copayment \$30 Copayment \$60 Copayment 20% to \$100</p> <p>30% Copayment per 30-day fill</p> <p>\$30 Copayment \$60 Copayment \$120 Copayment</p> <p>20% Copayment (\$100 maximum) Per Drug/Refill.</p> <p>\$0 Copayment 20% Copayment</p>

NOTE:
The Covered Individual's Prescription Drug Copayments will apply to the Plan's Maximum Annual Out-Of-Pocket Limit per Calendar Year.¹
Member may be responsible for additional cost when not selecting the available generic drug.
Specialty Medications must be obtained via the Specialty Pharmacy Network.
Specialty Medications are limited to a 30-day supply regardless of whether obtained via retail or Mail Order.

COVERED BENEFITS		
HUMAN ORGAN TRANSPLANTS		
<p>Transplant Services – Human Organ & Tissue Transplant Covered As Outlined In The Transplant Benefits Section</p> <p>Any Medically Necessary Human Organ & Stem Cell/Bone Marrow Transplant And Transfusion As Determined By The Claims Administrator, Including Necessary Acquisition Procedures, Harvest And Storage, Including Medically Necessary Preparatory Myeloablative Therapy.</p> <p>A Blue Distinction Center Requirement Does Not Apply To Cornea Or Kidney Transplants, Or For Any Covered Charges Related To A Covered Transplant Procedure Prior To Or After The Transplant Benefit Period.</p>		
<p>NOTE: Even If A Hospital Is A Network Provider For Other Services, It May Not Be A Network Transplant Provider For These Services. Prior To Seeking Care Please Contact ARC Administrators Care Coordination At (855) 984-2583 To Determine Which Hospitals Are Network Transplant Providers.</p>		
TRANSPLANT BENEFIT	BLUE DISTINCTION CENTER IN-NETWORK	NON-NETWORK
YOUR COST SHARE RESPONSIBILITY		
Transplant Benefit Period	Starts One Day Prior To A Covered Transplant Procedure And Continues For The Applicable Case Rate/Global Time Period.	Starts One Day Prior To A Covered Transplant Procedure And Continues For The Applicable Case Rate/Global Time Period.
Plan Deductible – Transplant Services	Applicable Unless A BDCT/CME Is Used And Then Services Are Paid In Full	Applicable Unless A BDCT/CME Is Used And Then Services Are Paid In Full
Transplant Benefit	<p>During The Transplant Benefit Period The Member Pays Coinsurance And Deductible.</p> <p>If A BDCT/CME Facility Is Used Services Are Covered 90% With 10% Member Cost Share.</p> <p>Prior To And After The Transplant Benefit Period, Covered Charges Will Be Covered Based On The Place Of Service.</p>	<p>During The Transplant Benefit Period The Member Pays Coinsurance And Deductible.</p> <p>If A Non-Network Facility Is Used Services Are Covered 70% With 30% Member Cost Share.</p> <p>Prior To And After The Transplant Benefit Period, Covered Charges Will Be Covered Based On The Place Of Service.</p>
Transportation & Lodging	Not A Covered Service	Not A Covered Service
<p>The Plan Will Provide Assistance With Reasonable And Necessary Travel Expenses As Determined By The Plan When You Obtain Prior Approval And Are Required To Travel More Than 75 Miles From Your Residence To Reach The Facility Where The Covered Transplant Procedure Will Be Performed. Assistance With Travel Expenses Includes Transportation To And From The Facility And Lodging For The Transplant Recipient And One Adult Companion For An Adult Transplant Recipient Or Two Adult Companions For A Child Transplant Recipient Under Age 18. The Member Must Submit Itemized Receipts For Transportation And Lodging Expenses In A Form Acceptable To The Plan. Internal Revenue Service (IRS) Guidelines Will Be Applied In Determining Which Expenses May Be Paid By The Plan.</p> <p>There Is A Maximum Lodging Allowance Of \$50 Per Day For Double Occupancy.</p>		

TRANSPLANT BENEFIT	BLUE DISTINCTION CENTER IN-NETWORK	NON-NETWORK
YOUR COST SHARE RESPONSIBILITY		
Unrelated Donor Searches	Unrelated Donor Services Are Covered at 90% With 10% Member Cost Share.	Unrelated Donor Services Are Covered at 70% With 10% Member Cost Share.
Live Donor Health Services Donor Benefits Are Limited To Benefits Not Available To The Donor From Any Other Source.	During The Transplant Benefit Period Covered At 90% After Deductible with 10% Member Cost share. Medically Necessary Charges For Procurement Of An Organ From A Live Donor Are Covered To The Maximum Allowable Amount Including Complications From The Donor Procedure For Up To Six Weeks From The Date Of Procurement.	During The Transplant Benefit Period Covered At 70% After Deductible with 30% Member Cost share. Medically Necessary Charges For Procurement Of An Organ From A Live Donor Are Covered To The Maximum Allowable Amount Including Complications From The Donor Procedure For Up To Six Weeks From The Date Of Procurement.
All Other Transplant Services	During The Transplant Benefit Period Member Pays 10% After Deductible.	During The Transplant Benefit Period Member Pays 30% After Deductible.

Benefit Schedule Notes for PPO:

Any services available at an in-person setting that can be received remotely will be covered and the same member cost shares will apply.

All Copayments Are Included In The Out-Of-Pocket Limits.

Cost Containment Penalties are excluded from the Out-Of-Pocket Limits.

Network and Non-Network Deductibles, Copayments, Coinsurance and Out-of-Pocket Maximums are separate and accumulate separately.

Dependent Coverage to end of the Calendar Month in which Child attains age 26.

No Deductible/Copayment/Coinsurance means No Cost Share up to the Maximum Allowable Amount.

PCP Is a Network Provider who is a Practitioner that specializes in Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics or Any Other Network Provider as allowed by The Plan.

SPC Is a Network Provider, other than a Primary Care Physician (PCP), who provides services within a designated Specialty Area of Practice.

All Specialty Medications must be obtained via the Specialty Pharmacy network in order to receive network level benefits.

Physician Office Visit Copayment is also applicable if the Office Visit is billed with Allergy Injections.

Benefit Period is on a Calendar Year Basis beginning January 1st and ending December 31st.

¹ Charges in excess of the Maximum Allowed Amount do not contribute to the deductible. Deductible Amounts accumulate separately for In Network and Out of Network.

²Out of Pocket amounts accumulate separately for In Network and Out of Network Charges.

³Preventive Mammograms are covered at 100%.

⁴ Breast Pumps are Covered at 100% by an In Network or Out of Network DME (Durable Medical Equipment) Provider as well as retail stores. Members are reimbursed for any breast pumps at purchase price, including sales tax.

MEDICAL BENEFIT SCHEDULE - HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

	NETWORK	NON-NETWORK
Lifetime Maximum Benefit	Unlimited	Unlimited
Annual Deductible (Single/Family)¹ <ul style="list-style-type: none"> Individual Coverage: The plan will begin paying benefits for an individual covered person, <u>who has elected individual coverage</u>, once the individual deductible has been met for that covered person. Family Coverage: The family deductible must be met before any benefits are paid for any individual covered persons. The plan will begin paying benefits for an individual covered person under family coverage once the family deductible has been. Once the family deductible amount has been met, the plan will begin paying benefits for all covered persons in a family. 	\$1,500/\$3,000	\$3,000/\$6,000
Maximum Out-Of-Pocket Coinsurance Limits (Single/Family)	Medical: \$2,000/\$4,000	Medical \$4,000/\$8,000
Maximum Out-Of-Pocket² (Single/Family) The Family Amount Can Be Any Combination Of Family Members But An Individual Would Never Satisfy More Than Their Own Individual Amount. Maximum Excludes: <ul style="list-style-type: none"> Cost Containment Penalties Exclusions and Limitations Charges in Excess of Maximum Allowed Amount 	Medical: \$3,500/\$7,000	Medical \$7,000/\$14,000
COVERED BENEFITS		
PHYSICIAN SERVICES	YOUR COST SHARE RESPONSIBILITY	
Physician Office Services <ul style="list-style-type: none"> Office Visit Copayment (PCP/SPC) Allergy Injection/Serum/Testing Imaging Services (MRI, MRA, PETS, C-SCAN) Diagnostic Test (Lab & X-Ray) Office Surgery/Eye Care/Hearing Care <ul style="list-style-type: none"> Prescription Dispensed In Physician's Office 	10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible \$30 Copay per visit with office visit. No Cost Share if Billed alone. \$30 Copay per visit with office visit. No Cost Share if Billed alone.	30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible
Preventive Care Services Office Visit Copayment Services include, but are not limited to: <ul style="list-style-type: none"> Routine Exams (PCP/SPC) Colonoscopy Contraceptives Mammogram³ PAP/PSA Testing Immunizations Annual Diabetic Eye Exam Diabetic Education PCP Vision/Hearing Screening Breast Pumps – 1 Pump/Pregnancy⁴ 	No Cost Share	First \$500 per calendar year is covered at 100%. Anything in excess of \$500 member is responsible for 30% with deductible waived.
Behavioral Health Office Services	10% After Deductible	30% After Deductible
Live Health Online	10% After Deductible	Not A Covered Benefit

COVERED BENEFITS		
FACILITY SERVICES	YOUR COST SHARE RESPONSIBILITY	
Behavioral Health & Substance Abuse Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Inpatient Facility Services Inpatient Professional Services Other Outpatient Services 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: Methadone Clinics and Halfway houses are excluded.		
Emergency Room Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Emergency Room Services Emergency Room Physician Non-Emergent Emergency 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
Hospice Care	10% After Deductible	30% After Deductible
Hospital Inpatient Services Precertification Required Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Room & Board (Semiprivate or ICU/CCU) Hospital Services & Supplies Inpatient Hospital Professional Services <ul style="list-style-type: none"> Surgeon Anesthesiologist Radiologist Pathologist 	10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible 30% After Deductible
NOTE: The In-Network Benefit Applies To Non-Network Providers In The Following Situations: <ul style="list-style-type: none"> Professional Services (Radiologist, Pathologist or Anesthesiologist) When Services Are Rendered At An In-Network Facility Services Are Not Available At An In-Network Facility/Provider Covered Individuals Traveling Outside The United States Medical Emergency Treatment Diagnostic Procedures Performed In An In-Network Physician's Office & Sent To An Outside Diagnostic Facility For Evaluation 		
Inpatient Facility Services (Other Than Hospital) Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Skilled Nursing Facility Extended Care Facility 	10% After Deductible	30% After Deductible
NOTE: Precertification Required. Limited To 60 days Per Sickness Or Injury.		
Outpatient Surgery/Alternative Care Facility Covered As Outlined In The Medical Benefits Section Services Include, But Not Limited To: <ul style="list-style-type: none"> Surgery Administration of General Anesthesia 	100% After Deductible, If Billed With An Office Visit \$30 Copayment applies.	30% After Deductible
NOTE: The In-Network Benefit Applies To Non-Network Providers In The Following Situations: <ul style="list-style-type: none"> Professional Services (Radiologist, Pathologist or Anesthesiologist) When Services Are Rendered At An In-Network Facility Services Are Not Available At An In-Network Facility/Provider Covered Individuals Traveling Outside The United States Medical Emergency Treatment Diagnostic Procedures Performed In An In-Network Physician's Office & Sent To An Outside Diagnostic Facility For Evaluation 		
Urgent Treatment Center <ul style="list-style-type: none"> Urgent Treatment Center Services 	10% After Deductible	30% After Deductible

COVERED BENEFITS		
SPECIALIZED SERVICES	YOUR COST SHARE RESPONSIBILITY	
Abortion Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: Abortion Services Only Covered If The Life Of the Mother is Endangered.		
Accidental Dental Injury Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: Covered For Accidental Dental Injuries To Sound And Natural Teeth Only If The Treatment Is Completed Within 12 Months Of The Accident.		
Ambulance Services (Land / Air) Covered As Outlined In The Medical Benefits Section	10% After Deductible	10% After Deductible
NOTE: If Related to An Inpatient Admission The Deductible Will Be Waived. All Other Services And Providers Are Paid At The In Network Benefit Level. Ground Ambulance Transport Between Hospital And Skilled Nursing Facilities Are Covered.		
Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
Autism Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Physician Office Visit Copayment (PCP/SPC) Inpatient Services Outpatient Services 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: Limited To \$500 Paid Per Month. ABA Therapy, PT, ST, OT Visits Are Included In This \$500 Limit Per Month.		
Behavioral Health & Substance Abuse Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> Inpatient Professional Services Outpatient Professional Services 	10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible
Cardiac Rehabilitation Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Chiropractic/Spinal Manipulation Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: \$1,000 Maximum Benefit Combined In-Network And Non-Network Per Plan Year. X-Rays Are Not Included In The \$1,000 Maximum.		
Approved Clinical Trials Routine patient costs of items and services furnished in connection with participation in an approved clinical trial are covered for qualified individuals.		
NOTE: If the covered person is part of an FDA-approved clinical trial for a life-threatening disease medical expenses that are currently covered under the plan that occur during the trial will be covered benefits.		
Contacts or Glasses Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Covered following Cataract Surgery or Eye Injury. Limited to \$50 for eyeglasses, including frames, \$75 for one contact lens, \$150 for two contact lenses.		
Durable Medical Equipment (DME) Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Precertification Is Required If the Cost To Purchase Or Rent Such Equipment Exceeds \$500.		
Hearing Services/Cochlear Implants Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: 1 Hearing Aid per ear only if necessary, by impairment of hearing following ear surgery or traumatic injury.		

COVERED BENEFITS		
SPECIALIZED SERVICES	YOUR COST SHARE RESPONSIBILITY	
Home Health Care Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: 60 Visit Plan Year Maximum Benefit Combined In-Network And Non-Network.		
Infertility Diagnosis Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Covered For Services To Diagnose Infertility Only. Any Artificial Means To Achieve Pregnancy Including, But Not Limited To, In Vitro Fertilization, GIFT, ZIFT, Artificial Insemination And All Related Fertility Testing, Treatment And Drugs Are Not Covered Benefits On The Plan.		
Inpatient & Outpatient Professional Services Covered As Outlined In The Medical Benefits Section Services Include, But Not Limited To: <ul style="list-style-type: none"> • Medical Care Visit (One Per Day) • Intensive Medical Care • Concurrent Care • Surgery • Anesthesia Administration • Newborn Exams 	10% After Deductible	30% After Deductible
NOTE: The In-Network Benefit Applies To Non-Network Providers In The Following Situations: <ul style="list-style-type: none"> • Professional Services (Radiologist, Pathologist or Anesthesiologist) When Services Are Rendered At An In-Network Facility • Services Are Not Available At An In-Network Facility/Provider • Covered Individuals Traveling Outside The United States • Medical Emergency Treatment • Diagnostic Procedures Performed In An In-Network Physician’s Office & Sent To An Outside Diagnostic Facility For Evaluation 		
Maternity/Pregnancy Covered As Outlined In The Medical Benefits Section <ul style="list-style-type: none"> • Physician Office Visit Copayment (PCP/SPC) • Hospital • Birthing Center 	10% After Deductible 10% After Deductible 10% After Deductible	30% After Deductible 30% After Deductible 30% After Deductible
NOTE: The Following Stipulations Apply: <ul style="list-style-type: none"> • Once Delivered, The Claim For The Newborn Will Apply To The Benefit Plan Of The Newborn • Pregnancy Of Dependent Daughter Is NOT Covered 		
Nutritional Counseling	10% After Deductible	30% After Deductible
NOTE: Counseling Must Be Rendered By A Licensed Nutritionist Or Dietician And Must be Medically Necessary. When Part Of PPACA Services Refer To Preventative Care Benefits. Diagnosis Of Obesity Will Be Covered If Organic In Nature. Eating Disorders Are Covered.		
Occupational Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Oral Surgery Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Organ Transplant Services(Non-Blue Distinction Center Facility) Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Organ Transplant Services	Consult The Transplant Benefit Section Plan Includes Blue Distinction Transplant Center	
Orthotic/Prosthetic Devices Covered As Outline In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Wigs are covered following chemotherapy limited to 1 wig per calendar year, up to a maximum of \$300. Custom molded Orthotic Devices, Diabetic shoes, Orthopedic shoes, or shoe inserts are not covered.		

COVERED BENEFITS		
SPECIALIZED SERVICES	YOUR COST SHARE RESPONSIBILITY	
Physical Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Pre Authorization Required After 10 Physical Therapy Visits.		
Private Duty Nursing Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
Reconstructive Surgery Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Covered For The Correction Of Abnormal Congenital Conditions And/Or Performed As A Result Of Injury Or Illness		
Sleep Disorder Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Sleep Studies are Covered in The Patients Home.		
Speech Therapy Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible
NOTE: Speech Therapy To Treat A Developmental Delay Is Not Covered.		
Sterilization (Reversal Excluded From Coverage) Covered As Outlined In The Medical Benefits Section Female Participants Covered At 100% Per ACA Guidelines.	10% After Deductible	30% After Deductible
Temporomandibular Joint Dysfunction (TMJ) Covered As Outlined In The Medical Benefits Section	10% After Deductible	30% After Deductible

COVERED BENEFITS	
PRESCRIPTION DRUGS	YOUR COST SHARE RESPONSIBILITY
<p>Retail Pharmacy Limited to a 34-day supply (a 90-day supply can be purchased at certain retail pharmacies at the Mail Order Co-pay Level shown below).</p> <p>Tier I Member Payment Amount Tier II Member Payment Amount Tier III Member Payment Amount Tier IV – Specialty Medications Member Payment Amount</p> <p>Prescription Drug Benefit shall include Specialty Medications Included in Copay Assistance program. Manufacturer assistance program covers most if not all of the coinsurance amount. Your out-of-pocket cost per 30-day supply will not exceed the maximum copayment.</p> <p>Direct Mail Service Limited up to a 90-day supply.</p> <p>Tier I Member Payment Amount Tier II Member Payment Amount Tier III Member Payment Amount</p> <p>Specialty Medication You must obtain pre-authorization through the drug card or benefits will not be payable.</p> <p>Over-the-Counter Drugs (OTC) OTC proton pump inhibitors OTC non-sedating anti-histamines</p> <p>You must still obtain a prescription for your qualified practitioner.</p> <p>Step Therapy: PPI Class Not all PPI Class drugs are covered by the plan. Some require Step Therapy. Step Therapy requires that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, KREC may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KREC will then cover Drug B.</p> <p>If you are prescribed certain generic drugs in this class, you may not be subject to clinical review due to the generic drug representing STEP A in the Step Therapy program.</p> <p>If you are prescribed certain brand name drugs in this class you may be subject to clinical review by the Prescription Drug Card vendor. Experts in conjunction with your physician will determine if you can advance through the step tiers. STEP B will be represented by the preferred PPI medications and STEP C will be represented by the non-preferred PPI medications.</p>	<p>10% Coinsurance After Deductible</p> <p>30% Copayment per drug per 30-day fill</p> <p>10% Coinsurance After Deductible</p> <p>10% Coinsurance After Deductible</p> <p>10% Coinsurance After Deductible</p>
<p>NOTE: The Covered Individual's Prescription Drug Copayments will apply to the Plan's Maximum Annual Out-Of-Pocket Limit per Calendar Year.¹ Member may be responsible for additional cost when not selecting the available generic drug. Specialty Medications must be obtained via the Specialty Pharmacy Network. Specialty Medications are limited to a 30-day supply regardless of whether obtained via retail or Mail Order.</p>	

COVERED BENEFITS		
HUMAN ORGAN TRANSPLANTS		
<p>Transplant Services – Human Organ & Tissue Transplant Covered As Outlined In The Transplant Benefits Section</p> <p>Any Medically Necessary Human Organ & Stem Cell/Bone Marrow Transplant And Transfusion As Determined By The Claims Administrator, Including Necessary Acquisition Procedures, Harvest And Storage, Including Medically Necessary Preparatory Myeloablative Therapy.</p> <p>A Blue Distinction Center Requirement Does Not Apply To Cornea Or Kidney Transplants, Or For Any Covered Charges Related To A Covered Transplant Procedure Prior To Or After The Transplant Benefit Period.</p>		
<p>NOTE: Even If A Hospital Is A Network Provider For Other Services, It May Not Be A Network Transplant Provider For These Services. Prior To Seeking Care Please Contact ARC Administrators Care Coordination At (855) 984-2583 To Determine Which Hospitals Are Network Transplant Providers.</p>		
TRANSPLANT BENEFIT	BLUE DISTINCTION CENTER IN-NETWORK	NON-NETWORK
YOUR COST SHARE RESPONSIBILITY		
Transplant Benefit Period	Starts One Day Prior To A Covered Transplant Procedure And Continues For The Applicable Case Rate/Global Time Period.	Starts One Day Prior To A Covered Transplant Procedure And Continues For The Applicable Case Rate/Global Time Period.
Plan Deductible – Transplant Services	Applicable Unless A BDCT/CME Is Used And Then Services Are Paid In Full.	Applicable Unless A BDCT/CME Is Used And Then Services Are Paid In Full.
Transplant Benefit	<p>During The Transplant Benefit Period The Member Pays Coinsurance And Deductible.</p> <p>If A BDCT/CME Facility Is Used Services Are Covered 90% With 10% Member Cost Share.</p> <p>Prior To And After The Transplant Benefit Period, Covered Charges Will Be Covered Based On The Place Of Service.</p>	<p>During The Transplant Benefit Period The Member Pays Coinsurance And Deductible.</p> <p>If A BDCT/CME Facility Is Used Services Are Covered 70% With 30% Member Cost Share.</p> <p>Prior To And After The Transplant Benefit Period, Covered Charges Will Be Covered Based On The Place Of Service.</p>
Transportation & Lodging	Not A Covered Benefit	Not A Covered Benefit
<p>The Plan Will Provide Assistance With Reasonable And Necessary Travel Expenses As Determined By The Plan When You Obtain Prior Approval And Are Required To Travel More Than 75 Miles From Your Residence To Reach The Facility Where The Covered Transplant Procedure Will Be Performed. Assistance With Travel Expenses Includes Transportation To And From The Facility And Lodging For The Transplant Recipient And One Adult Companion For An Adult Transplant Recipient Or Two Adult Companions For A Child Transplant Recipient Under Age 18. The Member Must Submit Itemized Receipts For Transportation And Lodging Expenses In A Form Acceptable To The Plan. Internal Revenue Service (IRS) Guidelines Will Be Applied In Determining Which Expenses May Be Paid By The Plan.</p>		

TRANSPLANT BENEFIT	BLUE DISTINCTION CENTER IN-NETWORK	NON-NETWORK
YOUR COST SHARE RESPONSIBILITY		
<p>Unrelated Donor Searches</p>	<p>Unrelated Donor Services Are Covered at 90% With 10% Member Cost Share.</p>	<p>Unrelated Donor Services Are Covered at 70% With 30% Member Cost Share.</p>
<p>Live Donor Health Services</p> <p>Donor Benefits Are Limited To Benefits Not Available To The Donor From Any Other Source.</p>	<p>During The Transplant Benefit Period Covered At 90% After Deductible.</p> <p>Medically Necessary Charges For Procurement Of An Organ From A Live Donor Are Covered To The Maximum Allowable Amount Including Complications From The Donor Procedure For Up To Six Weeks From The Date Of Procurement.</p>	<p>During The Transplant Benefit Period Covered At 90% After Deductible.</p> <p>Medically Necessary Charges For Procurement Of An Organ From A Live Donor Are Covered To The Maximum Allowable Amount Including Complications From The Donor Procedure For Up To Six Weeks From The Date Of Procurement.</p>
<p>All Other Transplant Services</p>	<p>During The Transplant Benefit Period Member Pays 10% After Deductible.</p>	<p>During The Transplant Benefit Period Member Pays 30% After Deductible</p>

Benefit Schedule Notes for HDHP:

Any services available at an in-person setting that can be received remotely will be covered and the same member cost shares will apply.

All Copayments Are Included In The Out-Of-Pocket Limits.

Cost Containment Penalties are excluded from the Out-Of-Pocket Limits.

Network and Non-Network Deductibles, Copayments, Coinsurance and Out-of-Pocket Maximums are separate and accumulate separately.

Dependent Coverage to end of the Calendar Month in which Child attains age 26.

No Deductible/Copayment/Coinsurance means No Cost Share up to the Maximum Allowable Amount.

PCP Is a Network Provider who is a Practitioner that specializes in Family Practice, General Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics or Any Other Network Provider as allowed by The Plan.

SPC Is a Network Provider, other than a Primary Care Physician (PCP), who provides services within a designated Specialty Area of Practice.

All Specialty Medications must be obtained via the Specialty Pharmacy network in order to receive network level benefits.

Physician Office Visit Copayment is also applicable if the Office Visit is billed with Allergy Injections.

Benefit Period is on a Calendar Year Basis beginning January 1st and ending December 31st.

¹ Charges in excess of the Maximum Allowed Amount do not contribute to the deductible. Deductible Amounts accumulate separately for In Network and Out of Network.

² Out of Pocket amounts accumulate separately for In Network and Out of Network Charges.

³ Preventive Mammograms are covered at 100%.

⁴ Breast Pumps are Covered at 100% by an In Network or Out of Network DME (Durable Medical Equipment) Provider as well as retail stores. Members are reimbursed for any breast pumps at purchase price, including sales tax.

PPO NETWORK INFORMATION

PPO networks negotiate contracts with health care providers to provide services at a discounted price. In return, the provider receives a higher volume of patients due to the *plan's* incentives to use *PPO* providers. These contracts establish a fair market value for health care services, which in most cases will reduce *your* costs. When using a *PPO* provider, *you* will generally receive a higher level of benefits.

Your employer has contracted one or more *PPO's* to provide services to this *plan* in the areas it has *employees*. Each *PPO* network consists of physicians, *hospitals* and other medical care providers. The *PPO* that is applicable to *you* is shown on *your* ID card. The *PPO* network is comprised of a broad range of provider specialties, including *hospitals* and all types of medical *qualified practitioners* who are contracted to provide services for pre-negotiated, contracted rates.

You can access *network* provider information on the *network's* website that is listed on the back of *your* ID card at no charge.

Any *plan* limits on access to specialist or emergency care, use of primary care physicians, or pre-authorization of benefits are shown on the Schedule of Benefits.

This *plan* also offers *you* the choice of obtaining care from health care providers who are outside *your PPO* network. When *you* obtain *covered expenses* from Non-*PPO* providers, the *plan* will generally pay a lower level of benefits and *your* out-of-pocket expenses will be more. *Covered expenses* received from Non-*PPO* providers are subject to the *usual and customary and reasonable* limits.

HOW TO FILE A MEDICAL CLAIM

You will receive a *plan* identification (ID) card. It will show *your* name and group number.

Medicare primary claims must be mailed to ARC Administrators with the corresponding Explanation of Benefits provided by Medicare:

Attention: Claim Department
ARC Administrators
333 West Vine Street, Suite 900
Lexington, Kentucky 40507

All other claims must be sent directly to *your* local BCBS Plan.

Be sure each bill shows the group number and participant number found on *your* ID card. The *employee's* name and the patient's name should also be included on each bill.

MISCELLANEOUS MEDICAL CHARGES

Bills for medical items *you* purchased yourself should be sent to ARC Administrators at least once every three months (quarterly). Make sure each receipt includes: the group number, participant number, *employee* name, patient name, name of prescribing *qualified practitioner*, provider address, Tax Identification Number, procedure codes, diagnosis codes, amount charged for each service, and date purchased.

PAYMENT OF CLAIMS

The *plan* will make direct payment to the service provider. If *you* have paid the bill, please indicate on the original bill "paid by *employee*" and payment will be made to *you*. *You* will receive a written explanation of payment or reason for denial of any portion of a claim. The *plan* reserves the right to request any information required to determine benefits or process a claim. *You* or the service provider will be contacted if additional information is needed to process *your* claim.

CLAIM FILING LIMITS

You must provide the *plan* with written proof of *your* claim. Proof should be provided within 15 months after the date the claim was incurred. *Your* claim will not be denied if it was not reasonably possible to give such proof. However, unless *you* were legally incapacitated during the period, any claim received by the *plan* more than 15 months after the date the claim was incurred will not be covered under the *plan*.

If the *plan* is terminated, written proof of any claims incurred prior to the termination must be given to the *plan* within 90 days of its termination. Any claim received by the *plan* more than 90 days after it is terminated will not be covered under the *plan*.

MEDICAL BENEFITS

DEDUCTIBLE AND COINSURANCE INFORMATION

Deductible

The deductible applies to each *covered person*, each *calendar year*. Only charges that are a *covered expense* will be used to satisfy the deductible. The amount of the deductible is shown on the Schedule of Benefits.

Maximum Family Deductible

The maximum deductible per family is shown on the Schedule of Benefits. No further deductibles will be taken during a *calendar year* once this maximum has been met.

Common Accident Deductible

When more than one *covered person* in a family is involved in the same *accident*, only one deductible per *calendar year* will be applied to all *covered expenses* resulting from that *accident*.

Coinsurance

The deductible must be satisfied each *calendar year*. Benefits are then payable at the percentage rate shown on the Schedule of Benefits. Benefits are payable up to any *plan* maximums on a *usual and customary and reasonable* basis.

Coinsurance Limit

The amount *you* must pay is the coinsurance limit. The coinsurance limit is shown on the Schedule of Benefits. The coinsurance limit is made up of the coinsurance. The deductible is in addition to this amount. When the coinsurance limit has been met for a *covered person* or family, the coinsurance reverts to 100%.

This limit does not apply to:

1. Penalties for failure to comply with the *Prior Authorization*; or
2. Benefit specific copays under the *plan* (if applicable),
3. Exclusions and Limitations,
4. Charges in Excess of Maximum Allowed Amount.

Maximum Annual Out-of-Pocket Limit

The amount *you* must pay is the maximum annual out-of-pocket limit. The maximum-out-of-pocket limit is shown on the Schedule of Benefits. The maximum-out-of-pocket limit is made up of deductibles, coinsurances, and copays (if applicable) for both medical and prescription drug benefits. When the maximum annual out of pocket limit has been met for a *covered person* or family, the coinsurance reverts to 100%.

PRIOR AUTHORIZATION REQUIREMENTS

HOW THE PROGRAM WORKS

When *you* call UM for authorization, *you* will be asked the following questions:

1. Group name and number
2. Name of *employee*
3. *Employee's* participant number
4. Name of patient
5. Patient's birthday
6. Patient's address
7. Admitting facility and phone number, if applicable
8. Physician's name and phone number
9. Reason for admission or treatment
10. Admission or treatment date

Once *prior authorization* is provided, it is valid for 30 days (excluding pregnancies) from the scheduled date of treatment. A new *prior authorization* must be obtained if: you do not receive the treatment within 30 days of the scheduled date; *you* use a different facility or physician; or *you* are admitted for a different reason.

PRIOR AUTHORIZATION REQUIREMENTS

You, or *your qualified practitioner*, are required to obtain authorization from UM prior to receiving certain types of health care. The services that require *prior authorization* are listed on the Schedule of Benefits. **If *you* are required to obtain *prior authorization* and fail to do so, benefits may be reduced or denied.**

PRIOR AUTHORIZATION DOES NOT GUARANTEE BENEFIT PAYMENT. BENEFITS ARE SUBJECT TO ALL PLAN PROVISIONS.

The following procedures require pre-certification:

- Adenoidectomy
- Arthroscopy Any Joint
- Blepharoplasty
- Cardiac Catheterization
- Cochlear Implants
- Cholecystectomy
- Deviated Septum/Nasal
- Durable Medical Equipment (in excess of \$500)
- Endoscopic Procedures
- Epidural/Facet & Trigger Point Injections
- Excision of Mass
- Genetic Testing/Molecular Pathology
- High End Radiology - MRI/CT/PET
- Inpatient Behavioral Health/Substance Abuse
- Laminectomy/Spinal Surgery
- Laparoscopy
- Lung Perfusion Study
- Mammoplasty
- Occupational Therapy
- Orthopedic Surgery With Implants
- Physical Therapy After 10 Visits
- Skilled Nursing Facility Admissions
- Surgery
- Tonsillectomy
- Varicose Vein Stripping & Ligation

NON-COMPLIANCE PENALTY

If the provider is required to obtain *prior authorization* and it is not obtained, *you* will not be subject to the non-compliance penalty. *Your* treatment will be reviewed when a claim is received.

If *you* are required to obtain *prior authorization* and it is not obtained, *your* treatment will be reviewed when a claim is received. If it is determined to be a *covered expense*, benefits that are otherwise payable may be reduced by \$100 per occurrence. This penalty is applicable to both *PPO* and Non-*PPO* charges. The penalty may be taken from any charges relating to the treatment. The penalty is taken before subtracting any deductible and coinsurance. The penalty is not applied to the out-of-pocket limit.

If *your* treatment is not a *covered expense*, no benefits will be payable under the *plan*.

SECONDARY COVERAGE WAIVER

If this *plan* is secondary to another medical plan that also covers you, *prior authorization* will not be required.

CASE MANAGEMENT

Case management services help *you* use *your* benefits wisely during periods of treatment due to a serious *sickness* or *injury*. This is done through early identification of the need for case management in UM. Followed by on-going work with *you* and *your* provider to plan health care alternatives to meet *your* needs. The case manager will try to conserve *your* benefits by making sure that *your* care is handled as efficiently as possible.

The case management staff at UM consists of licensed, professional nurses. The nurses have years of experience in health care. They know the importance of not intruding in the doctor/patient relationship. By promoting health care alternatives that are acceptable to *you*, *your* doctors and *your employer*, case management helps to control health care costs and use *your* benefits wisely.

DISEASE MANAGEMENT

Disease Management is a proactive approach to better health. The need for services is identified through a screening process conducted by UM. Participation in the program is voluntary. After an initial contact, the patient must agree to continue in the program. The program will then provide ongoing support, education, and coordination of professional and self-care needs for the patient.

All services received through this program are confidential. The program is staffed by experienced, licensed nurses. The nurses are available to address questions you may have regarding your condition. The goal of Disease Management is to assist you in enjoying good health and to prevent future medical complications.

MEDICAL BILL REVIEW

You should carefully review *your* bill for any service. If *you* find any errors such as:

1. Treatment that is billed, but was not received;
2. Incorrect arithmetic;
3. Drugs or supplies that were not received;

You should report them to the provider of service and request a corrected itemized billing. *You* should then submit copies of the original bill, with the errors circled, and the corrected bill to the *claim administrator*. This serves as proof that the provider of service agreed to the corrections. **If *you* are correct, *you* will receive 50% of the errors in the bill, but not more than \$1,000 per bill.**

MEDICAL COVERED EXPENSES

INPATIENT HOSPITAL BENEFITS

Charges made for these services furnished during *your hospital confinement* are payable as shown on the Schedule of Benefits:

1. Room and board charges for: average daily semi-private; ward; intensive care; isolation or coronary care. General nursing services for each day of *confinement*. Benefits for a private or single-bed room are limited to the charge for a semi-private room in the *hospital*, unless necessary due to *your sickness* or *injury* or in the case that the *hospital* has private or single-bed rooms only.
2. Services and supplies provided for the treatment of *your sickness* or *injury*. Benefits include services of a radiologist, pathologist and anesthesiologist, when billed directly by the *hospital* or separately.

QUALIFIED PRACTITIONER BENEFITS

Charges for these services of a *qualified practitioner* are payable as shown on the Schedule of Benefits:

1. Home and office visits;
2. Inpatient and outpatient *hospital* visits;
3. Administration of anesthesia;
4. Surgical procedures, including post-operative care.

Benefits are not payable for incidental procedures done during a covered surgery (e.g. the removal of a healthy appendix during abdominal surgery).

Oral Surgery

Charges made for these oral surgeries are payable as shown on the Schedule of Benefits. Benefits include directly related charges for lab tests and x-rays. *Hospital* or *ambulatory surgical center* services are also covered.

1. Excision of unerupted, impacted teeth;
2. Excision of tumors and cysts of the jaw, cheeks, lips, tongue, roof and floor of the mouth when pathological examination is required;
3. Incision and drainage of an abscess or cyst;
4. Charges for *hospital confinement* or treatment in a free-standing surgical center for dental treatment, which must be documented by a letter of necessity from the attending *qualified practitioner* or dentist for the claim to be considered;
5. Charges for the extraction of seven or more teeth at the same time;
6. Repair of or initial replacement of natural teeth damaged due to *injury*. To be a *covered expense* under the *plan*, the replacement expense must be incurred within one year of the *injury*. Damage resulting from biting or chewing will not be considered an *injury*.

PREVENTIVE WELLNESS BENEFIT

Charges for preventive medical services are payable as shown on the Schedule of Benefits. Immunizations are payable as a separate benefit (please refer to Schedule of Benefits for information). *Covered expenses* include but are not limited to the following:

All Covered Persons

1. Preventive medicine visits (wellness exams).

Screening/Services For All Covered Persons at Appropriate Ages

1. Colorectal cancer screening (fecal occult blood testing, sigmoidoscopy, colonoscopy);
2. Elevated cholesterol and lipids;
3. Certain sexually transmitted diseases and HIV (includes counseling);
4. Alcohol and substance abuse, tobacco use, obesity, diet and nutrition counseling;
5. High blood pressure;
6. Diabetes;
7. Depression;
8. Screening for developmental delay/autism.

For Women

1. Screening mammography;
2. Counseling for genetic testing for BRCA breast cancer gene;
3. Screening for cervical cancer including pap smears;
4. Screening for gonorrhea, chlamydia, syphilis;
5. Screening for pregnant women for anemia and iron deficiency, bacteriuria, hepatitis B virus, Rh incompatibility;
6. Instructions to promote and help with breast feeding;
7. Screening for osteoporosis;
8. Counseling for those at high risk for breast cancer for chemoprevention.

For Men

1. Screening for prostate cancer;
2. Screening for abdominal aortic aneurysm for those ages 65 and older.

For Children

1. Screening newborns for hearing, thyroid disease, phenylketonuria, sickle cell anemia;
2. Standard metabolic screening panel for inherited enzyme deficiency diseases;
3. Screening for major depressive disorders;
4. Screening for lead and tuberculosis;
5. Fluoride for prevention of dental cavities;
6. Counseling for obesity.

CONTRACEPTIVES

Charges for all FDA approved contraceptive methods, in accordance with Health Resources and Services Administration (HRSA) guidelines. Coverage for oral, patch, ring, diaphragm/cervical cap, emergency, and injectables is available under the prescription drug plan.

COVID-19 TESTING

Charges for testing of COVID-19 shall be covered at 100% with no member cost share. This shall include all related office visits, ER visits, along with any copayment, deductible, coinsurance, or any other costs associated with the testing for COVID-19.

OUTPATIENT HOSPITAL BENEFIT

Charges for these outpatient *hospital* services are payable as shown on the Schedule of Benefits:

1. Services and supplies provided for the treatment of *your sickness or injury*;
2. Regularly scheduled medical treatments (e.g. kidney dialysis, chemotherapy, inhalation therapy, physical therapy and radiation therapy) when ordered by *your attending qualified practitioner*; and
3. *Emergency* room charges.

URGENT CARE CENTER BENEFIT

Charges for *covered expenses* provided by an *Urgent Care Center* are payable as shown on the Schedule of Benefits.

AMBULATORY SURGICAL CENTER/FREE STANDING SURGICAL FACILITY

Charges made by an *ambulatory surgical center* for use of the facility in performing a covered surgery are payable as shown on the Schedule of Benefits. *Hospital* miscellaneous services provided in the facility are also covered.

X-RAY AND LABORATORY TESTS

Charges for diagnostic x-ray and lab tests are payable as shown on the Schedule of Benefits. A *qualified practitioner* must perform the tests. Tests covered under the Inpatient Hospital Benefit are not covered under this benefit. Dental x-rays are not covered, unless related to a covered *injury* or oral surgery.

AMBULANCE SERVICE BENEFIT

Charges for ground ambulance service to a local *hospital* or skilled nursing facility are payable as shown on the Schedule of Benefits. If *you* need care that is not available in a local *hospital*, transport to the nearest *hospital* that can provide the care is covered. If *you* require care that is not available by ground ambulance, air ambulance service to the nearest *hospital* that can provide the care is covered.

PREGNANCY BENEFIT

Charges for pregnancy are payable as shown on the Schedule of Benefits for any covered female *employee* or *dependent* spouse. *Complications of pregnancy* are payable as a *sickness* at the point the complication sets in.

Charges for selective reduction/multifetal pregnancy reduction are payable if the life of the mother is at risk.

In general, Federal law prohibits group health plans and health insurance issuers from limiting benefits for any *hospital* stay in connection with childbirth to less than 48 hours after a normal vaginal delivery or less than 96 hours after a cesarean section. This law applies equally to the stay of the mother and the stay of the newborn. This law does not generally prohibit the attending provider of the mother or newborn from discharging them, after consulting the mother, at an earlier time than the 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length stay that is not in excess of 48 hours (or 96 hours).

NEWBORN BENEFITS

This benefit does **not** apply unless *you* enroll *your* newborn *dependent* within 31 days of the date of birth. See the "Eligibility" section of this booklet for more information.

Well-Newborn

Charges for these services for a well-newborn are payable as shown on the Schedule of Benefits: hospital nursery services; circumcision of a male *child*; routine examination of the newborn *child* before release from the *hospital*.

Sick-Newborn

Charges for these services for a sick-newborn are payable as shown on the Schedule of Benefits: treatment of *injury* or *sickness*; care and treatment for premature birth; treatment of medically diagnosed birth defects and abnormalities; and surgery to repair or restore normal body functioning. *Covered expenses* do **not** include plastic or cosmetic surgery, **except** surgery for:

1. Reconstruction due to *injury*, infection or other disease of the involved part; or
2. Congenital disease or anomaly that resulted in a functional defect.

BIRTHING CENTER BENEFIT

Charges made by a *birthing center* for services and supplies provided for: prenatal care; delivery of children; and immediate postpartum care are payable as shown on the Schedule of Benefits.

CONVALESCENT NURSING HOME BENEFIT

Charges for room and board and nursing care are payable as shown on the Schedule of Benefits. Benefits for a private or single-bed room are limited to the charge for a semi-private room in the facility. Custodial care is not a *covered expense*.

Limitations

Benefits are only payable for a *confinement* that:

1. Begins within 15 days of discharge from a *hospital* or prior *convalescent nursing home confinement* of at least three consecutive days;
2. Is necessary for care of the same *injury* or *sickness* which caused the prior *confinement*; and
3. Occurs while *you* are under the care of the *qualified practitioner* who ordered the *confinement*.

HOME HEALTH CARE BENEFIT

Charges for Home Health Care, as described below, are payable as shown on the Schedule of Benefits. Benefits will not exceed the *usual and customary and reasonable* fee for care in a *convalescent nursing home*. Custodial care is not a *covered expense*.

Each visit to evaluate the need for home health care will be considered one home health care visit. Each visit to develop a plan of home health care will be considered one home health care visit. Each four hour period of home health aide service will be considered one home health care visit. A home health aide visit of four hours or more is considered one visit for every four hours or part thereof.

Home Health Care will **not** be covered unless a *qualified practitioner* certifies that:

1. *Confinement* in a *hospital* or *convalescent nursing home* would be required without the home care;
2. Necessary care is not available from *your family members* or other persons residing with *you*, without causing undue hardship;
3. The home health care services will be provided or coordinated by a state-licensed or *Medicare-certified home health care agency* or certified rehabilitation agency.

If *you* were in a *hospital* prior to starting home health care, the home health care plan must also be approved by the primary provider of services during *your hospital* stay.

A home health care plan may consist of:

1. Part-time home nursing care by or under the supervision of a registered nurse (R.N.);
2. Part-time home health aide services provided under the supervision of a registered nurse (R.N.) or medical social worker. Services must consist solely of caring for the patient;
3. Physical, respiratory, occupational or speech therapy;
4. Medical supplies and drugs prescribed by a *qualified practitioner*. Lab tests by or on behalf of a *hospital*, when necessary under the home care plan;
5. Nutritional counseling provided under the supervision of a registered or State certified dietician, when such services are necessary as part of the home care plan; and
6. An evaluation of home health care needs. The development of a home health care plan. This service may be done by an R.N., physician assistant or medical social worker.

HOSPICE CARE BENEFIT

Charges for these *hospice care* services are payable as shown on the Schedule of Benefits. *Hospice care* must be in lieu of a covered *hospital* or *convalescent nursing home confinement*.

1. Room and board;
2. Part-time nursing care by or supervised by a registered nurse (R.N.);
3. Counseling by a licensed clinical social worker. Counseling by a pastoral counselor. Benefits are provided for the hospice patient and immediate family;
4. Bereavement counseling by a licensed clinical social worker or a pastoral counselor for the immediate family;
5. Medical social services provided to *you* or *your* immediate family. Services include:
 - a. assessment of social, emotional and medical needs, and the home and family situation, and
 - b. identification of the community resources available and assisting in obtaining those resources;
6. Dietary counseling;
7. Consultation and case management services;
8. Physical, speech or occupational therapy;
9. Part-time home health aide service; and
10. Medical supplies, equipment, drugs and medicines prescribed by a *qualified practitioner*.

Limitations

Hospice care must be furnished in a *hospice facility* or by a *hospice care agency* in *your* home. A *qualified practitioner* must certify that *you* are terminally ill with a life expectancy of six months or less. For *hospice care* only, *your* immediate family is *your* parent, spouse and *dependent* children.

Hospice care benefits do **not** include: private or special nursing services; a *confinement* not required for pain control or other acute chronic symptom management; funeral arrangements; or financial or legal counseling including estate planning or drafting of a will.

Hospice care benefits do **not** include homemaker or caretaker services; sitter or companion services; house cleaning or household maintenance; services by volunteers or persons who do not regularly charge for their services; or services by a licensed pastoral counselor to a member of his congregation.

PSYCHOLOGICAL DISORDERS, CHEMICAL DEPENDENCE AND ALCOHOLISM BENEFIT

Inpatient and Transitional Treatment Benefits

Charges for inpatient treatment are payable as shown on the Schedule of Benefits. Charges for a transitional treatment program are payable as shown on the Schedule of Benefits.

Transitional treatment means treatment that is provided in a less restrictive manner than inpatient treatment, but in a more intensive manner than outpatient treatment.

Transitional treatment includes the following services or programs when approved by the Department of Health and Social Services: adult day treatment programs; *child* and adolescent day treatment programs; services for the chronically psychologically ill provided by a community support program; services for alcohol and chemical dependence provided by a residential treatment program; and services for alcoholism and other chemical dependence provided in a day treatment program. Transitional treatment also includes services in intensive outpatient programs provided in accordance with the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders of the American Society of Addiction Medicine.

Outpatient Benefits

Charges for outpatient treatment are payable as shown on the Schedule of Benefits. Outpatient Benefits include related expenses for diagnostic lab tests and psychological testing. Prescription drugs are payable under the Prescription Drug Benefit.

Limitations

Benefits do **not** include:

1. Treatment of nicotine habit or addiction;
2. Treatment of being overweight or obese;
3. Marriage counseling; or
4. Court ordered examinations or counseling.

Covered expenses are applied to the out-of-pocket limit shown on the Schedule of Benefits.

OTHER COVERED EXPENSES

These other *covered expenses* are payable as shown on the Schedule of Benefits:

1. Private duty services of a registered nurse (R.N.) for outpatient nursing care. Private duty services of a licensed practical nurse (L.P.N.) for outpatient nursing care. Care must be ordered by *your* attending *qualified practitioner*.
2. Blood and blood plasma that is **not** replaced by donation. Blood and blood products including blood extracts or derivatives.
3. Prosthetic devices to replace lost natural limbs and eyes. Replacement devices and repair expenses will be covered if due to normal wear and tear. Maintenance expenses are not covered.
4. Special supplies when prescribed by *your* attending *qualified practitioner* and necessary for the continuing treatment of a *sickness* or *injury*:

- a. catheters;
 - b. colostomy bags, belts and rings;
 - c. flotation pads;
 - d. needles and syringes;
 - e. casts, splints, surgical dressings, trusses, braces and crutches;
 - f. oxygen and other gases.
5. Rental of durable medical equipment or purchase of such equipment when approved by the *plan* (e.g. wheelchair, *hospital* bed). The equipment must be needed for therapeutic treatment and not be mainly hygienic, custodial or educational in nature. It must be able to withstand repeated use. It must be primarily and normally used to serve a medical purpose. It must not be generally useful to a person except for the treatment of an *injury* or *sickness*. Repair and maintenance expenses are not covered. Replacement of external breast prosthesis and bra are limited to two per *calendar year* period. Convenience items, as determined by the *plan*, are not covered. Unless approved by the *plan* benefits for the rental of durable medical equipment will not exceed the cost to purchase the item.
 6. Mechanical medical devices placed in the body to aid the function of a body organ (e.g. pacemaker, artificial larynx, artificial hip).
 7. Chiropractic care for the treatment of an *injury* or *sickness*. Routine or maintenance chiropractic care is a *covered expense*.
 8. Installation and use of an insulin infusion pump. Other equipment and supplies used in the treatment of diabetes, when not covered by the Prescription Drug Benefit. Diabetic self-management education programs.
 9. Elective sterilization, vasectomy and tubal ligation. Covered for *employees* and *dependent* spouses only. Benefits will be payable based on services received.
 10. Treatment by a licensed: physical therapist; speech therapist; respiratory therapist; or occupational therapist. All treatment must be to restore loss or correct impairment due to an *injury* or *sickness*.
 11. Radiation therapy and chemotherapy. Oral and injectable medications may be covered through the Prescription Drug benefit.
 12. Pre-admission testing, when the tests are performed in a *qualified practitioner's* office or the *outpatient* department of a *hospital*, within ten days of a covered inpatient *confinement* and accepted by the inpatient facility in lieu of like tests performed after *your* admission. Benefits will be payable based on services received.
 13. Surgical and non-surgical treatment of any jaw joint problem, including but not limited to appliances and therapy. TMJ is eligible when the plan determines on the basis of x-rays, study models or other supporting evidence submitted that:
 - a. Internal derangement and degeneration exists;
 - b. Treatment is appropriate for the existing condition;
 - c. A suitable long-term prognosis can be achieved by this treatment; and
 - d. There is no alternative treatment that is less irreversible and/or less invasive.

Biteguards/mouthguards will be covered if used to treat the *medical condition* and not to break a habit. *Covered expenses* do not include orthodontic services or treatment.

14. All standard immunizations recommended by the American Committee on Immunization Practices.

15. *Hospital* admission kits.
 16. Allergy testing and treatment, payable as shown on the Schedule of Benefits.
 17. Routine patient costs of items and services furnished in connection with participation in an *approved clinical trial* are covered for qualified individuals.
 18. Treatment of *autism*, including therapeutic, respite and rehabilitative care. Benefits are subject to the autism maximum stated on the Schedule of Benefits. *Covered expenses* for *autism* are not considered to be treatment of a psychological disorder.
 19. Treatment of ADD/ADHD.
 20. Hearing aids if necessary by impairment of hearing following ear surgery or due to traumatic *injury*. Replacement of a hearing aid is not a *covered expense*. This benefit is limited to one per ear per lifetime.
 21. Contacts or glasses following eye surgery due to cataracts or eye *injury*. No benefits will be *payable* for replacement of contact lenses or *eyeglasses* due to loss, breakage or prescription change.
 22. Second surgical opinion. The qualified practitioner giving the second opinion must not be associated with the qualified practitioner who gave the first opinion and must not perform the surgery. The second opinion will be paid as any other sickness or injury. Benefits will include any related x-ray or laboratory tests. Benefits will be paid whether or not the surgical procedure is actually performed.
 23. Total parenteral nutrition.
 24. When reconstructive surgery is elected after a mastectomy, the following services will also be covered:
 - a. reconstruction of the breast that was removed;
 - b. surgery and reconstruction of the other breast to produce a symmetrical appearance;
 - c. prostheses to replace the breast that was removed; and
 - d. any physical complications resulting from all stages of the mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).
- Benefits must have been payable for the mastectomy and these services must be part of the ongoing treatment of that mastectomy to be covered under the *plan*.
25. Wigs/Toupees, when hair loss is the result of radiation or chemotherapy. Limited to one wig per *calendar year*, subject to the maximum stated on the Schedule of Benefits.
 26. Sleep Studies are covered in the patient's home, if the patient is enrolled in the *plan*. Sleep therapy studies payable as shown on the Schedule of Benefits.
 27. All four Phases for Cardiac Rehabilitation Therapy are covered for inpatient and outpatient therapy.

LIMITATIONS AND EXCLUSIONS

This *plan* does **not** provide benefits for:

ALTERNATIVE TREATMENTS

1. Any charge for **alternative medical treatments**. Treatments include but are not limited to: holistic medicine, ayurveda and ayurvedic nutrition, craniosacral therapy, yoga, homeopathy, movement therapy, naturopathy, tai chi chuan, visualization sessions and other programs with an objective to provide complete personal fulfillment or harmony, rolfing, reiki, reflexology, therapeutic touch, colon therapy, massage therapy not a part of a treatment plan, herbal therapy, vitamin therapy, hypnotherapy and chelation (metallic ion therapy) except in the treatment of heavy metal poisoning;
2. **Acupuncture**;
3. **Mechanotherapy** or other forms of passive motion therapy, unless specifically approved by the *plan*;
4. **Athletic training** or rehabilitation services; or
5. **Vertebral Axial Decompression (VAX-D)**.

DENTAL

1. **Dental care** or treatment to the teeth, nerves and roots of the teeth, gums or other gingival tissues, or the supporting structures of the teeth (alveolar processes), except as stated;
2. **Dental implantology** techniques, including prosthetic devices related to such techniques; or
3. Any **orthodontic** service, treatment or supply.

DRUGS

1. Drugs, food or nutritional supplements, or medical or other supplies that are **available without the written prescription of a qualified practitioner (OTC - over the counter)**. OTC items specifically stated in this plan as a *covered expense* will be covered. When OTC items are provided as a necessary part of a covered expense incurred in a *qualified practitioner's* office, *hospital* or other facility it will be covered; or
2. Charges for **prescription drugs**, except when not covered by the *employer's* Prescription Drug Benefit and not excluded under any other provision of this *plan*.

EXPERIMENTAL OR UNPROVEN SERVICES

1. Experimental, investigational or unproven services, which means any drug, service, supply, care and/or treatment that, at the time provided or sought to be provided, is not recognized as conforming to accepted medical practice or to be a safe, effective standard of medical practice for a particular condition. This includes, but is not limited to:
 - a. items within the research, investigational or experimental stage of development or performed within or restricted to use in Phase I, II, or III clinical trials (unless identified as a covered service elsewhere);
 - b. items that do not have strong research-based evidence to permit conclusions and/or clearly define long-term effects and impact on health outcomes (have not yet shown to be consistently effective for the diagnosis or treatment of the specific condition for which it is sought). Strong research-based evidence is identified as peer-reviewed published data derived from multiple, large, human randomized controlled clinical trials OR at least one or more large controlled national multi-center population-based studies;

- c. items based on anecdotal and unproven evidence (literature consists only of case studies or uncontrolled trials), i.e., lacks scientific validity, but may be common practice within select practitioner groups even though safety and efficacy is not clearly established;
- d. items which have been identified through research-based evidence to not be effective for a medical condition and/or to not have a beneficial effect on health outcomes.

Note: FDA and/or Medicare approval does not guarantee that a service, supply, drug, care and/or treatment is accepted medical practice, however, lack of such approval will be a consideration in determining whether a drug, service, supply, care and/or treatment is considered experimental, investigational or unproven. In assessing cancer care claims, sources such as the National Comprehensive Cancer Network (NCCN) Compendium, Clinical Practice Guidelines in Oncology™ or National Cancer Institute (NCI) standard of care compendium guidelines, or similar material from other or successor organizations will be considered along with benefits provided under the *plan* and any benefits required by law. Furthermore, off-label drug or device use (sought for outside FDA-approved indications) is subject to medical review for appropriateness based on prevailing peer-reviewed medical literature, published opinions and evaluations by national medical associations, consensus panels, technology evaluation bodies, and/or independent review organizations to evaluate the scientific quality of supporting evidence.

PHYSICAL APPEARANCE

1. **Plastic or cosmetic surgery**, including any services or supplies related to, resulting from complications of or for reversal of cosmetic surgery. Reconstructive surgery due to *injury*, infection or other disease of the involved part is a *covered expense* when the need for such surgery is not the result of or a complication of a prior cosmetic procedure;
2. Any charges for, relating to or resulting from **sex change operations**;
3. Treatment of a **congenital disease or anomaly**, except to correct a functional defect;
4. Any treatment or services for **weight control or reduction**. Treatment includes, but is not limited to: nutritional supplements; individual or behavior modification therapy; body composition or underwater weighing procedures; exercise therapy; weight control or reduction programs; except as specifically stated for preventive counseling;
5. Any treatment of **obesity or morbid obesity**, including, but not limited to surgery (e.g. stomach stapling, gastric bubble, intestinal or stomach bypass or suction lipectomy). Treatment of morbid obesity will be covered if organic in nature;
6. **Wigs** or artificial hairpieces, except as specifically stated otherwise;
7. Any treatment of **gynecomastia** (enlargement of the breast tissue in males); or
8. Any treatment of **hyperhidrosis** (excessive sweating).

PROVIDERS

1. Any service or supply:
 - a. provided while *you* are **not under the regular care of a qualified practitioner**;
 - b. **not authorized or prescribed by a qualified practitioner**;
 - c. authorized or prescribed by a *qualified practitioner*, but **excluded under this plan**;
2. Services provided by a **person who ordinarily resides in your home** or who is a *family member*;

3. **Telephone, computer or Internet consultations** between *you* and any provider (unless listed as a covered expense herein). Completion of claim forms or forms necessary for *your* return to work or school. Any appointment *you* did not attend;
4. **Private duty nursing** while in a *hospital* or other *qualified treatment facility*;
5. Charges for a **standby surgical team**, unless surgery is actually performed;
6. **Professional component charges in relation to an automated test** or procedure; or
7. **After hour charges in relation to a service performed during normal operating hours** for the provider.

REPRODUCTION

1. **Elective abortions** performed by any means including surgical and pharmaceutical methods unless *medically necessary* to save the mother's life. However, complications of an elective abortion are a *covered expense*;
2. Any **artificial means to achieve pregnancy** including, but not limited to, in vitro fertilization, GIFT, ZIFT, artificial insemination and all related fertility testing, treatment and drugs;
3. Treatment, services or supplies for a **surrogate mother** or any pregnancy resulting from *your* service as a surrogate mother;
4. Treatment of a **sexual dysfunction**, including, but not limited to sexual counseling or therapy, implants and hormonal therapy;
5. Services for **Genetic testing or counseling** without established Medical Necessity;
6. The **reversal of voluntary sterilization** procedures; or
7. *Dependent daughter maternity*.

ROUTINE AND GENERAL HEALTH

1. **Eye refractive disorders, vision therapy** (orthoptics), corneal refractive therapy, radial keratotomy or keratoplasty to correct refractive disorders, eyeglasses, or the fitting or repair of eyeglasses. The initial purchase of eyeglass frames, eyeglass lenses or contact lenses after a cataract surgery or eye surgery due to an *injury* is a *covered expense*;
2. Charges for **hearing exams**, if not in connection with a traumatic *injury* or following surgery;
3. **Health check-ups or routine exams and immunizations**; prophylactic surgery to prevent a *sickness* that has not occurred yet; or third party exams, including, but not limited to premarital tests or examinations; exams directed or requested by a court of law; routine physical exams for occupation, employment, school, travel or the purchase of insurance; unless specifically stated as a *covered expense*; or
4. Treatment programs, services or supplies having to do with the **cessation of tobacco usage** or nicotine addiction, (unless listed as a covered expense herein). When Part Of PPACA Services Refer To Preventative Care Benefits.

SERVICES UNDER ANOTHER PLAN

1. Any *injury* or *sickness* arising from or sustained in the course of any occupation or employment for pay, profit or gain. This will only apply when benefits are available or payable under any **Workers'**

Compensation or Occupational Disease Act or Law, regardless of whether a claim was filed for such benefits;

2. Any service or supply for which **no charge is made**, or for which *you* would not be required to pay if *you* did not have this coverage;
3. Any charges that **would have been paid by your primary plan** had *you* complied with all of the pre-certification requirements of that plan;
4. Any service or supply provided by or **payable under any plan or law of any government** or any political subdivision (this does not include *Medicare* or Medicaid); or
5. Any service or supply provided in the care of any service related *injury* or *sickness* (past or present) **if you are in a hospital or facility owned or operated by the United States Government** or any of its agencies.

OTHER

1. Charges that are not payable under the *plan* due to application of any *plan* maximum or limit or because the charges are in excess of the *usual and customary* amount, or are for services not deemed to be *reasonable* or *medically necessary*, based upon the *plan administrator's* determination as set forth by and within the terms of this document;
2. Services **not medically necessary** for diagnosis and treatment of an *injury* or *sickness*;
3. *Custodial care*;
4. Any medical expense incurred **after the date your coverage under the plan terminates**, except as specifically described;
5. Charges incurred **outside the United States** if *you* traveled to such location to obtain the service, drug or supply;
6. Any medical expense due to commission or attempt to commit a **civil or criminal battery or felony**;
7. Any loss caused or contributed to by:
 - a. **war or any act of war**, whether declared or not, or
 - b. any act of international armed conflict, or any conflict involving armed forces of any international authority;
8. **Educational testing or training or recreational therapy**;
9. Services or treatment for **behavioral problems, learning disabilities**, or other *medical conditions* that do not constitute a distinct medical diagnosis. Speech therapy to treat a developmental delay. ADD, ADHD and autism are covered as described herein;
10. Any **non-human organ transplant**. Any artificial organ transplant;
11. Any treatment that is provided to **enhance the life style of a person without treating** a *sickness* or *injury*;
12. Any service or supply that is provided in connection with or to comply with: **a court order; an involuntary commitment; a police detention**; or other similar arrangement;

13. Any service or supply provided in connection with or **as a result of any service or supply that is not a covered expense**;
14. Charges for ear plugs;
15. Treatment of:
 - a. weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, except open cutting operations,
 - b. corns, calluses or toenails, except the removal of nail roots and necessary services in the treatment of metabolic or peripheral-vascular disease; and
16. Custom molded orthotic devices. Diabetic shoes, Orthopedic shoes, or shoe inserts are not covered.

With respect to any injury which is otherwise covered by the plan, the plan will not deny benefits otherwise provided for treatment of the injury if the injury results from being the victim of an act of domestic violence or a documented medical condition.

PRESCRIPTION DRUG BENEFIT

You can access participating pharmacy information on the pharmacy benefit manager's website that is listed on the back of *your* ID card at no charge.

Covered Drugs

Your prescription drug benefit provides coverage for most commonly used drugs that are Federal Legend Drugs. Federal Legend Drugs are drugs that require a label stating, "Caution: Federal law prohibits dispensing without a prescription." *Your* pharmacist or the prescribing physician can verify coverage for a drug by contacting the pharmacy benefit manager at the number on *your* ID card. More information about covered drugs is available at www.navitus.com.

The following types of contraceptives are covered under this *plan*: oral, patch, ring, diaphragm/cervical cap, emergency, and injectables. IUDs are covered under the medical plan.

How To Use The Prescription Drug Benefit

Present the ID Card and the prescription to a participating pharmacy. Then sign the pharmacist's voucher and pay the pharmacist the copay (if applicable) shown on the Schedule of Benefits.

There is no benefit for a non-participating pharmacy unless it is an emergent or urgent situation. If *you* are without *your* ID Card or at a non-participating pharmacy, *you* may be required to pay for the prescription and submit a claim to the pharmacy benefit manager.

Claim forms are available from *your employer*, from the NaviGate For Members web portal, or by calling Navitus Customer Care.

Mail Order Drug Service

If *you* are using an on going prescription drug, *you* may purchase that drug on a mail order basis. Most drugs covered by the prescription drug benefit may also be purchased by mail order. The mail order drug service is most often used to purchase drugs that treat an on going medical condition and are taken on a regular basis.

The copay for mail order prescriptions (if applicable) is shown on the Schedule of Benefits.

Mail order prescriptions should be sent to the mail order service provider. Order forms are available at the mail order service provider's web site or from *your employer*. All prescriptions will be mailed directly to *your* home.

Formulary Program

This *plan* uses a formulary program to help reduce drug costs and ensure quality. The formulary is a list of covered drugs, both brand and generic. Drugs not listed on the formulary are not covered.

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SECTION 2 DEFINITIONS

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DEFINITIONS

Certain words and phrases used in this Summary Plan Description are defined below as an explanation of how the terms are used in the *plan*. Defined words appear in *italic* throughout the *plan*.

Accident

A happening by chance and without intention or design. A happening, which is unforeseen, unexpected and unusual at the time it occurs.

Actively at Work

Performing on a regular, full-time basis all normal employment duties for at least 30 hours per week. Duties may be at the *employer's* business or another location if *you* are required to travel on the job. *You* will be *actively at work* on each day of paid vacation if *you* were *actively at work* on *your* last regular working day. *You* will be *actively at work* on each non-working holiday if *you* were *actively at work* on *your* last regular working day.

Adverse Benefit Determination

Any of the following:

1. A denial in benefits;
2. A reduction in benefits;
3. A rescission of coverage;
4. A termination of benefits; or
5. A failure to provide or make payment (in whole or in part) for a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on a determination of a claimant's eligibility to participate in the *plan*.

Allowable Expense

The *usual and customary* charge for any *medically necessary, reasonable*, and eligible items of expense, at least a portion of which is covered under a plan. When some other Plan pays first in accordance with the Application to Benefit Determinations section herein. When some other plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered, in the amount that would be payable in accordance with the terms of the *plan*, shall be deemed to be the benefit. Benefits payable under any other plan include the benefits that would have been payable had claim been duly made therefore.

Alternate Recipient

Any *child* of a *covered person* who is recognized under a medical *child* support order as having a right to enrollment under this plan as the *covered person's* eligible *dependent*. For purposes of the benefits provided under this plan, an *alternate recipient* shall be treated as an eligible dependent, but for purposes of the reporting and disclosure requirements under ERISA, an *alternate recipient* shall have the same status as a *covered person*.

Ambulatory Surgical Center

A distinct facility whose business purpose is to provide surgical services on an outpatient basis. The facility must be duly licensed by the state in which it is located. It may not provide accommodations for patients to stay overnight.

Amendment

A written document that changes the provisions of the *plan*. It must be duly authorized and signed by the *plan administrator*.

Approved Clinical Trial

A phase I, II, III or IV trial that is Federally funded by specified Agencies (National Institutes of Health, CDCP, Agency for Health Care Research, Centers for Medicare and Medicaid Services ("CMS"), Dept. of Defense or Veterans Affairs, or a non-governmental entity identified by NIH guidelines) or is conducted under an Investigational new drug application reviewed by the FDA (if such application is required).

The Patient Protection and Affordable Care Act requires that if a “qualified individual” is in an “*approved clinical trial*,” the *Plan* cannot deny coverage for related services (“routine patient costs”).

A “qualified individual” is someone who is eligible to participate in an *approved clinical trial* and either the individual’s doctor has concluded that participation is appropriate or the *covered person* provides medical and scientific information establishing that their participation is appropriate.

“Routine patient costs” include all items and services consistent with the coverage provided in the *Plan* that is typically covered for a qualified individual who is not enrolled in a clinical trial. Routine patient costs do not include 1) the investigational item, device or service itself; 2) 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 3) a service that is clearly inconsistent with the widely accepted and established standards of care for a particular diagnosis. Plans are not required to provide benefits for routine patient care services provided outside of the *Plan*’s network area unless out-of network benefits are otherwise provided under the *Plan*.

Birthing Center

A licensed facility which: 1. Provides prenatal care, delivery and immediate postpartum care, and care of a *child* born at the *birthing center*; 2. Is directed by a *qualified practitioner* specializing in obstetrics and gynecology; 3. Has a *qualified practitioner* or certified nurse midwife present at all births and during the immediate postpartum period; 4. Extends staff privileges to *qualified practitioners* who practice obstetrics and gynecology in the area; 5. Has at least two beds or birthing rooms for use by patients during labor and delivery; 6. Provides full-time skilled nursing services (directed by a R.N. or certified nurse midwife) in the delivery and recovery rooms; 7. Provides diagnostic x-ray and laboratory services for the mother and newborn; 8. Has the capacity to administer a local anesthetic and perform minor surgery (including episiotomy and repair of perineal tear); 9. Is equipped and staffed to handle medical emergencies and provide immediate life support measures; 10. Accepts only patients with low risk pregnancies; 11. Has a written agreement with an area *hospital* for *emergency* transfer of patients and ensures its staff is aware of the procedure; 12. Provides an ongoing quality assurance program; and 13. Keeps a medical record for each patient.

Calendar Year

A 12 month period of time that starts on January 1 and ends on December 31.

Child

In addition to the employee’s own blood descendant of the first degree or lawfully adopted *child*, a *child* placed with a covered employee in anticipation of adoption, a covered employee’s *child* who is an *alternate recipient* under a qualified medical *child* support order as required by the Federal Omnibus Budget Reconciliation Act of 1993, any stepchild, an “eligible foster *child*,” which is defined as an individual placed with the employee by an authorized placement agency or by judgment, decree or other order of a court of competent jurisdiction or any other *child* for whom the employee has obtained legal guardianship.

CHIP

The Children’s Health Insurance Program or any provision or section thereof, which is herein specifically referred to, as such act, provision or section may be amended from time to time.

CHIPRA

The Children’s Health Insurance Program Reauthorization Act of 2009 or any provision or section thereof, which is herein specifically referred to, as such act.

Claims Administrator

The person or firm employed by the *plan administrator* to provide clerical services to the *plan*. Clerical services include the processing of claims. If a *claims administrator* is not employed by the *plan administrator*, *claims administrator* will mean the *employer*.

Clean Claim

A claim that can be processed in accordance with the terms of this document without obtaining additional information from the service provider, the member, or a third party. It is a claim which has no defect or impropriety. A defect or impropriety shall include a lack of required sustaining documentation as set forth and in accordance with this document, or a particular circumstance requiring special treatment which prevents timely payment as set forth in this document, and only as permitted by this document, from being made. A *clean claim* does not include claims under investigation for fraud and abuse or claims under review for medical necessity and reasonableness, or fees under review for usual and customariness, or any other matter that may prevent the charge(s) from being *covered expenses* in accordance with the terms of this document.

Filing a clean claim. A provider submits a *clean claim* by providing the required data elements on the standard claims forms, along with any attachments and additional elements or revisions to data elements, attachments and additional elements, of which the provider has knowledge. The *plan administrator* may require attachments or other information in addition to these standard forms (as noted elsewhere in this document and at other times prior to claim submittal) to ensure charges constitute *covered expenses* as defined by and in accordance with the terms of this document. The paper claim form or electronic file record must include all required data elements and must be complete, legible, and accurate. A claim will not be considered to be a *clean claim* if the *covered person* has failed to submit required forms or additional information to the *plan* as well.

Complications of Pregnancy

1. *Medical conditions* that are distinct from pregnancy, but adversely affected by pregnancy or caused by pregnancy. Such conditions include acute nephritis, nephrosis, cardiac decompensation, hyperemesis gravidarum, puerperal infection, toxemia, eclampsia and missed abortion;
2. A non-elective cesarean section surgical procedure;
3. A terminated ectopic pregnancy; or
4. A spontaneous termination of pregnancy that occurs during a gestation in which a viable birth is not possible.

Complications of pregnancy does not mean: false labor; occasional spotting; prescribed rest during the pregnancy; or similar conditions associated with the management of a difficult pregnancy, but not constituting a distinct medical diagnosis.

Confinement

Being a resident patient in a *hospital* for at least 15 consecutive hours per day. Being a resident bed patient in a *convalescent nursing home* or other *qualified treatment facility* 24 hours a day. Successive *confinements* are considered one if:

1. Due to the same *injury* or *sickness*; and
2. Separated by fewer than 30 consecutive days when *you* are not confined.

Convalescent Nursing Home (Skilled Nursing Facility or Extended Care Facility)

1. A facility, or distinct part thereof, that is duly licensed where it is located. It must maintain and provide:
2. Full-time bed care facilities for resident patients;
3. A *qualified practitioner's* services available at all times;
4. A registered nurse (R.N.) or *qualified practitioner* in charge and on full-time duty. With one or more registered nurses (R.N.'s) or licensed vocational or practical nurses on full-time duty;
5. A daily record for each patient; and
6. Continuous skilled nursing care during convalescence from *sickness* or *injury*.

A *convalescent nursing home* is not, except by incident, a rest home, a home for care of the aged, or engaged in the care and treatment of drug addicts or alcoholics.

Covered Expense

Expense not excluded by the *plan* that is incurred by *you* or *your* covered *dependents* due to an *injury* or *sickness*. Expenses must be incurred while *you* are covered for that benefit under this *plan*.

Covered Person

The *employee* or any *dependent*, when *you* are properly enrolled in the *plan*.

Custodial Care

Care to assist in the activities of daily living. Care that is not likely to improve *your sickness* or *injury*.

Dependent

1. A covered *employee's* lawful spouse, as defined in the State where *you* reside, provided that:
 - a. the spouse is not legally separated from the *employee*, and
 - b. the *employee* is eligible to claim a marital status of married on their current Federal Income Tax Return as a result;
2. A covered *employee's* married or unmarried: natural born, blood related *child*; step-child; legally adopted *child*; *child* placed in the *employee's* legal guardianship by court order; or a *child* placed with the *employee* for the purpose of adoption and for which the *employee* has a legal obligation to provide full or partial support; whose age is less than the limiting age.
3. The limiting age for each *dependent child* is 26 years of age.
4. A foster *child* meeting the same eligibility requirements as stated in item 2 may be covered under the *plan*.

A foster *child* is:

- a. a *child* that *you* are raising as *your own*,
- b. a *child* who lives in *your home*,
- c. a *child* who is chiefly *dependent* on *you* for support, and
- d. a *child* for whom *you* have taken full parental responsibility and control.

A foster *child* is not:

- a. a *child* temporarily living in *your home*,
- b. a *child* placed with *you* by a social service agency which retains control of the *child*,
- c. a *child* whose natural parent is in a position to exercise or share parental responsibility and control, and
- d. a *child* or *grandchild* who is eligible for other coverage.

If, from the date a *dependent child* reaches a limiting age, all of the following conditions exist at the same time:

1. The *child* is mentally retarded or physically handicapped;
2. The *child* is incapable of self-sustaining employment;
3. The *child* is *dependent* on the covered *employee* for at least 50% support and maintenance; and
4. The *child* is unmarried,

that *child* will remain an eligible *dependent* of a covered *employee* or may be enrolled as the *dependent* of a new *employee*. If the *child* has not continuously satisfied all of the conditions above since reaching a limiting age, the *child* will not be eligible for coverage under the *plan*.

You must provide satisfactory proof that the above conditions exist on and after the date the limiting age is reached. Such proof may not be requested more often than annually after two years from the date the first proof was provided. If satisfactory proof is not submitted, the *child's* coverage will cease on the date such proof is due.

In any event, no person may be covered as both an *employee* and a *dependent* at the same time. If both parents are eligible for coverage under this *plan*, only one may enroll for *dependent* coverage.

Director

An elected member of the Board of Directors of an *employer Cooperative*.

Emergency

Any *injury* or *sickness* that would jeopardize or impair the health of the *covered person* if not treated immediately. An *emergency* may or may not be life threatening. A condition is considered to be an *emergency*

care situation when a sudden and serious condition such that a *prudent layperson* could expect the patient's life would be jeopardized, the patient would suffer severe pain, or serious impairment of bodily functions would result unless immediate medical care is rendered. Examples of an *emergency* care situation may include, but are not limited to: chest pain; hemorrhaging; syncope; fever equal to or greater than 103° F; presence of a foreign body in the throat, eye, or internal cavity; or a severe allergic reaction.

Employee

You when *you* are: regularly employed by the *employer*; paid a salary or earnings by the *employer*; and actively *at work*. For purposes of this *plan*, *employee* does not include independent contractors, leased *employees*, or any *employee* who is temporary or seasonal.

Employer

The participating cooperative, an *employer* in the Kentucky Rural Electric Cooperative Employers Benefit Plan, who employs the covered *employee*.

Enrollment Date

The first day of *your* eligibility period or if earlier, *your* effective date of coverage under this *plan*. If *you* are a *late applicant*, *your enrollment date* is the effective date of *your* coverage under this *plan*.

Essential Health Benefits

Essential health benefits shall mean, under section 1302(b) of the Patient Protection and Affordable Care Act, those health benefits to include at least the following general categories and the items and services covered within the categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance abuse 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 limited oral and vision care.

Expense Incurred

For medical expenses, the *usual and customary and reasonable* fee charged for services and supplies needed to treat the *injury or sickness*. The date a supply or service is provided is the *expense incurred* date.

Family Member

Your lawful spouse. *Your child*. *Your* parent. *Your* grandparent. *Your* brother or sister. Any person related in the same way to *your* covered *dependent*.

Final Internal Adverse Benefit Determination

An *adverse benefit determination* that has been upheld by the *plan* at the conclusion of the internal claims and appeals process, or an *adverse benefit determination* with respect to which the internal claims and appeals process has been deemed exhausted.

FMLA

The Family and Medical Leave Act of 1993.

FMLA Leave

A leave of absence, which the company is required to extend to an employee under the provisions of FMLA.

HIPAA

The Health Insurance Portability and Accountability Act of 1996.

Home Health Care Agency

An agency or organization that specializes in providing medical care in the home. Such a provider must meet all of the following conditions:

1. Its primary purpose is to provide skilled nursing and other medical services. Is duly licensed in the location where services are provided;

2. Has policies set by a professional group. This professional group must have at least one registered nurse (R.N.) to govern the services provided. It must provide for full-time supervision of such services by a *qualified practitioner* or registered nurse;
3. Maintains a complete medical record on each patient;
4. Has a full-time administrator; and
5. Is approved by *Medicare*.

Hospice Care Agency

An agency whose primary purpose is providing hospice services. It must be licensed and operated according to the laws of the state in which it is located. It must meet all of the following requirements: has obtained any required certificate of need; provides 24 hour a day, seven day a week service; is supervised by a *qualified practitioner*; has a full-time coordinator; keeps written records of services provided to each patient; has a nurse coordinator who is a registered nurse (R.N.) with four years of full-time clinical experience, of which at least two years involved caring for terminally ill patients; and has a licensed social service coordinator.

A *hospice care agency* will establish policies for the provision of *hospice care*. It will assess the patient's medical and social needs and develop a program to meet those needs. It will provide an ongoing quality assurance program. It will permit area medical personnel to use its services for their patients. It will use volunteers trained in care of and services for non-medical needs.

Hospice Care

Palliative and supportive care to hospice patients. It offers supportive care to the families of the hospice patients. It offers an assessment of the hospice patient's medical and social needs and a description of the care necessary to meet those needs. *Hospice care* must be provided under a written plan of *hospice care*. The plan must be established and reviewed by the *qualified practitioner* attending the person and the *hospice care agency*.

Hospice Facility

A licensed facility or part thereof that principally provides *hospice care*. It has 24 hour a day nursing services provided under the direction of a registered nurse (R.N.). It has a full-time administrator. It keeps medical records of each patient. It has an ongoing quality assurance program and has a *qualified practitioner* on call at all times.

Hospital

A facility that:

1. Maintains full-time facilities for bed care of resident patients;
2. Has a *qualified practitioner* and surgeon in regular attendance;
3. Provides continuous 24 hour a day nursing services;
4. Primarily provides diagnostic and treatment facilities for medical or surgical care of sick or injured persons;
5. Is legally operated in the jurisdiction where located; and
6. Has surgical facilities on its premises or has a contractual agreement for surgical services with a facility having a valid license to provide such surgical services.

Hospital does **not** include an institution, which is principally a rest home, nursing home, convalescent home or a home for the aged. *Hospital* does **not** include a place principally for alcoholics, drug addicts or persons with psychological disorders.

Injury

Physical damage to *your* body caused by an external force. Damage must be due directly and independently of all other causes to an *accident*. Muscle tiredness or soreness is a *sickness* under the *plan*. Overexertion in an athletic or physical activity is a *sickness* under the *plan*.

Late Applicant

An *employee* who enrolls for coverage more than 31 days after they are eligible to be covered. A *dependent* who is enrolled for coverage more than 31 days after they are eligible to be covered.

Lifetime

When used in reference to benefit maximums and limitations, the time *you* are covered under this *plan*. In no circumstances does *lifetime* mean *your* life span.

Medical Condition

A syndrome or group of symptoms that are not attributable to a specific disease or a distinct medical diagnosis.

Medical Child Support Order

Any judgment, decree or order (including approval of a domestic relations settlement agreement) issued by a court of competent jurisdiction that:

1. Provides for *child* support with respect to a *covered person's child* or directs the *covered person* to provide coverage under a health benefits plan pursuant to a State domestic relations law (including a community property law); or
2. Enforces a law relating to medical *child* support described in Social Security Act §1908 (as added by Omnibus Budget Reconciliation Act of 1993 §13822) with respect to a group health plan.

Medical Necessity or Medically Necessary

Means health care services provided for the purpose of preventing, evaluating, diagnosing or treating a *sickness, injury*, psychological disorder, chemical dependence disorder, alcoholism disorder or its symptoms, that are all of the following, as determined by the *plan* or *our* designee, within our sole discretion:

1. In accordance with Generally Accepted Standards of Medical Practice; and
2. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for *your sickness, injury*, psychological disorder, chemical dependence disorder, alcoholism disorder or its symptoms; and
3. Not mainly for *your* convenience or that of *your qualified practitioner*; and
4. Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of *your sickness, injury* or symptoms.

The fact that a physician or *qualified practitioner* has performed, prescribed, recommended, ordered or approved a service, treatment plan, supply, medicine, equipment or facility, or that it is the only available procedure or treatment for a condition, does not, in itself, make the utilization of the service, treatment plan, supply, medicine, equipment or facility *medically necessary*.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on physician specialty society recommendations or professional standards of care may be considered. The Plan reserves the right to consult expert opinion in determining whether health care services are *medically necessary*. The decision to apply physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within our sole discretion.

Medicare

Title XVIII, Parts A and B, of the Social Security Act as enacted and amended.

Mental Health Parity Act (MHPA) of 1996 and Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), Collectively, the Mental Health Parity Provisions in Part 7 of ERISA

In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan or coverage shall ensure that:

1. The financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and

surgical benefits covered by the plan (or coverage) and that there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits. If these benefits are covered by the group health plan (or health insurance coverage is offered in connection with such a plan); and

2. The treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage), and that there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits. If these benefits are covered by the group health plan (or health insurance coverage offered in connection with such a plan).

Mental or Nervous Disorder

Any disease or condition, regardless of whether the cause is organic, that is classified as a mental or nervous disorder in the current edition of International Classification of Diseases, published by the U.S. Department of Health and Human Services, is listed in the current edition of Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association or other relevant State guideline or applicable sources.

Named Fiduciary

Kentucky Rural Electric Cooperative Employers Benefit Plan (KREC), which has the authority to control and manage the operation of the *plan*.

National Medical Support Notice (NMSN)

A notice that contains the following information:

1. Name of an issuing State agency;
2. Name and mailing address (if any) of an employee who is a *covered person* under the plan;
3. Name and mailing address of one or more *alternate recipients* (i.e., the *child* or children of the *covered person* or the name and address of a substituted official or agency that has been substituted for the mailing address of the *alternate recipients*(s)); and
4. Identity of an underlying *child* support order.

Non-Essential Health Benefits

Any *covered expense* that is not an *essential benefit*. Please refer to the *essential health benefits* definition.

Other Plan

Including, but is not limited to:

1. Any primary payer besides the plan;
2. Any other group health plan;
3. Any other coverage or policy covering the *covered person*;
4. Any first party insurance through medical payment coverage, personal injury protection, no-fault coverage, uninsured or underinsured motorist coverage;
5. Any policy of insurance from any insurance company or guarantor of a responsible party;
6. Any policy of insurance from any insurance company or guarantor of a third party;
7. Workers' compensation or other liability insurance company; or
8. Any other source, including but not limited to crime victim restitution funds, any medical, disability or other benefit payments, and school insurance coverage.

Outpatient

A period of time during which *you* are not confined as a resident bed patient in a: *hospital*; *convalescent nursing home*; or other *qualified treatment facility*.

PPO

Preferred Provider Organization. If a provider has contracted with the *PPO* Network, they are a *PPO* Provider. *PPO* providers furnish services at a discounted rate to the *plan*. If a provider has not contracted with the *PPO* Network, they are a Non-*PPO* provider.

Plan

This *plan* of benefits as established by the *employer*. The term *plan* includes any schedules, attachments and *amendments* to the *plan*. Prior, current and successive *plans* will be considered one *plan* and not separate and distinct *plans*. This Summary Plan Description provides a description of the *plan*.

Plan Administrator

The *employer*, who is responsible for the day to day functions and engagement of the *plan*. The *plan administrator* may employ other persons or firms to process claims and perform other services.

Post-Service Claim

Any claim that is not a pre-service claim.

Pre-Service Claim

Any claim for a benefit that is conditioned, in whole or in part, on obtaining prior approval from the *plan* for the medical care.

Preventive Care

Preventive care shall mean certain preventive care services.

This plan intends to comply with the Patient Protection and Affordable Care Act's (PPACA) requirement to offer in-network coverage for certain preventive services without cost-sharing. To comply with PPACA, and in accordance with the recommendations and guidelines, the plan will provide in-network coverage for:

1. Evidence-based items or services rated A or B in the United States Preventive Services Task Force recommendations;
2. Recommendations of the Advisory Committee on Immunization Practices adopted by the Director of the Centers for Disease Control and Prevention;
3. Comprehensive guidelines for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA); and
4. Comprehensive guidelines for women supported by the Health Resources and Services Administration (HRSA).

Copies of the recommendations and guidelines may be found here:

<http://www.uspreventiveservicestaskforce.org> or at
<https://www.healthcare.gov/preventive-care-benefits/>.

For more information, you may contact the *plan administrator* or *employer*.

Prior Authorization

The process of determining benefit coverage prior to service being rendered to a *covered person*. A determination is made based on medical necessity (*medically necessary*) criteria for services, tests or procedures that are appropriate and cost-effective for the *covered person*. This member-centric review evaluates the clinical appropriateness of requested services in terms of the type, frequency, extent and duration of stay.

Privacy Standards

The standards of the privacy of individually identifiable health information, as pursuant to HIPAA.

Prudent Layperson

A person with average knowledge of health and medicine who is not formally educated or specialized in the field of medicine.

Qualified Medical Child Support Order (QMCSO)

A medical *child* support order that creates or recognizes the existence of an *alternate recipient's* right to, or assigns to an *alternate recipient* the right to, received benefits for which a *covered person* or eligible *dependent* is entitled under this plan.

Qualified Practitioner

A licensed practitioner providing services within the scope of that license. A *qualified practitioner's* services are not covered if the practitioner resides in *your* home or is a *family member*.

Qualified Treatment Facility

A facility that is duly licensed and operating within the scope of its license.

Reasonable

Reasonable and/or *reasonableness* shall mean in the administrator's discretion, services or supplies, or fees for services or supplies which are necessary for the care and treatment of illness or *injury* not caused by the treating provider. Determination that fee(s) or services are *reasonable* will be made by the *plan administrator*, taking into consideration unusual circumstances or complications requiring additional time, skill and experience in connection with a particular service or supply; industry standards and practices as they relate to similar scenarios; and the cause of injury or *illness* necessitating the service(s) and/or charge(s).

This determination will consider, but will not be limited to, the findings and assessments of the following entities: (a) The National Medical Associations, Societies, and organizations; and (b) The Food and Drug Administration. To be *reasonable*, service(s) and/or fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures. Services, supplies, care and/or treatment that results from errors in medical care that are clearly identifiable, preventable, and serious in their consequence for patients, are not *reasonable*. The *plan administrator* retains discretionary authority to determine whether service(s) and/or fee(s) are *reasonable* based upon information presented to the *plan administrator*. A finding of provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not *reasonable*.

Charge(s) and/or services are not considered to be *reasonable*, and as such are not eligible for payment (exceed the *maximum allowable charge*), when they result from provider error(s) and/or facility-acquired conditions deemed "reasonably preventable" through the use of evidence-based guidelines, taking into consideration but not limited to CMS guidelines.

The *plan* reserves for itself and parties acting on its behalf the right to review charges processed and/or paid by the *plan*, to identify charge(s) and/or service(s) that are not *reasonable* and therefore not eligible for payment by the *plan*.

Security Standards

The final rule implementing HIPAA's Security Standards for the Protection of Electronic PHI, as amended.

Sickness

A disease or disturbance in function or structure of *your* body. It must cause physical signs and/or symptoms and if left untreated, will result in a deterioration of the health state of the structure or systems of *your* body.

Substance Abuse

Any use of alcohol, any drug (whether obtained legally or illegally), any narcotic, or any hallucinogenic or other illegal substance, which produces a pattern of pathological use, causing impairment in social or occupational functioning, or which produces physiological dependency evidenced by physical tolerance or withdrawal. It is the excessive use of a substance, especially alcohol or a drug. The Diagnostic and Statistical Manual of Mental Disorders (DSM) definition of "substance use disorder" is applied as follows:

1. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a twelve (12) month period:
 - a. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions or expulsions from school; neglect of children or household);

- b. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use);
 - c. Craving or a strong desire or urge to use a substance; or
 - d. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights);
2. The symptoms have never met the criteria for substance dependence for this class of substance.

Total Disability or Totally Disabled

The inability at all times, due to *injury* or *sickness*, to perform each and every material duty of *your* job or occupation.

Uniformed Services

The Armed Forces, the Army National Guard and the Air National Guard, when engaged in active duty for training, inactive duty training, or full time National Guard duty, the commissioned corps of the Public Health Service, and any other category of persons designated by the President of the United States in time of war or *emergency*.

Urgent Care

Any care that in the opinion of *your qualified practitioner* is an urgent care situation. Any care that the use of non-urgent care time frames would put *your* life, health or ability to regain maximum function at risk.

Urgent Care Center (Walk-In Clinic)

A facility that provides outpatient medical care on a walk-in or unscheduled basis. Such care may be offered during extended hours that include evenings, weekends and holidays. *Urgent Care Center* does not include a *hospital* or emergency room.

USERRA

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

Usual and Customary

Usual and customary shall mean *covered expenses* which are identified by the *plan administrator*, taking into consideration the fee(s) which the provider most frequently charges (or accepts for) the majority of patients for the service or supply, the cost to the provider for providing the services, the prevailing range of fees charged in the same “area” by providers of similar training and experience for the service or supply, and the Medicare reimbursement rates. The term(s) “same geographic locale” and/or “area” shall be defined as a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of providers, persons or organizations rendering such treatment, services, or supplies for which a specific charge is made. To be *usual and customary*, fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

The term “*usual*” refers to the amount of a charge made or accepted for medical services, care, or supplies, to the extent that the charge does not exceed the common level of charges made by other medical professionals with similar credentials, or health care facilities, pharmacies, or equipment suppliers of similar standing, which are located in the same geographic locale in which the charge was incurred.

The term “*customary*” refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of an individual of the same sex, comparable age and who has received such services or supplies within the same geographic locale.

The term “*usual and customary*” does not necessarily mean the actual charge made (or accepted) nor the specific service or supply furnished to a *covered person* by a provider of services or supplies, such as a physician, therapist, nurse, hospital, or pharmacist. The *plan administrator* will determine the usual charge for any procedure, service, or supply, and whether a specific procedure, service or supply is customary.

Usual and customary charges may, at the *plan administrator's* discretion, alternatively be determined and established by the *plan* using normative data such as, but not limited to, Medicare cost to charge ratios, average wholesale price (AWP) for prescriptions and/or manufacturer's retail pricing (MRP) for supplies and devices.

You and Your

You as the covered *employee*. Any of *your dependents*, unless otherwise indicated.

SECTION 3 ELIGIBILITY

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ELIGIBILITY AND EFFECTIVE DATE OF COVERAGE

The Employee Coverage section applies to *employees* hired on or after the effective date of this *plan*. The Dependent Coverage section applies to *dependents* that are added on or after the effective date of this *plan*.

Employees who were covered under any plan that this *plan* replaces will be covered on the effective date of this *plan*. Coverage will include *dependents* of such an *employee*. *You* must have met the eligibility requirements of the *plan*.

EMPLOYEE COVERAGE

Employee Eligibility

You are eligible for coverage under the *plan* if the following conditions are met:

1. *You* are an *employee* who meets the eligibility requirements of the *employer*; and
2. *You* satisfy *your* co-op's eligibility period of first day of the first calendar month following date of hire; or
3. If applicable, *you* are a *director* or attorney for the *employer*.

You are eligible to be covered on the date following *your* completion of the eligibility period. This is *your* eligibility date.

Transfer Between Employers

Employees that transfer employment from one KREC member cooperative to another will be eligible to have their accumulators (amounts paid toward deductible and out-of-pocket limits, *calendar year* and any *lifetime* benefit maximums on *non-essential health benefits*) treated as continuous coverage under the new *plan*. If the *employee* (or *dependent*) was enrolled in the KREC plan at the time of transfer and does not have a break in coverage, they will enter the subsequent plan with a carry-forward of all deductible payments, out-of-pocket payment and other accumulated *plan* benefits and limitations as applicable to the current *calendar year* and any *lifetime* benefits and limitations under the *plan*. Prior benefits and limitations shall be applied as if no break in coverage occurred. This includes but is not limited to:

1. The amount of *calendar year* deductible that was satisfied under the former KREC *employer's* plan will carry forward under the new KREC *employer's* plan;
2. Any amounts accrued toward *calendar year* and *lifetime* maximum benefits on *non-essential health benefits* will carry forward to the new KREC *employer's* plan.

To be eligible for this benefit, the *employee* must start work at the new KREC *employer* within 60 calendar days of leaving the former KREC *employer*.

If the *employee* takes any time off between leaving the former KREC *employer* and starting work at the new KREC *employer*, the *employee* may need to elect COBRA in order to continue coverage during the break.

If an *employee* did not have coverage under the KREC plan with their former cooperative, this provision will not apply and they will be treated as a new *employee* under the *plan*.

Employee Effective Date

You must enroll on forms accepted by the *plan administrator*. Each *employee's* effective date is determined as follows:

1. *Your* completed forms are received by the *plan administrator* within 31 days of the date *you* are eligible. This is a timely enrollment. *Your* coverage will be effective on *your* eligibility date.

2. *Your* completed forms are received by the *plan administrator* **more than** 31 days after the date *you* are eligible. This is **late enrollment**. *Your* coverage will be effective on the date *your* completed forms were received.

Coverage will begin at 12:01 AM, Standard Time, on *your* effective date. *You* must begin active work with the *employer* before coverage will be effective under the *plan*.

DEPENDENT COVERAGE

Dependent Eligibility

A *dependent* is eligible to be covered on the later of:

1. The date the *employee* is covered;
2. The date of the *employee's* marriage for a *dependent* acquired on that date;
3. The *child's* date of birth;
4. The date a court order places a *child* in the *employee's* home. The *child* must be under the *employee's* legal guardianship;
5. The date a *child* is legally adopted; or
6. The date a valid court order is issued which, by federal law or *plan* provision, requires the *plan* to provide coverage.

Dependents may only be covered if the *employee* is covered. Check with *your employer* on how to enroll for *dependent* coverage.

When both parents are *employees* only one may enroll for *dependent* coverage.

Dependent Effective Date

Each *dependent* must be enrolled on forms accepted by the *plan administrator*. Each *dependent's* effective date of coverage is determined as follows:

1. The completed forms are received by the *plan administrator* within 31 days of the *dependent's* eligibility date. This is a timely enrollment. That *dependent* is covered on their eligibility date.
2. The completed forms are received by the *plan administrator* **more than** 31 days after the *dependent's* eligibility date. This is a **late enrollment**. That *dependent* will be covered on the date their completed forms were received.

Coverage will begin at 12:01 AM, Standard Time, on the *dependent's* effective date.

A *dependent child* that becomes an *employee* and obtains coverage under this *plan* as an *employee* may not be covered as both an *employee* and a *dependent*.

WORKING SPOUSE PROVISION

Full-time working spouses must participate in their employer's health plan in order to be eligible for benefits under this *plan*.

1. If *your dependent* spouse is working full-time and is eligible to participate in their employer's health plan as a full-time employee, and declines to participate in their employer's health insurance, then the working *dependent* spouse will be ineligible to participate in this *plan*.
2. If *your dependent* spouse is working full-time and is participating in their employers plan, then they will be eligible for this plan on a secondary basis.
3. For this purpose, full-time status will be defined by the spouse's employer's definition of full-time as defined in their employer's health insurance plan document, contract or policy.

The *employee* must provide reasonable evidence satisfactory to their cooperative and to the *plan administrator* that the spouse is not employed or is not eligible to participate in their employer's health insurance plan (as a part-time employee) in order to be eligible to participate in this *plan*.

RETIREE COVERAGE

Employees who elect to retire between the ages of 62 and 65, and who have completed 15 or more years of employment with the Cooperative, may continue medical coverage through the Cooperative until they attain the age of 65 or are eligible for Medicare. At that point, the retired employee shall cease to be eligible for coverage under the Cooperative's medical plan.

Covered spouses and dependents of the retiree can continue on the plan as dependents only until they are eligible for Medicare, or until the retiree becomes eligible for Medicare.

Your rights to and cost of postretirement benefits are subject to the policies of *your employer* cooperative and can change at any time. *Your employer* cooperative may cease to provide coverage for retirees or increase the cost to retirees of coverage at any time. This is effective for both *employees* who have already retired and those *employees* who have not yet retired.

SPECIAL ENROLLMENT RIGHTS

If *you* have a special enrollment event, the *plan* will provide a new enrollment date for *you* to enter the *plan* as shown below. At that time, *you* will be able to enroll in the *plan* without being subject to the *late applicant* provisions of the *plan*. If the *plan* has more than one benefit option, *you* will be able to select from all options for which *you* are eligible.

Loss of Other Coverage

If *you* declined coverage under this *plan* in favor of other group or individual health coverage, or COBRA continuation, and coverage under that other plan ends:

1. Due to *your* exhaustion of the maximum COBRA period;
2. Due to *your* loss of eligibility, for any reason;
3. Employer contributions towards the cost of the other coverage;

Then a special enrollment event has occurred. At that time, an *employee* or *dependent* may be enrolled in this *plan* as follows:

1. When the *employee* has a loss of coverage, the *employee* and any *dependent* may enroll. The *dependent* does not have to have had a loss of coverage at that time to be enrolled;
2. When a *dependent* has a loss of coverage, that *dependent*, the *employee* and any other eligible *dependent* may enroll. The *employee* and other *dependents* do not have to have had a loss of coverage at that time to enroll.

You must enroll in this *plan* within 31 days of the date of a loss of other coverage to be a timely entrant to the *plan*. *You must* provide proof that the other coverage was lost due to one of the above shown reasons. Coverage under this *plan* will not be effective until such proof is provided. Coverage under this *plan* will be effective on the day coverage under the other group plan ends.

If *you* apply more than 31 days after the date the other coverage ends, you will be *late applicants* under this *plan*.

Marriage

If *you*, as the *employee*, are now getting married, a special enrollment event will occur on the date of *your* marriage. At that time, *you* may enroll in this *plan*. Any *dependents* acquired on the date of *your* marriage may also be enrolled at this time as well as any other *dependents* that were not previously covered under the *plan*.

You must enroll in this plan within 31 days of the date of marriage to be a timely entrant to the plan. Coverage under the plan will be effective on the day of your marriage.

If you apply more than 31 days after the date of your marriage, it will be considered late enrollment under this plan.

Birth, Adoption or Placement for Adoption

If you experience the birth of a dependent child, or the adoption or placement for adoption of a dependent child, a special enrollment event will occur on that date. At that time, you may enroll in this plan. Your dependent spouse and the newborn or adopted child may also be enrolled at this time as well as any other dependents that were not previously covered under the plan.

You must enroll in this plan within 31 days of the date of birth, adoption or placement to be a timely entrant to the plan. Coverage under the plan will be effective on the date of such an event.

If you apply more than 31 days after the date of such an event, it will be considered late enrollment under this plan.

MEDICAID/STATE CHILD HEALTH PLAN

If you and/or your dependents were covered under a Medicaid plan or State child health plan and your coverage is now being terminated due to a loss of eligibility, a special enrollment event will occur on the date Medicaid or the State child health plan coverage ends.

You must request coverage under this plan within 60 days after the date of termination of such coverage. Coverage under this plan will be effective on the date the other coverage ends.

If you apply for coverage more than 60 days after the date the Medicaid or State child health plan coverage ends, you will be considered a late applicant under this plan.

Premium Assistance

Current employees and their eligible dependents may be eligible for a special enrollment event if the employee and/or dependents are determined eligible, under a state's Medicaid plan or State child health plan, for premium assistance with respect to coverage under this plan. You must request coverage under this plan within 60 days after the date the employee and/or dependent is determined to be eligible for such assistance. If you apply for coverage more than 60 days after this date, you will be considered a late applicant under the plan.

SPOUSAL TRANSFER PROVISION

If both spouses are employees and each has taken single coverage under this plan, this plan permits your spouse to take coverage as your dependent at any time.

In addition, if both spouses are employees and eligible for coverage under this plan and your spouse previously waived coverage as an employee in favor of coverage as your dependent, this plan permits your spouse to take coverage as an employee under the plan and to enroll you and any other eligible dependents as dependents of your spouse when:

- 1. You and your spouse decide to transfer coverage under the plan from one spouse to the other;*
- 2. Your spouse decides to take coverage as an employee for any reason; or*
- 3. You terminate your coverage under the plan for any reason.*

Your spouse must elect coverage under this plan within 31 days of the date your coverage ends to be a timely enrollment. Your spouse's coverage under this plan will be effective on the day your coverage ends.

If *your* spouse applies more than 31 days after the date *your* coverage ends, *you* will be *late applicants* under the *plan*.

BENEFIT CHANGES

Any change in benefits will be effective on the date of change for all *employees* and *dependents*. Any change in coverage will be effective on the date of change for all *employees* and *dependents*.

SPECIAL PROVISIONS FOR NOT BEING ACTIVELY AT WORK

If *you* continue to pay the required *plan* contributions, *your* coverage will remain in force during an approved, non-military leave of absence; layoff; or period of *total disability* in accordance with *your* cooperative's policy. Coverage that is required by the Family and Medical Leave Act will reduce any period shown above. The *plan* must remain in effect for this provision to apply.

At the end of this period, COBRA continuation will be offered.

REHIRE/REINSTATEMENT

If *you* are terminated or laid off and return to work within 13 consecutive weeks *your* coverage will be reinstated effective immediately, so long as all other eligibility criteria are satisfied.

TOTAL DISABILITY EXTENSION OF BENEFITS

If *you* are totally disabled on the date *your* coverage terminates, *your* benefits may be extended only during the subsequent period of continuous total disability until the earliest of:

1. The date the *plan* terminates;
2. The date *you* cease to be totally disabled on a continuous basis. Total disability for this provision is determined by *your* cooperative's disability insurance plan. If *you* are receiving disability benefits, *you* will be considered to be totally disabled;
3. The last day of the period for which any required contributions for coverage have been made.
4. The date *you* or *your* dependent becomes eligible for Medicare.

The benefits so extended will be the same benefits that were in force at the time *your* coverage terminated, provided the required contributions have been made. Benefits may be extended for *your* eligible *dependents* provided any required contributions are made. *Your dependents* must remain eligible as defined under *dependent* eligibility.

When You or Your Family Member Becomes Eligible for Medicare

Disableds and their dependents are not eligible to continue coverage on this plan once they become eligible for Medicare.

- It is the disabled's responsibility to notify the Cooperative when they first become eligible for (or any covered family member becomes eligible for) Medicare.
- Failure to notify the Cooperative will cause any claims paid by this plan after an individual was Medicare eligible to be the sole responsibility of the individual covered by Medicare. This applies to all disableds, their spouses and children when they first become eligible for Medicare.

Once you become eligible for Medicare you may be eligible for the coop's Medicare Advantage Plan if you enroll when you are first eligible for Medicare. Contact your coop's Human Resource department.

TERMINATION OF COVERAGE

Coverage terminates on the earliest of the following:

1. The date the *plan* terminates;
2. For any benefit, the date the benefit is removed from the *plan*;
3. The end of the period for which any required *employee* or *employer* contribution was due and not paid;

Revised 1/1/2021

4. The date *you* enter the full-time military, naval or air service of any country;
5. The date *you* fail to be in an eligible class of persons according to the eligibility requirements of the *employer*;
6. For all *employees*, the date of termination of employment with the *employer* or, if earlier, the date *you* are no longer *actively at work* as defined in this *plan*;
7. For all *employees*, the date of *your* retirement, unless you are eligible for and elect Retiree Coverage;
8. For *your dependents*, the date *your* coverage terminates;
9. For a *dependent*, the date the *dependent* enters the full-time military, naval or air service of any country;
10. For a *dependent* who attains age 26, the last day of the month in which the *dependent* attains age 26;
11. For a *dependent*, the date that *dependent* no longer meets this *plan's* definition of *dependent*, except in the case of a *dependent* who attains age 26 (see above);
12. The date *you* request termination of coverage to be effective for yourself and/or *your dependents*; or
13. The date *you* die.

Rescission of Coverage

As permitted by the Patient Protection and Affordable Care Act, the *plan* reserves the right to rescind coverage. A rescission of coverage is a retroactive cancellation or discontinuance of coverage due to fraud or intentional misrepresentation of material fact.

A cancellation/discontinuance of coverage is not a rescission if:

1. It has only a prospective effect; or
2. It is attributable to non-payment of premiums or contributions.

SURVIVORSHIP CONTINUATION

If *you* have *dependent* coverage in force on the date that *you* die, coverage under this *plan* will continue for *your* covered *dependents*. Survivorship Continuation will end on the earliest of:

1. The date the *dependent* becomes eligible for benefits under any other employer-sponsored plan;
2. The date the *dependent* no longer qualifies as an eligible *dependent* for any reason other than lack of primary support by the *employee*;
3. The date the surviving spouse remarries;
4. The date required contributions are not made;
5. The date this *plan* terminates.
6. The date *you* or your dependent becomes eligible for Medicare.

When You or Your Family Member Becomes Eligible for Medicare

Surviving dependents are not eligible to continue coverage on this plan once they become eligible for Medicare.

- It is the survivor's responsibility to notify the Cooperative when they first become eligible for (or any covered family member becomes eligible for) Medicare.
- Failure to notify the Cooperative will cause any claims paid by this plan after an individual was Medicare eligible to be the sole responsibility of the individual covered by Medicare. This applies to all surviving spouses and children when they first become eligible for Medicare.

Once you become eligible for Medicare you may be eligible for the coop's Medicare Advantage Plan if you enroll when you are first eligible for Medicare. Contact your coop's Human Resource department.

IMPORTANT NOTICE FOR ACTIVE EMPLOYEES AND SPOUSES AGE 65 AND OVER

The *plan* cannot terminate *your* coverage due to age or *Medicare* status. An active *employee* that is eligible for *Medicare* due to age (age 65 or over) has the choice to:

1. Maintain coverage under this *plan*, in which case *Medicare* benefits would be secondary to this *plan*;
or
2. End coverage under this *plan*, in which case *Medicare* would be the only coverage available to *you*.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) applies to *employers* with fifty (50) or more *employees* for at least twenty (20) workweeks in the current or preceding *calendar year*. The following are some definitions identified by the FMLA:

Covered Service Member

Covered Service Member shall mean current service members and covered veterans who are undergoing medical treatment, recuperation, or therapy due to a serious Injury or Illness, rather than just current service members. A covered veteran is an individual who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to when the eligible *employee* takes FMLA Leave to care for the covered veteran.

Eligible Employee

Eligible Employee shall mean an individual who has been employed by the Employer for at least twelve (12) months, has performed at least one thousand two hundred and fifty (1,250) hours of service during the previous twelve (12) month period, and has worked at a location where at least fifty (50) *employees* are employed by the *employer* within seventy-five (75) miles.

Family Member

Family Member shall mean the (a) *employee's* biological, step, or foster parent or (b) a natural, adopted, foster, or stepchild, or a legal ward under eighteen (18) years of age, or eighteen (18) years and older and incapable of self-care because of a mental or physical disability or (c) spouse.

Serious Illness or Injury (of a service member or covered veteran)

Serious Illness or Injury shall mean an illness or *injury* incurred in the line of duty that may render the service member medically unfit to perform his or her military duties. A serious *injury* or illness for a current service member includes an *injury* or illness that existed before the beginning of the service member's active duty and was aggravated by service in the line of duty on active duty in the armed forces. A serious *injury* or illness for a covered veteran means an *injury* or illness that was incurred or aggravated by the service member in the line of duty on active duty in the armed forces and manifested itself before or after the service member became a veteran.

These definitions are listed as a guide and the actual wording of the FMLA, as amended, shall supersede these definitions.

Basic Leave Entitlement

FMLA requires covered Employers to provide up to twelve (12) weeks of unpaid, job-protected leave to eligible Employees for the following reasons:

1. for incapacity due to pregnancy, prenatal medical care or *child* birth;
2. to care for the *employee's child* after birth, or placement for adoption or foster care;
3. to care for the *employee's* spouse, son, daughter or parent, who has a serious health condition; or
4. for a serious health condition that makes the *employee* unable to perform the *employee's* job.

Military Family Leave Entitlements

Eligible *employees* whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their twelve (12) week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible *employees* to take up to twenty-six (26) weeks of leave to care for a covered service member during a single twelve (12) month period. A covered service member is:

(1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious Injury or Illness*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible *employee* takes FMLA Leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious Injury or Illness.*

***The FMLA definitions of “serious Injury or Illness” for current service members and veterans are distinct from the FMLA definition of “serious health condition”.**

Benefits and Protections

During FMLA Leave, the *employer* must maintain the *employee’s* health coverage under any “group health plan” on the same terms as if the *employee* had continued to work. Upon return from FMLA Leave, most *employees* must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA Leave cannot result in the loss of any employment benefit that accrued prior to the start of an *employee’s* leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered *employer* for at least twelve (12) months, have one thousand two hundred and fifty (1,250) hours of service in the previous twelve (12) months*, and if at least fifty (50) *employees* are employed by the *employer* within seventy-five (75) miles.

***Special hours of service eligibility requirements apply to airline flight crew *employees*.**

Definition of Serious Health Condition

A serious health condition is an illness, *injury*, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the *employee* from performing the functions of the *employee’s* job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three (3) consecutive calendar days combined with at least two (2) visits to a health care provider or one (1) visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An *employee* does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when *medically necessary*. *Employees* must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the *employer’s* operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or *employers* may require use of accrued paid leave while taking FMLA Leave. In order to use paid leave for FMLA Leave, *employees* must comply with the *employer’s* normal paid leave policies.

Employee Responsibilities

Employees must provide thirty (30) days advance notice of the need to take FMLA Leave when the need is foreseeable. When thirty (30) days notice is not possible, the *employee* must provide notice as soon as practicable and generally must comply with an *employer’s* normal call-in procedures.

Employees must provide sufficient information for the *employer* to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that

the *employee* is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. *Employees* also must inform the *employer* if the requested leave is for a reason for which FMLA Leave was previously taken or certified. *Employees* also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered *employers* must inform *employees* requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the *employees'* rights and responsibilities. If they are not eligible, the *employer* must provide a reason for the ineligibility.

Covered *employers* must inform *employees* if leave will be designated as FMLA-protected and the amount of leave counted against the *employee's* leave entitlement. If the *employer* determines that the leave is not FMLA-protected, the *employer* must notify the *employee*.

Unlawful Acts by Employers

FMLA makes it unlawful for any *employer* to:

1. Interfere with, restrain, or deny the exercise of any right provided under FMLA; and
2. Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An *employee* may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an *employer*.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered *employers* to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor Wage and Hour Division

WHD Publication 1420 · Revised February 2013

UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) is a federal law.

CONTINUATION OF COVERAGE DURING MILITARY LEAVE

The law requires that coverage under this *plan* be continued during a leave that is covered by the Act. Coverage must be the same as is provided under the *plan* to similar active *employees*. This means that when coverage is changed for similar active *employees* it will also change for the person on leave. The cost of such coverage will be:

1. For leaves of 30 days or less, the same as the *employee* contribution required for active *employees*;
2. For leaves of 31 days or more, up to 102% of the full contribution.

This Act only applies to health coverage (i.e. medical, dental, drug, vision). Short and long term disability and life benefits are not subject to the Act.

Coverage provided due to this Act will reduce any coverage required by COBRA.

Maximum Period of Coverage during Military Leave

Continued coverage under this provision will terminate on the earlier of the following events:

1. The date *you* fail to return to employment with the *employer* after completion of *your* leave. *Employees* must return to employment within:
 - a. the first full business day of completing military service, for leaves of 30 days or less. A reasonable amount of travel time will be allowed for returning from such military service,
 - b. 14 days of completing military service, for leaves of 31 to 180 days,
 - c. 90 days of completing military service, for leaves of more than 180 days; or
2. 24 months from the date your leave began.

REINSTATEMENT OF COVERAGE FOLLOWING MILITARY LEAVE

The law requires that coverage be reinstated upon *your* return to work. Reinstatement will apply whether coverage under the *plan* was maintained during the leave or not. To be eligible for reinstatement *you* must be honorably discharged from the military service and return to work within:

1. The first, full business day after *your* military service ends, for leaves of 30 days or less. A reasonable amount of travel time will be allowed for returning from such military service;
2. 14 days after *your* military service ends, for leaves of 31 to 180 days;
3. 90 days after *your* military service ends, for leaves of more than 180 days.

You may be allowed more time to return to work if *your* military service: causes a *sickness* or *injury*; or worsens a *sickness* or *injury*. Your failure to return within the times stated must be due to such a *sickness* or *injury*. In that case, *you* may take up to a period of two years to return to work. If for reasons beyond *your* control *you* cannot return to work within two years, *you* must return as soon as is reasonably possible.

On reinstatement, all provisions and limits of the *plan* will apply to the extent that they would have had *you* not taken leave.

This does not waive the *plan's* limits on *sickness* or *injury*: caused by *your* military service; or worsened by *your* military service. The Secretary of Veterans Affairs will determine if *your* military service caused or worsened a *sickness* or *injury*.

NOTE: For complete information regarding *your* rights under the Uniformed Services Employment and Reemployment Rights Act, contact *your employer*.

CONTINUATION OF BENEFITS

THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

COBRA is a federal law. It applies to *employers* that have 20 or more employees. The law requires these *employers* to offer covered individuals continuation coverage (COBRA) under the *plan* if coverage is lost or cost increases due to specific events. COBRA must be offered at group rates. The *employer* cannot require evidence of good health as a condition of COBRA. COBRA must be the same as coverage for similar active *employees* under the *plan*. This means that when coverage is changed for similar active *employees* it will also change for the person on COBRA.

COBRA only applies to health coverage (i.e. medical, dental, drug, vision). Short and long term disability and life benefits are not subject to the COBRA.

Employee Rights to COBRA

An *employee* that is covered by this *plan* has a right to elect COBRA if coverage is lost or cost increases due to:

1. A reduction in the *employee's* hours of work; or
2. The termination of the *employee's* employment. This will not apply if termination is due to gross misconduct on the *employee's* part.

Spouse Rights to COBRA

The spouse of an *employee* that is covered by this *plan* has a right to elect COBRA if coverage is lost or cost increases due to:

1. A reduction in the *employee's* hours of work;
2. The termination of the *employee's* employment. This will not apply if termination is due to gross misconduct on the *employee's* part;
3. The death of the *employee*;
4. The end of the spouse's marriage to the *employee*. The marriage must end due to dissolution, annulment, divorce, or legal separation; or
5. The *employee* becoming entitled to *Medicare*.

Dependent Child Rights to COBRA

The *dependent child* of an *employee* that is covered by this *plan* has a right to elect COBRA if coverage is lost or cost increases due to:

1. A reduction in the employee's hours of work;
2. The termination of the employee's employment. This will not apply if termination is due to gross misconduct on the employee's part;
3. The death of the employee;
4. The end of the employee's marriage. The marriage must end due to dissolution, annulment, divorce or legal separation;
5. The employee becoming entitled to Medicare; or
6. The *child* ceasing to be considered a dependent *child* as defined in this plan.

Electing COBRA

Each person covered by this *plan* has an independent right to elect COBRA for himself or herself. A covered *employee* or spouse may elect COBRA for all family members. A parent or legal guardian may elect coverage for a minor *child*.

If coverage has been terminated in anticipation of a qualifying event, the right to COBRA will still apply at the time of the event. In this case, COBRA will be effective on the date of the event even though it is after the date coverage was lost or cost increased.

If the *employee's dependent child* is born during the COBRA coverage period, that *child* may be added to the coverage. The *child* will have all of the rights that any other *child* would have under COBRA. If a *child* is adopted by or placed for adoption with the *employee* during the COBRA coverage period, that *child* may be added to the coverage. The *child* will have all of the rights that any other *child* would have under COBRA.

Notices and Election of Coverage

Under the law, *you* must inform the *plan administrator* within 60 days of: a divorce; legal separation; annulment; or dissolution of marriage. *You* must also inform the *plan administrator* within 60 days of a *child* no longer meeting the *plan's* definition of *dependent*. The *employer* must notify the *plan administrator* of: the *employee's* death; termination of employment; reduction in hours of work; or *Medicare* entitlement. The *employer* must also notify the *plan administrator* of a termination or substantial elimination of retiree coverage due to Chapter 11 bankruptcy. See Procedures for Providing Notice to the Plan for further information.

Within 14 days of receiving notice that one of the above events has happened, the *plan administrator* will notify *you* that *you* have the right to elect COBRA. If the employer and plan administrator are the same entity, notice of the right to elect will be provided within 44 days. Under the law *you* must elect COBRA within 60 days from the later of: the date *you* would lose coverage or cost would increase due to the qualifying event; or the date notice of *your* right to COBRA and the election form are sent.

The *plan administrator* must provide *you* with a quote of the total monthly cost of COBRA. The initial payment is due by the 45th day after coverage is elected. All other payments are due on a monthly basis, subject to a 30 day grace period.

If *you* elect COBRA within the 60 day period, COBRA will be effective on the date that *you* would lose coverage. If *you* do not elect COBRA within this 60 day period, COBRA will not be available. *Your* coverage under the *plan* will terminate.

If *you* elect COBRA, it is *your* duty to pay all of the monthly payments directly to the *plan administrator*. The cost of COBRA must be a reasonable estimate of the cost of coverage had it not ended. The *plan* may add a 2% administration charge to that cost. The *plan* may charge an additional 50% during the 11 month extension for total disability if the disabled individual is covered. If the disabled individual is not covered, only the 2% administration charge will apply during the extension.

Payments for COBRA may only be increased once during any one 12 month period. The timing of the 12 month period is set by the *plan administrator*.

Maximum Period of Continuation of Coverage

When coverage is lost or cost increases the law requires that the *employer* maintain COBRA for up to:

1. 18 months, if due to the employee's termination of employment. Termination must be for reasons other than gross misconduct on the employee's part;
2. 18 months, if due to the employee's reduction in work hours;
3. 36 months, if due to the death of the employee;
4. 36 months, if due to the end of the employee's marriage. The marriage must end due to dissolution, annulment, divorce or legal separation;
5. 36 months, if due to the employee becoming entitled to Medicare. If coverage is not lost or cost does not increase until a later date, COBRA will end at the later of: 36 months from the date of the employee's Medicare entitlement; or the maximum period of COBRA allowed due to the event that caused the loss of coverage or increase in cost;
6. 36 months, if due to your ceasing to be a dependent *child* as defined in the plan; or
7. The lifetime of the retiree, if due to the termination of retiree benefits. The same period will apply if due to the substantial elimination of retiree benefits. Termination or substantial elimination must occur within one year before or after the employer files Chapter 11 bankruptcy. Upon the retiree's death, any covered dependent may elect COBRA for an additional 36 months from that date.

If *you* or a *dependent* are disabled at the time of a qualifying event, an 18 month COBRA period may be extended by 11 months. The 18 month period may also be extended if *you* or a *dependent* become disabled during the first 60 days of COBRA. *You* must be disabled under the terms of Title II or Title XVI of the Social Security Act. The maximum period may extend to 29 months from the original event. *You* must provide notice to the *plan administrator* within 60 days after such determination of disability is made. This notice must also be prior to the end of the 18 month COBRA period. If notice is not given within these times, *you* will not be eligible for the extended period. If it is determined that *you* are no longer disabled, *you* must notify the *plan administrator* within 30 days of that final determination. The right to this extended period applies to each individual. It will apply even if the disabled individual does not remain covered. See Procedures for Providing Notice to the Plan for further information.

If a second event occurs during the initial 18 or 29 month period, COBRA may be extended to 36 months. Second events include: the *employee's* death; the *employee's* divorce; a *child* no longer meeting the definition of *dependent*. A second event will not result in an extension of COBRA, if the event would not result in a loss of coverage for an active employee or dependent. Except in the case of bankruptcy the period will not exceed 36 months from the date of the original event.

The maximum coverage period is measured from the date of the qualifying event. This is true even if the qualifying event does not result in a loss of coverage or increase in cost until a later date.

If COBRA is rejected in favor of an alternate coverage under the *plan*, COBRA will not be offered at the end of that period. If an alternate coverage is offered, COBRA will be reduced to the extent such coverage satisfies the requirements of COBRA. Alternate coverage includes continuation by: state law; USERRA; or any other plan provision.

Termination Before the End of the Maximum Coverage Period

The law allows COBRA to be terminated prior to the end of the maximum period. Such termination can only be for one of the following reasons:

1. The employer no longer provides a group benefit plan to any of its employees;
2. The payment for COBRA is not paid on time. Monthly payments are subject to a 30 day grace period. If a payment is on time and not significantly less than the amount due, it will be considered full payment unless notice of the amount due is provided to you. You will have 30 days from the date of notice to make the additional payment;
3. You obtain another group plan after the date you elect COBRA;
4. You become entitled to Medicare after the date you elect COBRA;
5. There has been a final determination that you are no longer disabled. Such determination must be made under Title II or XVI of the Social Security Act. This will only apply during the 11 month extension of COBRA due to disability. In this case, COBRA will not end until the first day of the month that is more than 30 days after the determination.

Procedures for Providing Notice to the Plan

In order to maintain *your* rights under COBRA, *you* are required to provide the *plan* with notice of certain events, as described above. The *plan* will consider *your* obligation to provide notice satisfied if *you* provide written notice to the *plan administrator* that includes:

1. The employee's name and social security number;
2. The name of the individual(s) to whom the notice applies;
3. The reason for which notice is being provided; and
4. The address and phone number where you can be contacted.

Notice should be addressed to the Human Resources Department, Attn: COBRA Administration. Notice should be mailed to the *plan administrator's* address shown in this *plan*. *Your* notice will not satisfy *your* obligation if it is not provided within the time frame stated above for that notice.

Other Information

The *plan administrator* will answer any questions *you* may have on COBRA. *You* can also contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) for answers to *your* questions. Addresses and phone numbers of Regional and District EBSA Offices are available through the EBSA's website at www.dol.gov/ebsa.

To protect *your* rights under COBRA, *you* should notify the *plan administrator* of any changes that affect *your* coverage. Such changes include a change for *you* or a family member in marital status; address; or other insurance coverage. When providing any notice to the *plan*, a copy should be maintained for *your* own records.

SECTION 4 GENERAL PLAN INFORMATION

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PLAN DESCRIPTION INFORMATION

The *employer* sets the benefits under the *plan*. The *employer* sets the rights and privileges of *covered persons* to those benefits. The *plan* pays benefits directly from the general assets of the *employer*, as needed.

Each *employee* in the *plan* will receive a Summary Plan Description (SPD). This booklet is the SPD and Plan Document for the *plan*. It contains information on: eligibility; termination; benefits provided; and other general *plan* provisions.

The purpose of this SPD is to set forth the provisions of this *plan*. The *plan* provides for the payment or reimbursement of eligible medical expenses.

PLAN NAME	Kentucky Rural Electric Cooperative Employers Benefit Plan
TYPE OF PLAN	A self-funded welfare plan that provides medical benefits to covered <i>employees</i> and <i>dependents</i> . This <i>plan</i> is not financed or administered by an insurance company. The <i>plan's</i> benefits are not guaranteed by a contract of insurance.
PLAN EFFECTIVE DATE	January 1, 2021 Revision
GROUP NUMBER	K004
PLAN STATUS	Non-grandfathered
PLAN YEAR FOR GOVERNMENT REPORTING	January 1 to December 31
PARTICIPATING COOPERATIVE EMPLOYER	South Kentucky Recc 200 Electric Avenue Somerset, KY 42501 Phone: (606) 678-4121
PLAN ADMINISTRATOR/ PLAN SPONSOR	Kentucky Rural Electric Cooperative Employers Benefit Plan East Kentucky Power Cooperative 4775 Lexington Road Winchester, KY 40391 (859) 744-4812
PLAN NUMBER	#501
PLAN SPONSOR IDENTIFICATION NUMBER	61-0461919
CLAIMS ADMINISTRATOR	ARC Administrators PO Box 12290 Lexington, Kentucky 40582 (855)981-2583

**AGENT FOR SERVICE
OF LEGAL PROCESS**

Kentucky Rural Electric Cooperative Employers Benefit Plan
East Kentucky Power Cooperative
4775 Lexington Road
Winchester, KY 40391
(859) 744-4812

STATEMENT OF ERISA RIGHTS

COVERED PERSONS' RIGHTS

As an *employee* covered by this welfare *plan*, *you* have certain rights through the Employee Retirement Income Security Act of 1974 (ERISA). *You* also have certain protections through ERISA. ERISA provides that all covered *employees* will be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, all documents governing the *plan*. *You* may examine them at the *plan administrator's* office. *You* may also examine them at other specified locations, such as worksites and union halls, if any. This includes insurance contracts and collective bargaining agreements, if any. It also includes the latest annual report (Form 5500 Series) filed by the *plan* with U.S. Department of Labor, if filing is required by law. These filings are available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain copies of documents governing the *plan*. This includes insurance contracts and collective bargaining agreements, if any. It also includes the latest annual report (Form 5500 Series), if the report is required by law, and an updated summary plan description. Written request must be made to the *plan administrator*. The *plan administrator* may make a reasonable charge for the copies.

Receive a summary of the *plan's* annual financial report, if one is required by law. If a summary annual report is required, the *plan administrator* is required by law to furnish each covered *employee* with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or *dependents* if there is a loss of coverage under the *plan* as a result of a qualifying event. *You* or *your dependents* may have to pay for such coverage. Review this summary plan description and the documents governing the *plan* on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

ERISA also imposes duties on the people who are responsible for the *plan*. The people who operate the *plan* are called "fiduciaries" of the *plan*. They have a duty to operate the *plan* prudently and in the interest of *you* and other *covered persons*. No one may fire or otherwise discriminate against *you* in any way to prevent *you* from obtaining a welfare benefit or exercising *your* rights under ERISA. This includes *your employer*, *your* union if any or any other person.

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 with certain time frames. *You* have a right to obtain copies of documents relating to the decision without charge and within certain time frames. *You* also have the right to appeal any denial, within certain time frames.

Under ERISA, there are steps *you* can take to enforce the above rights. For instance, if materials, such as plan documents or the latest annual report, that *you* asked the *plan* for are not received within 30 days, *you* may request the alternate dispute resolution process provided by the *plan* or file suit in Federal court. In such a case, the *plan administrator* may be ordered to provide *you* with the materials. The *plan administrator* may also be ordered to pay *you* up to \$110 a day until the materials are received. If the materials were not sent due to reasons beyond the *plan's* control, penalties will not be imposed.

If *you* have a claim or part of a claim for benefits that is denied or ignored, *you* may request the alternate dispute resolution process provided by the *plan* or file suit in state or Federal court. In addition, if *you* do not agree with the *plan's* decision or lack of decision on the qualified status of a medical *child* support order, *you* may file suit

in Federal court. If the *plan's* 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 file suit in a Federal court. The court will decide who should pay filing costs and legal fees. If *you* are successful, the person *you* have sued may be ordered to pay these costs and fees. If *you* lose, for example, *your* claim is found frivolous; *you* may be ordered to pay these costs and fees.

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, *you* should contact the nearest office of the Employee Benefits Security Administration (EBSA). If *you* have any questions about *your* rights under ERISA, *you* should contact the nearest office of the EBSA. If *you* need assistance in obtaining documents from the *plan administrator*, *you* should contact the nearest office of the EBSA. *You* can contact the EBSA at the U.S. Department of Labor number listed in *your* telephone directory. *You* can also contact them at 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. Certain publications about *your* rights and responsibilities under ERISA can be obtained by calling the publications hotline of the EBSA.

COORDINATION OF BENEFITS

Benefits Subject to This Provision

This *plan's* benefits are coordinated with benefits provided by other plans that cover *you*. This is done to prevent over insurance, which would result in an increase in the cost of coverage under this *plan*. This provision will apply whether or not *you* file a claim under any other plan that covers *you*.

Effect on Benefits

In certain cases, this *plan's* benefits will be reduced when *you* are covered by other plans that provide benefits for the same service. Benefits under this *plan* and any other plans, as defined below, will be coordinated. The total benefit will not exceed the amount this *plan* would have paid for the *covered expenses* had it been primary.

Definitions

A plan is any coverage that provides benefits for medical or dental expenses. Benefits may be provided by payment or service. Plan includes any of the following:

1. Group or franchise insurance coverage, whether insured or self-funded;
2. *Hospital* or medical service organizations on a group basis and other group pre-payment plans;
3. A licensed Health Maintenance Organization (HMO);
4. Any coverage sponsored or provided by or through an educational institution;
5. Any governmental program or a program mandated by state statute;
6. Any coverage sponsored or provided by or through an *employer*, trustee, union, *employee* benefit, or other association.

This includes group type contracts not available to the general public. Such contracts may be obtained due to the *covered person's* membership in or connection with a particular group. This provision will apply whether or not such coverage is designated as franchise, blanket, or in some other fashion.

This does not include group or individual automobile "no fault" or traditional "fault" type contracts. It does not include school or other similar liability type contracts. Nor does it include other types of contracts claiming to be excess or contingent in all cases.

How Coordination of Benefits Works

This is called the primary plan. The other plans will then process the claim and make payments based on that plan's specific plan of benefits. These plans are called secondary plans. Secondary plans generally do not pay more than they would had they been the primary plan, payment or payment consideration shall not exceed the total *covered expense*.

When a plan provides benefits in the form of services rather than cash payments, the *usual and customary and reasonable* value of each service will be deemed to be the benefit paid. No plan will pay more than it would have paid without this provision.

Order of Benefit Determination

(Note: Also see the COB Guidelines at the end of this section.)

The primary plan will be determined by the following rules. That plan will pay benefits first.

1. The plan that has no coordination provision will be primary.
2. The plan that covers the person as an *employee* will be primary.
3. For a *child* who is covered under both parents' plans, the plan covering the parent whose birthday (month and day) occurs first in the *calendar year* will be primary. If both parents have the same birthday, the plan covering a parent for the longest period of time will be primary.

4. In the case of a *child* that is placed in the joint custody and physical placement of divorced, separated or unmarried parents rule 3 will apply unless one parent has been assigned financial responsibility for the medical expenses of the *child*. In that case, the plan of the parent with financial responsibility, as ordered by the court, will be primary.
5. In the case of a *child* of divorced, separated or unmarried parents that is not in the joint custody and physical placement of both parents:
 - a. the plan of a parent who has primary physical placement will be primary,
 - b. the plan of a step-parent that has primary physical placement will pay benefits next,
 - c. the plan of a parent who does not have primary physical placement will pay benefits next, and
 - d. the plan of a step-parent that does not have primary physical placement will pay benefits next.Unless one parent has been assigned financial responsibility for the medical expenses of the *child*. In that case, the plan of the parent with financial responsibility, as ordered by the court, will be primary.
6. The plan covering an inactive person: laid off; retired; on COBRA or any other form of continuation; or the dependent of such a person will pay benefits after the plan covering such persons as an active employee or the dependent of an active employee. (Note: Please refer to the KREC Coordination of Benefit Guidelines at the end of this section for additional information.)
7. The plan covering the person under a disability extension of benefits will pay benefits before the plan covering such persons as an active employee or the dependent of an active employee.

When an individual is covered under a spouse's plan and also under his or her parent's plan, the primary plan is the plan of the individual's spouse. The plan of the individual's parent(s) is the secondary plan.

If the primary plan is not established by the above rules, the plan that has covered the person for the longest period of time will be primary. If all plans have covered the person for the same period of time, the plans will share equally in the *allowable expenses*. In no event, will any plan pay more than it would have paid as primary.

If a plan other than this *plan* does not include provision 3, then that provision will be waived in order to determine benefits with the other plan.

Coordination of Benefits between Medical and Dental Plans

In all cases, the dental plan will be secondary. It will only pay benefits after the medical plan pays its benefits as the primary plan.

Coordination of Benefits with Medicare

In all cases, coordination with *Medicare* will conform to Federal Statutes and Regulations. Each person that is eligible for *Medicare* will be assumed to have full *Medicare* coverage. Full *Medicare* coverage is: Part A hospital insurance; and Part B voluntary medical insurance. Full *Medicare* coverage will be assumed whether or not it has been taken. *Your* benefits under this *plan* are subject to the allowable limiting charges set by *Medicare*. Benefits will be coordinated to the extent they would have been paid under *Medicare* as allowed by Federal Statutes and Regulations.

If the primary payer cannot be determined due to coverage under more than one plan and *Medicare*, the plan that is primary to *Medicare* by Federal Statute will pay benefits first. This will apply whether the plan covers the person as an employee, dependent or other.

KREC - Coordination of Benefits (COB) Guidelines

ALTERNATE METHOD

1. **Deductible Credit.** This plan shall provide a \$600 deductible credit for any claim(s) to covered participants coming in as secondary.
2. **Copayments.** The deductible credit does not impact required Copayments. Copayments will apply to applicable services as detailed in the schedule of benefits. If the covered service involves a copayment, member would pay the KREC copayment amount. Unless the remainder from the primary plan was less than the KREC copayment amount. In this scenario the member would pay the full balance transferred from the primary plan, as long as it was less than the KREC copayment amount.
3. **Coinsurance.** For claims coming in as secondary, involving benefits that would normally apply to coinsurance after the deductible had been met, the claims will immediately be payable with the applicable coinsurance amount.

ACTIVE EMPLOYEES

1. **Active *employee* with an active working spouse:**
 - a. The spouse's employer's plan will be primary for the spouse;
 - b. This *plan* (KREC plan) will be secondary for the spouse.Please see the Working Spouse Provision for additional information.
2. **Active *employee* with a non-Medicare retired spouse:**
 - a. The spouse's plan will be primary for the spouse;
 - b. This *plan* (KREC plan) will pay secondary for the spouse.

Medicare Secondary Payor Rules (MSPR): The *plan* cannot terminate coverage due to age or *Medicare* status. An active *employee* that is eligible for *Medicare* due to age (65 or over) has the choice to:

1. Maintain coverage under this *plan*, in which case *Medicare* benefits would be secondary to this *plan*;
or
2. End coverage under this *plan*, in which case *Medicare* would be the only coverage available to *you*.

An active *employee's* spouse who is eligible for *Medicare* due to age (65 or over) has the same choice.

THIRD PARTY RECOVERY, SUBROGATION AND REIMBURSEMENT

The *Plan* is designed to only pay *covered expenses* for which payment is not available from anyone else, including any insurance company or another health plan. In order to help a *covered person* in a time of need, however, the *Plan* may pay *covered expenses* that may be or become the responsibility of another person, provided that the *Plan* later receives reimbursement for those payments (hereinafter called "Reimbursable Payments").

Therefore, by enrolling in the *Plan*, as well as by applying for payment of *covered expenses*, a *covered person* is subject to, and agrees to, the following terms and conditions with respect to the amount of *covered expenses* paid by the *Plan*:

1. Assignment of Rights (Subrogation). The *covered person* automatically assigns to the *Plan* any rights the *covered person* may have to recover all or part of the same *covered expenses* from any party, including an insurer or another group health program (except flexible spending accounts, health reimbursement accounts and health savings accounts), but limited to the amount of Reimbursable Payments made by the *Plan*. This assignment includes, without limitation, the assignment of a right to any funds paid by a third party to a *covered person* or paid to another for the benefit of the *covered person*. This assignment applies on a first-dollar basis (*i.e.*, has priority over other rights), applies whether the funds paid to (or for the benefit of) the *covered person* constitute a full or a partial recovery, and even applies to funds actually or allegedly paid for non-medical or dental charges, attorney fees, or other costs and expenses. This assignment also allows the *Plan* to pursue any claim that the *covered person* may have, whether or not the *covered person* chooses to pursue that claim. By this assignment, the *Plan's* right to recover from insurers includes, without limitation, such recovery rights against no-fault auto insurance carriers in a situation where no third party may be liable, and from any uninsured or underinsured motorist coverage.
2. Equitable Lien and other Equitable Remedies. The *Plan* shall have an equitable lien against any rights the *covered person* may have to recover the same *covered expenses* from any party, including an insurer or another group health program, but limited to the amount of Reimbursable Payments made by the *Plan*. The equitable lien also attaches to any right to payment from workers' compensation, whether by judgment or settlement, where the *Plan* has paid *covered expenses* prior to a determination that the *covered expenses* arose out of and in the course of employment. Payment by workers' compensation insurers or the employer will be deemed to mean that such a determination has been made.

This equitable lien shall also attach to any money or property that is obtained by anybody (including, but not limited to, the *covered person*, the *covered person's* attorney, and/or a trust) as a result of an exercise of the *covered person's* rights of recovery (sometimes referred to as "proceeds"). The *Plan* shall also be entitled to seek any other equitable remedy against any party possessing or controlling such proceeds. At the discretion of the *Plan administrator*, the *Plan* may reduce any future *covered expenses* otherwise available to the *covered person* under the *Plan* by an amount up to the total amount of Reimbursable Payments made by the *Plan* that is subject to the equitable lien.

This and any other provisions of the *Platt* concerning equitable liens and other equitable remedies are intended to meet the standards for enforcement that were enunciated in the United States Supreme Court's decision entitled, Greg: West Life & Annuity Insurance Co. v. Knudson, 534 US 204 (2002). The provisions of the *Plan* concerning subrogation, equitable liens and other equitable remedies are also intended to supercede the applicability of the federal common law doctrines commonly referred to as the "make whole" rule and the "common fund" rule.

3. Assisting in *Plan's* Reimbursement Activities. The *covered person* has an obligation to assist the *Plan* to obtain reimbursement of the Reimbursable Payments that it has made on behalf of the *covered person*, and to provide the *Plan* with any information concerning the *covered person's* other insurance coverage (whether through automobile insurance, other group health program, or otherwise) and any other person or entity (including their insurer(s)) that may be obligated to provide payments or benefits to or for the benefit of the *covered person*. The *covered person* is required to (a) cooperate fully in the *Plan's* (or any *Plan* fiduciary's) enforcement of the terms of the *Plan*, including the exercise of the *Plan's* right to subrogation and reimbursement, whether against the covered person or any third party, (b) not do anything to prejudice those

Revised 1/1/2021

enforcement efforts or rights (such as settling a claim against another party without including the *Plan* as a co-payee for the amount of the Reimbursable Payments and notifying the *Plan*), (c) sign any document deemed by the *Plan administrator* to be relevant to protecting the *Plan's* subrogation, reimbursement or other rights, and (d) provide relevant information when requested. The term "information" includes any documents, insurance policies, police reports, or any reasonable request by the *Plan administrator* to enforce the *Plan's* rights,

The *Plan administrator* shall retain discretionary authority with regard to asserting the *Plan's* recovery rights.

GENERAL PROVISIONS

The following provisions are to protect *your* legal rights and the legal rights of the *plan*.

Amendments to or Termination of the Plan

The *plan's* benefits may be amended by the *employer* at any time. The *plan* may be terminated by the *employer* at any time. Any changes to the *plan* will be communicated immediately by the *employer* to the persons covered under the *plan*.

If the *plan* is terminated, the rights of the *covered persons* to benefits are limited. Only claims incurred and payable prior to the date of termination will be payable. *Plan* assets will be allocated to the exclusive benefit of the *covered persons*. Any taxes and expenses of the *plan* may be paid from the *plan* assets.

Assignment

Any assignment will only be applied if the provider will refund any payments made in error. The *plan* does not attest to the legal validity or effect of any assignment.

Conformity with Applicable Law

If any part of this *plan* conflicts with any law that applies to the *plan*, it is hereby amended to comply with that law.

Contributions to the Plan

The *plan* is funded by contributions from the *employer* and may require a contribution from the covered *employees*.

Any funds contributed by the *employees* are applied to the expenses of the *plan* as soon as is reasonably possible. Any excess funds are used to pay claims. The *employer* sets the amount of the *employee* contribution. The *employer* reserves the right to modify such contributions. All *employee* contributions are on a non-discriminatory basis.

Discretionary Authority

Benefits under this *plan* will be paid only if the *plan administrator* decides in its discretion that the *covered person* is entitled to the benefits. The *plan administrator* will have full discretion to interpret *plan* terms; make decisions regarding eligibility; and resolve factual questions. This discretion will apply with respect to all claim payments and benefits under the *plan*.

Failure to Enforce Plan Provisions

The *plan's* failure to enforce any part of the *plan* will not affect the right, thereafter, to enforce that provision. Such failure will not affect the right to enforce any other provision of the *plan*.

Free Choice of Provider

The *covered person* has a free choice of any legally licensed provider. The *plan* will not interfere with the provider/patient relationship.

Interpretation

This *plan* does not constitute a contract between the *employer* and any *covered person*. It will not be considered as an incentive or condition of employment. The *plan* will not modify the provisions of any collective bargaining agreement that may be made by the *employer*. A copy of any such agreement is available from the *plan administrator* upon written request.

Legal Actions

You may request the alternate dispute resolution process provided by the *plan* or bring an action at law or equity against the *plan*. Such action may not be sought until 60 days after the date *you* provide written proof of loss to the *plan*. If an alternative method of dispute resolution has been agreed to, action at law or equity may not be sought until the end of that process. Any such action cannot be sought more than three years after such proof of loss is submitted.

Payment of Claims

All benefits (except for prescription drugs) will be paid directly to the provider of services, unless *you* direct otherwise in writing at the time proof of loss is filed.

Benefits payable on behalf of *you* or *your* covered *dependent*, upon death, will be paid at the *plan's* option to any one or more of the following: *your* spouse; *your dependent* children, including legally adopted children; *your* parents; *your* brothers and sisters; or *your* estate.

Any payment made in good faith will fully discharge the *plan* of its obligations to the extent of such payment.

Physical Examination

The *plan* has the right to have *you* examined as often as reasonably necessary while a claim is pending. Such examination will be at the *plan's* expense.

HIPAA PRIVACY

THE PLAN PROVIDES EACH MEMBER WITH A SEPARATE NOTICE OF PRIVACY PRACTICES. THIS NOTICE DESCRIBES HOW THE PLAN USES AND DISCLOSES YOUR PERSONAL HEALTH INFORMATION. IT ALSO DESCRIBES CERTAIN RIGHTS YOU HAVE REGARDING THIS INFORMATION. ADDITIONAL COPIES OF OUR NOTICE OF PRIVACY PRACTICES ARE AVAILABLE BY CALLING (859) 744-4864.

Definitions

1. **Breach** means an unauthorized acquisition, access, use or disclosure of Protected Health Information (“PHI”) or Electronic Protected Health Information (“ePHI”) that violates the HIPAA Privacy Rule and that compromises the security or privacy of the information.
2. **Protected Health Information (“PHI”)** means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

Commitment to Protecting Health Information

The Plan will comply with the Standards for Privacy of Individually Identifiable Health Information (i.e., the “Privacy Rule”) set forth by the U.S. Department of Health and Human Services (“HHS”) pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Such standards control the dissemination of “protected health information” (“PHI”) of *covered persons*. Privacy Standards will be implemented and enforced in the offices of the *employer* and *plan sponsor* and any other entity that may assist in the operation of the *plan*.

The *plan* is required by law to take reasonable steps to ensure the privacy of the *covered person's* PHI, and inform him/her about:

1. The *plan's* disclosures and uses of PHI;
2. The *covered person's* privacy rights with respect to his/her PHI;
3. The *plan's* duties with respect to his/her PHI;
4. The *covered person's* right to file a complaint with the *plan* and with the Secretary of HHS; and
5. The person or office to contact for further information about the *plan's* privacy practices.

Within this provision capitalized terms may be used, but not otherwise defined. These terms shall have the same meaning as those terms set forth in 45 CFR Sections 160.103 and 164.501. Any HIPAA regulation

modifications altering a defined HIPAA term or regulatory citation shall be deemed incorporated into this provision.

How Health Information May be Used and Disclosed

In general, the Privacy Rules permit the *plan* to use and disclose, the minimum necessary amount, an individual's PHI, without obtaining authorization, only if the use or disclosure is:

1. To carry out Payment of benefits;
2. For Health Care Operations;
3. For Treatment purposes; or
4. If the use or disclosure falls within one of the limited circumstances described in the rules (e.g., the disclosure is required by law or for public health activities).

Disclosure of PHI to the Plan Sponsor for Plan Administration Purposes

In order that the *plan sponsor* may receive and use PHI for plan administration purposes, the *plan sponsor* agrees to:

1. Not use or further disclose PHI other than as permitted or required by the *plan* documents or as required by law (as defined in the Privacy Standards);
2. Ensure that any agents, including a subcontractor, to whom the *plan sponsor* provides PHI received from the *plan*, agree to the same restrictions and conditions that apply to the *plan sponsor* with respect to such PHI;
3. Establish safeguards for information, including security systems for data processing and storage;
4. Maintain the confidentiality of all PHI, unless an individual gives specific consent or authorization to disclose such data or unless the data is used for health care payment or *plan* operations;
5. Receive PHI, in the absence of an individual's express authorization, only to carry out *plan* administration functions;
6. Not use or disclose genetic information for underwriting purposes;
7. Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or *employee* benefit plan of the *plan sponsor*, except pursuant to an authorization which meets the requirements of the Privacy Standards;
8. Report to the *plan* any PHI use or disclosure that is inconsistent with the uses or disclosures provided for of which the *plan sponsor* becomes aware;
9. Make available PHI in accordance with section 164.524 of the Privacy Standards (45 CFR 164.524);
10. Make available PHI for amendment and incorporate any amendments to PHI in accordance with section 164.526 of the Privacy Standards (45 CFR 164.526);
11. Make available the information required to provide an accounting of disclosures in accordance with section 164.528 of the Privacy Standards (45 CFR 164.528);
12. Make its internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of the U.S. Department of Health and Human Services ("HHS"), or any other officer or *employee* of HHS to whom the authority involved has been delegated, for purposes of determining compliance by the *plan* with part 164, subpart E, of the Privacy Standards (45 CFR 164.500 et seq);
13. Report to the *plan* any inconsistent uses or disclosures of PHI of which the *plan sponsor* becomes aware;
14. Train *employees* in privacy protection requirements and appoint a privacy compliance coordinator responsible for such protections;
15. If feasible, return or destroy all PHI received from the *plan* that the *plan sponsor* still maintains in any form and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible; and
16. Ensure that adequate separation between the Plan and the *plan sponsor*, as required in section 164.504(f)(2)(iii) of the Privacy Standards (45 CFR 164.504(f)(2)(iii)), is established as follows:
 - a. The following *employees*, or classes of *employees*, or other persons under control of the *plan sponsor*, shall be given access to the PHI to be disclosed:

- i. Privacy Officer: The access to and use of PHI by the individuals described above shall be restricted to the plan administration functions that the *plan sponsor* performs for the *plan*.
- b. In the event any of the individuals described above do not comply with the provisions of the *plan* documents relating to use and disclosure of PHI, the *plan administrator* shall impose reasonable sanctions as necessary, in its discretion, to ensure that no further non-compliance occurs. The *plan administrator* will promptly report such violation or non-compliance to the *plan*, and will cooperate with the *plan* to correct violation or non-compliance and to impose appropriate disciplinary action or sanctions. Such sanctions shall be imposed progressively (for example, an oral warning, a written warning, time off without pay and termination), if appropriate, and shall be imposed so that they are commensurate with the severity of the violation.

Disclosure of Summary Health Information to the Plan Sponsor

The *plan* may disclose PHI to the *plan sponsor* of the group health plan for purposes of plan administration or pursuant to an authorization request signed by the *covered person*. The Plan may use or disclose “summary health information” to the *plan sponsor* for obtaining premium bids or modifying, amending, or terminating the group health plan.

Disclosure of Certain Enrollment Information to the Plan Sponsor

Pursuant to section 164.504(f)(1)(iii) of the Privacy Standards (45 CFR 164.504(f)(1)(iii)), the *plan* may disclose to the *plan sponsor* information on whether an individual is participating in the *plan* or is enrolled in or has un-enrolled from a health insurance issuer or health maintenance organization offered by the *plan* to the *plan sponsor*.

Disclosure of PHI to Obtain Stop Loss or Excess Loss Coverage

The *plan sponsor* may hereby authorize and direct the *plan*, through the *plan administrator* or the *claims administrator*, to disclose PHI to stop-loss carriers, excess loss carriers or managing general underwriters (“MGUs”) for underwriting and other purposes in order to obtain and maintain stop-loss or excess loss coverage related to benefit claims under the *plan*. Such disclosures shall be made in accordance with the Privacy Standards.

Other Disclosures and Uses of PHI:

Primary Uses and Disclosures of PHI

1. Treatment, Payment and Health Care Operations: The *plan* has the right to use and disclose a *covered person's* PHI for all activities as included within the definitions of Treatment, Payment, and Health Care Operations and pursuant to the HIPAA Privacy Rule;
2. Business Associates: The *plan* contracts with individuals and entities (Business Associates) to perform various functions on its behalf. In performance of these functions or to provide services, Business Associates will receive, create, maintain, use, or disclose PHI, but only after the *plan* and the Business Associate agree in writing to contract terms requiring the Business Associate to appropriately safeguard the *covered person's* information; and
3. Other Covered Entities: The *plan* may disclose PHI to assist health care *providers* in connection with their treatment or payment activities or to assist other covered entities in connection with payment activities and certain health care operations. For example, the *plan* may disclose PHI to a health care *provider* when needed by the *provider* to render treatment to a *covered person*, and the *plan* may disclose PHI to another covered entity to conduct health care operations. The *plan* may also disclose or share PHI with other insurance carriers (such as Medicare, etc.) in order to coordinate benefits, if a *covered person* has coverage through another carrier.

Other Possible Uses And Disclosures of PHI

1. Required by Law: The *plan* may use or disclose PHI when required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law;
2. Public Health and Safety: The *plan* may use or disclose PHI when permitted for purposes of public health activities, including disclosures to:
 - a. A public health authority or other appropriate government authority authorized by law to receive reports of *child* abuse or neglect;
 - b. Report reactions to medications or problems with products or devices regulated by the Federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities;
 - c. Locate and notify persons of recalls of products they may be using; and
 - d. A person who may have been exposed to a communicable *disease* or may otherwise be at risk of contracting or spreading a *disease* or condition, if authorized by law;
3. The *plan* may disclose PHI to a government authority, except for reports of *child* abuse or neglect, when required or authorized by law, or with the *covered person's* agreement, if the *plan* reasonably believes he/she to be a victim of abuse, neglect, or domestic violence. In such case, the Plan will promptly inform the *covered person* that such a disclosure has been or will be made unless the *plan* believes that informing him/her would place him/her at risk of serious harm (but only to someone in a position to help prevent the threat). Disclosure generally may be made to a minor's parents or other representatives although there may be circumstances under Federal or State law when the parents or other representatives may not be given access to the minor's PHI;
4. Health Oversight Activities: The *plan* may disclose PHI to a health oversight agency for oversight activities authorized by law. This includes civil, administrative or criminal investigations; inspections; claim audits; licensure or disciplinary actions; and other activities necessary for appropriate oversight of a health care system, government health care program, and compliance with certain laws;
5. Lawsuits and Disputes: The *plan* may disclose PHI when required for judicial or administrative proceedings. For example, the *covered person's* PHI may be disclosed in response to a subpoena, discovery requests, or other required legal processes when the *plan* is given satisfactory assurances that the requesting party has made a good faith attempt to advise the *covered person* of the request or to obtain an order protecting such information, and done in accordance with specified procedural safeguards;
6. Law Enforcement: The *plan* may disclose PHI to a law enforcement official when required for law enforcement purposes concerning identifying or locating a suspect, fugitive, material witness or missing person. Under certain circumstances, the Plan may disclose the *covered person's* PHI in response to a law enforcement official's request if he/she is, or are suspected to be, a victim of a crime and if it believes in good faith that the PHI constitutes evidence of criminal conduct that occurred on the *sponsor's* or *plan's* premises;
7. Decedents: The *plan* may disclose PHI to family members or others involved in decedent's care or payment for care, a coroner, funeral director or medical examiner for the purpose of identifying a deceased person, determining a cause of death or as necessary to carry out their duties as authorized by law. The decedent's health information ceases to be protected after the individual is deceased for 50 years;
8. Research: The *plan* may use or disclose PHI for research, subject to certain limited conditions;
9. To Avert a Serious Threat to Health or Safety: The *plan* may disclose PHI in accordance with applicable law and standards of ethical conduct, if the *plan*, in good faith, believes the use or disclosure is necessary to prevent or lessen a threat to health or safety of a person or to the public;
10. Workers' Compensation: The *plan* may disclose PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law; and
11. Military and National Security: The Plan may disclose PHI to military authorities of armed forces personnel under certain circumstances. As authorized by law, the *plan* may disclose PHI required for intelligence, counter-intelligence, and other national security activities to authorized Federal officials.

Required Disclosures of PHI

1. Disclosures to *covered persons*: The *plan* is required to disclose to a *covered person* most of the PHI in a Designated Record Set when the *covered person* requests access to this information. The *plan* will disclose a *covered person's* PHI to an individual who has been assigned as his/her representative and who has qualified for such designation in accordance with the relevant State law. Before disclosure to an individual qualified as a personal representative, the *plan* must be given written supporting documentation establishing the basis of the personal representation.

The *plan* may elect not to treat the person as the *covered person's* personal representative if it has a reasonable belief that the *covered person* has been, or may be, subjected to domestic violence, abuse, or neglect by such person, it is not in the *covered person's* best interest to treat the person as his/her personal representative, or treating such person as his/her personal representative could endanger the *covered person*; and

2. Disclosures to the Secretary of the U.S. Dept of Health and Human Services: The *plan* is required to disclose the *covered person's* PHI to the Secretary of the U.S. Department of Health and Human Resources when the Secretary is investigating or determining the *plan's* compliance with the HIPAA Privacy Rule.

Instances When Required Authorization is Needed From Covered Persons Before Disclosing PHI

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures for marketing;
3. Sale of PHI; and
4. Other uses and disclosures not described in this section can only be made with authorization from the *covered person*. The *covered person* may revoke this authorization at any time.

Covered Person's Rights

The *covered person* has the following rights regarding PHI about him/her:

1. Request Restrictions: The *covered person* has the right to request additional restrictions on the use or disclosure of PHI for treatment, payment, or health care operations. The *covered person* may request that the *plan* restrict disclosures to family members, relatives, friends or other persons identified by him/her who are involved in his/her care or payment for his/her care. The *plan* is not required to agree to these requested restrictions;
2. Right to Receive Confidential Communication: The *covered person* has the right to request that he/she receive communications regarding PHI in a certain manner or at a certain location. The request must be made in writing and how the *covered person* would like to be contacted. The *plan* will accommodate all reasonable requests;
3. Right to Receive Notice of Privacy Practices: The *covered person* is entitled to receive a paper copy of the *plan's* Notice of Privacy Practices at any time. To obtain a paper copy, contact the Privacy Compliance Coordinator;
4. Accounting of Disclosures: The *covered person* has the right to request an accounting of disclosures the *plan* has made of his/her PHI. The request must be made in writing and does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. The *covered person* is entitled to such an accounting for the six (6) years prior to his/her request. Except as provided below, for each disclosure, the accounting will include: (a) the date of the disclosure, (b) the name of the entity or person who received the PHI and, if known, the address of such entity or person; (c) a description of the PHI disclosed, (d) a statement of the purpose of the disclosure that reasonably informs the *covered person* of the basis of the disclosure, and certain other information. If the *covered person* wishes to make a request, please contact the Privacy Compliance Coordinator;
5. Access: The *covered person* has the right to request the opportunity to look at or get copies of PHI maintained by the *plan* about him/her in certain records maintained by the *plan*. If the *covered person* requests copies, he/she may be charged a fee to cover the costs of copying, mailing, and other

supplies. To inspect or copy PHI, or to have a copy of your PHI transmitted directly to another designated person, contact the Privacy Compliance Coordinator. A request to transmit PHI directly to another designated person must be in writing, signed by the *covered person* and the recipient must be clearly identified. The *plan* must respond to the *covered person's* request within thirty (30) days (in some cases, the *plan* can request a thirty (30) day extension). In very limited circumstances, the *plan* may deny the *covered person's* request. If the *plan* denies the request, the *covered person's* may be entitled to a review of that denial;

6. Amendment: The *covered person* has the right to request that the *plan* change or amend his/her PHI. The *plan* reserves the right to require this request be in writing. Submit the request to the Privacy Compliance Coordinator. The *plan* may deny the *covered person's* request in certain cases, including if it is not in writing or if he/she does not provide a reason for the request; and
7. Fundraising contacts: The *covered person* has the right to opt out of fundraising contacts.

Questions or Complaints

If the *covered person* wants more information about the *plan's* privacy practices, has questions or concerns, or believes that the *plan* may have violated his/her privacy rights, please contact the *plan* using the following information. The *covered person* may submit a written complaint to the U.S. Department of Health and Human Services or with the Plan. The *plan* will provide the *covered person* with the address to file his/her complaint with the U.S. Department of Health and Human Services upon request.

The Plan will not retaliate against the *covered person* for filing a complaint with the Plan or the U.S. Department of Health and Human Services.

Contact Information

South Kentucky Recc
200 Electric Avenue
Somerset, KY 42501
Phone: (606) 678-4121

Pronouns

All personal pronouns used in the *plan* include either gender. This will be true unless its use clearly indicates otherwise.

Protection Against Creditors

Benefit payments under the *plan* are not subject in any way to alienation, sale, transfer, pledge, attachment, garnishment, execution or encumbrance of any kind. Any attempt to accomplish these will be void. If the *plan* finds that such an attempt has been made, it, at its sole discretion, may terminate *your* interest in the payments. The *plan* will then apply the amount of the payment to the benefit of an adult *child*, guardian of a minor *child*, brother or sister, or other relative of the *covered person*. Such payment will fully discharge the *plan* to the extent of the payment.

Qualified Medical Child Support Order

If a *child* is the subject of a Qualified Medical Child Support Order (QMCSO), the *child* must be considered an *alternate recipient* under the *plan*. Upon the *plan's* decision that an order is a QMCSO, coverage must be provided to the *child*. Coverage may not be subject to *plan* requirements such as: custody; claimed on taxes; or 50% support. Enrollment periods and other similar limits on the eligibility of *dependents* are also waived for that *child*. If an *employee* does not enroll the *child* in the *plan*, the *plan* must recognize the *child's* right to be enrolled as an *alternate recipient*. The custodial parent or legal guardian of the *child* may also exercise this right.

An *alternate recipient* will be as an *employee* under the *plan* for the purpose of reporting and disclosure under ERISA. The custodial parent or legal guardian may have this right on behalf of the *alternate recipient*. They must receive all information needed to be enrolled in and receive benefits under the *plan*. They must be provided with a copy of the *plan's* Summary Plan Description (SPD). Any payments made by the *plan* must be made to the *alternate recipient* or the provider of service. Payment may also be made to the custodial parent or legal guardian.

A QMCSO is any judgment, decree or order relating to the benefits of this *plan* for the *child* of an *employee*. It may be issued pursuant to State domestic relations law, including community property law. It may be issued to enforce a law relating to medical *child* support under the Social Security Act. The order may be from a court of competent jurisdiction. It may also be through administrative process under State law. The order must include the following items to be considered a QMCSO:

1. The name and last known mailing address of the *employee*;
2. The name and address of each *alternate recipient*;
3. A description of the type of coverage to be provided or the manner in which coverage will be determined for each *alternate recipient*; and
4. The period of time for which coverage is to be provided to each *alternate recipient*.

The *plan* will provide *you* with a written notice of its decision regarding the status of an order as a QMCSO. A properly completed National Medical Support Notice will be treated as a QMCSO under this *plan*.

A QMCSO will not require the *plan* to offer any benefits or coverage not already offered by the *plan*.

Right to Necessary Information

The *plan* may require certain information in order to apply the provisions of this *plan*. To get this information the *plan* may release or obtain information from any party it needs to. The exchange of such information will not require *your* consent. Any party may include an insurance company, organization or person. Information will only be exchanged to the extent needed to implement the provisions of the *plan*. *You* agree to furnish any information needed to apply the *plan* provisions.

Right to Recover

The *plan* reserves the right to recover payments made under the *plan*. Recovery is limited to the amount that exceeds the amount the *plan* is obligated to pay. This right of recovery applies against:

1. Any person(s) to, for or with respect to whom such payments were made; and
2. Any insurance company or organization. If under the terms of this *plan*, it owes benefits for the same expense under any other plan.

The *plan* alone shall determine against whom this right of recovery will be exercised.

If benefits have been paid by any other plan that should have been paid by this *plan*, the *plan* reserves the right to directly reimburse such plan. Reimbursement will be to the extent needed to satisfy the obligations of this *plan*. Any such payment made in good faith will fully discharge the *plan* of its obligation to the extent of such payment.

Recovery of Payments

Occasionally, benefits are paid more than once, are paid based upon improper billing or a misstatement in a proof of loss or enrollment information, are not paid according to the *plan's* terms, conditions, limitations or exclusions, or should otherwise not have been paid by the *plan*. As such this *plan* may pay benefits that are later found to be greater than the *maximum allowable charge*. In this case, this *plan* may recover the amount of the overpayment from the source to which it was paid, primary payers, or from the party on whose behalf the charge(s) were paid. As such, whenever the *plan* pays benefits exceeding the amount of benefits payable under the terms of the *plan*, the *plan administrator* has the right to recover any such erroneous payment directly from the person or entity who received such payment and/or from other payers and/or the *covered person* or dependent on whose behalf such payment was made.

A *covered person*, dependent, provider, another benefit plan, insurer, or any other person or entity who receives a payment exceeding the amount of benefits payable under the terms of the *plan* or on whose behalf such payment was made, shall return or refund the amount of such erroneous payment to the *plan* within thirty (30) days of discovery or demand. The *plan administrator* shall have no obligation to secure payment for the expense for which the erroneous payment was made or to which it was applied.

The person or entity receiving an erroneous payment may not apply such payment to another expense. The *plan administrator* shall have the sole discretion to choose who will repay the *plan* for an erroneous payment and whether such payment shall be reimbursed in a lump sum. When a *covered person* or other entity does not comply with the provisions of this section, the *plan administrator* shall have the authority, in its sole discretion, to deny payment of any claims for benefits by the *covered person* and to deny or reduce future benefits payable (including payment of future benefits for other injuries or Illnesses) under the *plan* by the amount due as reimbursement to the *plan*. The *plan administrator* may also, in its sole discretion, deny or reduce future benefits (including future benefits for other injuries or Illnesses) under any other group benefits plan maintained by the *plan* sponsor. The reductions will equal the amount of the required reimbursement.

Providers and any other person or entity accepting payment from the *plan* or to whom a right to benefits has been assigned, in consideration of services rendered, payments and/or rights, agrees to be bound by the terms of this *plan* and agree to submit claims for reimbursement in strict accordance with their State's health care practice acts, current ICD or CPT standards, Medicare guidelines, HCPCS standards, or other standards approved by the *plan administrator* or insurer. Any payments made on claims for reimbursement not in accordance with the above provisions shall be repaid to the *plan* within thirty (30) days of discovery or demand or incur prejudgment interest of 1.5% per month. If the *plan* must bring an action against a *covered person*, provider or other person or entity to enforce the provisions of this section, then that *covered person*, provider or other person or entity agrees to pay the *plan's* attorneys' fees and costs, regardless of the action's outcome.

Further, *covered persons* and/or their dependents, beneficiaries, estate, heirs, guardian, personal representative, or assigns (*covered persons*) shall assign or be deemed to have assigned to the *plan* their right to recover said payments made by the *plan*, from any other party and/or recovery for which the *covered person(s)* are entitled, for or in relation to facility-acquired condition(s), provider error(s), or damages arising from another party's act or omission for which the *plan* has not already been refunded.

The *plan* reserves the right to deduct from any benefits properly payable under this *plan* the amount of any payment which has been made:

1. In error;
2. Pursuant to a misstatement contained in a proof of loss or a fraudulent act;
3. Pursuant to a misstatement made to obtain coverage under this *plan* within two (2) years after the date such coverage commences;
4. With respect to an ineligible person;
5. In anticipation of obtaining a recovery if a *covered person* fails to comply with the *plan's* Third Party Recovery, Subrogation and Reimbursement provisions; or
6. Pursuant to a claim for which benefits are recoverable under any policy or act of law providing for coverage for occupational *injury* or disease to the extent that such benefits are recovered. This provision (6) shall not be deemed to require the *plan* to pay benefits under this *plan* in any such instance.

The deduction may be made against any claim for benefits under this *plan* by a *covered person* or by any of his covered dependents if such payment is made with respect to the *covered person* or any person covered or asserting coverage as a dependent of the *covered person*.

If the *plan* seeks to recoup funds from a provider, due to a claim being made in error, a claim being fraudulent on the part of the provider, and/or the claim that is the result of the provider's misstatement, said provider shall, as part of its assignment to benefits from the *plan*, abstain from billing the *covered person* for any outstanding amount(s).

HIPAA SECURITY

Disclosure of Electronic Protected Health Information ("Electronic PHI") to the Plan Sponsor for Plan Administration Functions

Revised 1/1/2021

Standards for Security of Individually Identifiable Health Information (“Security Rule”)

The Security Rule imposes regulations for maintaining the integrity, confidentiality and availability of protected health information that it creates, receives, maintains, or maintains electronically that is kept in electronic format (ePHI) as required under the Health Insurance Portability and Accountability Act (HIPAA).

Definitions

1. **Electronic Protected Health Information (ePHI)**, as defined in Section 160.103 of the Security Standards (45 C.F.R. 160.103), means individually identifiable health information transmitted or maintained in any electronic media.
2. **Security Incidents**, as defined within Section 164.304 of the Security Standards (45 C.F.R. 164.304), means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operation in an information system.

Plan Sponsor Obligations

To enable the *plan sponsor* to receive and use Electronic PHI for Plan Administration Functions (as defined in 45 CFR §164.504(a)), the *plan sponsor* agrees to:

1. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic PHI that it creates, receives, maintains, or transmits on behalf of the *plan*;
2. Ensure that adequate separation between the *plan* and the *plan sponsor*, as required in 45 CFR § 164.504(f)(2)(iii), is supported by reasonable and appropriate Security Measures;
3. Ensure that any agent, including a subcontractor, to whom the *plan sponsor* provides Electronic PHI created, received, maintained, or transmitted on behalf of the *plan*, agrees to implement reasonable and appropriate administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of the Electronic PHI and report to the *plan* any security incident of which it becomes aware; and
4. Report to the *plan* any security incident of which it becomes aware.

Notification Requirements in the Event of a Breach of Unsecured PHI

The required breach notifications are triggered upon the discovery of a breach of unsecured PHI. A breach is discovered as of the first day the breach is known, or reasonably should have been known.

When a breach of unsecured PHI is discovered, the *plan* will:

1. Notify the *covered person* whose PHI has been, or is reasonably believed to have been, assessed, acquired, used, or disclosed as a result of the breach, in writing, without unreasonable delay and in no case later than sixty (60) calendar days after discovery of the breach. Breach Notification must be provided to individual by:
 - a. Written notice by first-class mail to *covered person* (or next of kin) at last known address or, if specified by *covered person*, e-mail;
 - b. If *plan* has insufficient or out-of-date contact information for the *covered person*, the *covered person* must be notified by a substitute form;
 - c. If an urgent notice is required, *plan* may contact the *covered person* by telephone.
 - i. The breach notification will have the following content:
 1. Brief description of what happened, including date of breach and date discovered;
 2. Types of unsecured PHI involved (e.g., name, Social Security number, date of birth, home address, account number);
 3. Steps *covered person* should take to protect from potential harm;
 4. What the *plan* is doing to investigate the breach, mitigate losses and protect against further breaches;
2. Notify the media if the breach affected more than five hundred (500) residents of a State or jurisdiction. Notice must be provided to prominent media outlets serving the State or jurisdiction

without unreasonable delay and in no case later than sixty (60) calendar days after the date the breach was discovered;

3. Notify the HHS Secretary if the breach involves five hundred (500) or more individuals, contemporaneously with the notice to the affected individual and in the manner specified by HHS. If the breach involves less than five hundred (500) individuals, an internal log or other documentation of such breaches must be maintained and annually submitted to HHS within sixty (60) days after the end of each *calendar year*; and
4. When a Business Associate, which provides services for the *plan* and comes in contact with PHI in connection with those services discovers a breach has occurred, that Business Associate will notify the *plan* without unreasonable delay and in no case later than sixty (60) calendar days after discovery of a breach so that the affected *covered persons* may be notified. To the extent possible, the Business Associate should identify each individual whose unsecured PHI has been, or is reasonably believed to have been, breached.

Any terms not otherwise defined in this section shall have the meanings set forth in the Security Standards.

Statements

In the absence of fraud, all statements made by a *covered person* will be deemed representations and not warranties. A statement will not be used to contest coverage under the *plan* unless a signed copy of it has been provided to the *covered person*. If the *covered person* is deceased, the copy will be provided to their beneficiary.

Time of Claim Determination

After receipt of written proof of loss or utilization review request, the *plan* will notify *you* of its decision on *your* claim and issue payment, if any is due, as follows:

Urgent Care

Within 24 hours or as soon as possible if, *your* condition requires a shorter time frame. If more information is needed to make a decision on the claim, the *plan* will notify *you* of the specific information needed within 24 hours. *You* will then have 48 hours from the receipt of the notice to provide the requested information. Within 48 hours of its receipt of the additional information, the *plan* will give its decision on the claim. If *you* fail to provide the information requested by the *plan*, the *plan* will provide *you* with its decision on the claim within 48 hours of the end of the period that *you* were given to provide the information.

If *you* fail to follow the *plan* procedure for a *pre-service claim*, the *plan* will notify *you* within 24 hours of the *plan's* receipt of the pre-authorization request. The notice will include the reason why the request failed and the proper process for obtaining pre-authorization.

Concurrent Care

Prior to the end of any pre-authorized course of treatment, if benefits are being stopped prior to the number of treatments or time period that was authorized. The notice must provide time for *you* to make an appeal and receive a decision on that appeal prior to the benefit being stopped. This will not apply if the benefit is being stopped due to a *plan amendment*. This will not apply if the benefit is being stopped due to the termination of the *plan*.

Requests to extend a pre-authorized treatment that involves *urgent care* must be responded to within 24 hours or as soon as possible if, *your* condition requires a shorter time frame. Such requests must be made at least 24 hours before the authorized course of treatment ends.

Pre-Service Claims

Within 15 days of receipt of a non-*urgent care* claim. The *plan* may extend this period by 15 days if; *you* are notified of the need for an extension prior to the end of the initial period. The extension must be due to circumstances that are beyond the *plan's* control. If an extension is due to the need for additional information, the *plan* will notify *you* of the specific information needed. *You* will then have 45 days from the receipt of the notice to provide the requested information.

If *you* fail to follow the *plan* procedure for a non-urgent care pre-service claim, the *plan* will notify *you* within five days of the *plan's* receipt of the pre-authorization request. The notice will include the reason why the request failed and the proper process for obtaining pre-authorization.

Post-Service Claims

Within 30 days of receipt of the claim. The *plan* may extend this period by 15 days if; *you* are notified of the need for an extension prior to the end of the initial period. The extension must be due to circumstances that are beyond the *plan's* control. If an extension is due to the need for additional information, the *plan* will notify *you* of the specific information needed. *You* will then have 45 days from the receipt of the notice to provide the requested information.

Workers' Compensation Not Affected

This *plan* is not issued in lieu of Workers' Compensation coverage. It does not affect any requirement for coverage by any Workers' Compensation Law. It does not affect any requirement for coverage by any Occupational Disease Act.

CLAIM APPEAL PROCEDURE

You may appeal the denial of a claim, utilization review decision or a rescission of coverage determination by following these procedures:

1. File a written request, with the *claims administrator*, for a full and fair review of the claim by the *plan*;
2. Request to review documents pertinent to the administration of the *plan*; and
3. Submit written comments and issues outlining the basis of *your* appeal.

A request for a review must be filed with the *plan* within 180 days after receipt of the claim denial. If *your* request for review is not received within 180 days, *your* right to appeal the claim denial is forfeited.

If *your* request for review is received within 180 days, a full and fair review of the claim will be held by the *plan*. The review will not give weight to the initial claim decision. If the appeal involves a decision of medical judgment, a medical consultant that has appropriate training and experience in the field of medicine at question will be involved. If the appeal involves the experimental status of a service, a medical consultant that has appropriate training and experience in the field of medicine at question will be involved. Any such medical consultant will not have had prior involvement with the claim being appealed. In addition, if any new or additional evidence is relied upon or generated during the determination of the appeal, the *plan* will provide that information to *you* free of charge and sufficiently in advance of the due date of the response to the *adverse benefit determination*.

After the review, the *plan's* decision will be made to *you* in writing. It will include specific reasons for the decision as well as specific references to the *plan* provisions on which the decision is based. *You* will be notified of the *plan's* decision as follows:

1. For *urgent care* claims, within 72 hours or as soon as possible if *your* condition requires a shorter time frame;
2. For *pre-service claims*, within 30 days or as soon as possible if *your* condition requires a shorter time frame; or
3. For *post-service claims*, within 60 days.

An expedited appeal process is available for *urgent care* cases.

If *you* disagree with the result of an appeal, the *plan* provides for an alternative dispute resolution process. Under the process either party may elect to take the appeal to non-binding arbitration or upon agreement of both parties binding arbitration. Arbitration will be under the rules of the American Arbitration Association. The arbitrators will be bound by controlling law. They are not allowed to vary or ignore the provisions of the *plan* as stated in this Summary Plan Description, or to award any punitive or exemplary damages. This provision will apply to *you*, or any person or entity, filing claim through *your* rights under the *plan*. *You* may have representation during the review process.

Federal External Review Program

For purposes of this section, "claimant" shall mean any *covered person* or beneficiary submitting a claim to the *plan* and thereby seeking to receive *plan* benefits.

The Federal external review process does not apply to a denial, reduction, termination, or a failure to provide payment for a benefit based on a determination that a claimant or beneficiary fails to meet the requirements for eligibility under the terms of a group health plan.

The Federal external review process, in accordance with the current Affordable Care Act regulations, applies only to:

1. Any eligible *adverse benefit determination* (including a *final internal adverse benefit determination*) by a plan or issuer that involves medical judgment (including, but not limited to, those based on the plan's or issuer's requirements for *medical necessity*, appropriateness, health care setting, level of care, or effectiveness of a covered benefit; or its determination that a treatment is experimental or investigational), as determined by the external reviewer; and
2. A rescission of coverage (whether or not the rescission has any effect on any particular benefit at that time).

Standard external review


Standard external review is an external review that is not considered expedited (as described in the “expedited external review” paragraph in this section).

1. Request for external review. The *plan* will allow a claimant to file a request for an external review with the Plan if the request is filed within four months after the date of receipt of a notice of an *adverse benefit determination* or *final internal adverse benefit determination*. If there is no corresponding date four months after the date of receipt of such a notice, then the request must be filed by the first day of the fifth month following the receipt of the notice. For example, if the date of receipt of the notice is October 30, because there is no February 30, the request must be filed by March 1. If the last filing date would fall on a Saturday, Sunday, or Federal holiday, the last filing date is extended to the next day that is not a Saturday, Sunday, or Federal holiday.
2. Preliminary review. Within five business days following the date of receipt of the external review request, the *plan* will complete a preliminary review of the request to determine whether:
 - a. The claimant is or was covered under the *plan* at the time the health care item or service was requested or, in the case of a retrospective review, was covered under the *plan* at the time the health care item or service was provided;
 - b. The *adverse benefit determination* or the *final adverse benefit determination* does not relate to the claimant’s failure to meet the requirements for eligibility under the terms of the *plan* (e.g., worker classification or similar determination);
 - c. The claimant has exhausted the *plan*’s internal appeal process unless the claimant is not required to exhaust the internal appeals process under the interim final regulations;
 - d. The claimant has provided all the information and forms required to process an external review. Within one business day after completion of the preliminary review, the *plan* will issue a notification in writing to the claimant. If the request is complete but not eligible for external review, such notification will include the reasons for its ineligibility and contact information for the Employee Benefits Security Administration (toll-free number 866-444-EBSA (3272)). If the request is not complete, such notification will describe the information or materials needed to make the request complete and the *plan* will allow a claimant to perfect the request for external review with the four-month filing period or within the 48 hour period following the receipt of the notification, whichever is later.
3. Referral to Independent Review Organization. The *plan* will assign an independent review organization (IRO) that is accredited by URAC or by a similar nationally-recognized accrediting organization to conduct the external review. Moreover, the *plan* will take action against bias and to ensure independence. Accordingly, the *plan* will contract with (or direct the *claims administrator* to contract with, on its behalf) at least three IROs for assignments under the *plan* and rotate claims assignments among them (or incorporate other independent unbiased method for selection of IROs, such as random selection). In addition, the IRO may not be eligible for any financial incentives based on the likelihood that the IRO will support the denial of benefits.
4. Reversal of *plan*’s decision. Upon receipt of a notice of a final external review decision reversing the *adverse benefit determination* or *final internal adverse benefit determination*, the *plan* will provide coverage or payment for the claim without delay, regardless of whether the *plan* intends to seek

judicial review of the external review decision and unless or until there is a judicial decision otherwise.


Expedited external review

1. Request for expedited external review. The *plan* will allow a claimant to make a request for an expedited external review with the *plan* at the time the claimant receives:
 - a. An *adverse benefit determination* if the *adverse benefit determination* involves a medical condition of the claimant for which the timeframe for completion of a standard internal appeal under the interim final regulations would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function and the claimant has filed a request for an expedited internal appeal; or
 - b. A *final internal adverse benefit determination*, if the claimant has a medical condition where the timeframe for completion of a standard external review would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function, or if the *final internal adverse benefit determination* concerns an admission, availability of care, continued stay, or health care item or service for which the claimant received emergency services, but has not been discharged from a facility.
2. Preliminary review. Immediately upon receipt of the request for expedited external review, the *plan* will determine whether the request meets the reviewability requirements set forth above for standard external review. The *plan* will immediately send a notice that meets the requirements set forth above for standard external review to the claimant of its eligibility determination.
3. Referral to Independent Review Organization. Upon a determination that a request is eligible for external review following the preliminary review, the *plan* will assign an IRO pursuant to the requirements set forth above for standard review. The *plan* will provide or transmit all necessary documents and information considered in making the *adverse benefit determination* or *final internal adverse benefit determination* to the assigned IRO electronically or by telephone or facsimile or any other available expeditious method. The assigned IRO, to the extent the information or documents are available and the IRO considers them appropriate, will consider the information or documents described above under the procedures for standard review. In reaching a decision, the assigned IRO will review the claim de novo and is not bound by any decisions or conclusions reached during the *plan*'s internal claims and appeals process.
4. Notice of final external review decision. The *plan*'s (or *claim administrator*'s) contract with the assigned IRO will require the IRO to provide notice of the final external review decision, in accordance with the requirements set forth above, as expeditiously as the claimant's medical condition or circumstances require, but in no event more than 72 hours after the IRO receives the request for an expedited external review. If the notice is not in writing, within 48 hours after the date of providing that notice, the assigned IRO will provide written confirmation of the decision to the claimant and the *plan*.

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact the Plan Sponsor at (606) 678-4121. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$600 /individual or \$1,800 /family for Network Providers. \$1,200 /individual or \$3,600 /family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Preventive care is covered before you meet your deductible for Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Coinsurance Limit: \$1,900 /individual or \$3,800 /family for Network Providers. \$4,500 /individual or \$9,000 /family for Out-of-Network Providers. Maximum Out-of-Pocket Limit: \$7,150 /individual or \$14,300 /family for Network Providers. Unlimited for Out-of-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.anthem.com or call ARC Administrators at 1-877-309-2955 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network

		provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay /office visit (deductible does not apply)	30% coinsurance	Benefits include the office visit and other covered expenses performed during the visit.
	Specialist visit	\$30 copay /office visit (deductible does not apply)	30% coinsurance	
	Preventive care/screening/immunization	No charge	No charge for first \$500 paid per calendar year, then 30% coinsurance (deductible waived) for remainder of calendar year	
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	-----None-----
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.navitus.com	Generic drugs (Tier 1)	\$15 copay /prescription (retail) and \$30 copay/prescription (mail order)	Not covered	Deductible does not apply. Retail copays cover a 34-day supply and mail order copays cover a 90-day supply (including a 90-day supply at retail pharmacies). Preauthorization is required for Specialty drugs. Proton Pump Inhibitors (PPIs): Over-the-counter PPIs can be purchased for a \$0 copay for a 30-day supply with a prescription. Over-the-counter non-sedating anti-histamines can be purchased for a 20% copay with a prescription. Some PPIs require
	Preferred brand drugs (Tier 2)	\$30 copay /prescription (retail) and \$60 copay/prescription (mail order)	Not covered	
	Non-preferred brand drugs (Tier 3)	\$60 copay/prescription (retail) and \$120 copay/prescription (mail order)	Not covered	
	Specialty drugs (Tier 4)	20% of prescription cost, up to a \$100 maximum	Not covered	

*For more information about limitations and exceptions, see the plan or policy document.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				Step Therapy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----None-----
If you need immediate medical attention	Emergency room care	\$100 copay/visit (deductible does not apply)	Covered as In-Network	Copay waived if admitted to the hospital directly from the emergency room.
	Emergency medical transportation	10% coinsurance	Covered as In-Network	-----None-----
	Urgent care	\$30 copay /visit (deductible does not apply)	30% coinsurance	Benefits include all covered expenses performed during the visit.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----None-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay /office visit (deductible does not apply)	30% coinsurance	-----None-----
	Inpatient services	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
If you are pregnant	Office visits	\$30 copay/office visit (deductible does not apply)	30% coinsurance	Cost sharing does not apply for preventive services . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	
If you need help recovering or have	Home health care	10% coinsurance	30% coinsurance	Limited to 60 visits per calendar year.

*For more information about limitations and exceptions, see the plan or policy document.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
other special health needs	Rehabilitation services	<u>Chiropractic Care</u> \$30 copay/office visit (deductible does not apply)	30% coinsurance	Precertification is required for all Occupational Therapy visits and for Physical Therapy after 10 visits. If precertification is not obtained, benefits will be reduced by \$100. Chiropractic Care is limited to \$1,000 paid per calendar year.	
		<u>All other Outpatient Therapy Services</u> 10% coinsurance			
	Habilitation services	<u>Chiropractic Care</u> \$30 copay/office visit (deductible does not apply)	30% coinsurance		
		<u>All other Outpatient Therapy Services</u> 10% coinsurance			
	Skilled nursing care	10% coinsurance	30% coinsurance		Limited to 60 days per sickness or injury.
	Durable medical equipment	10% coinsurance	30% coinsurance		Limitations may apply.
Hospice services	10% coinsurance	30% coinsurance	-----None-----		
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----None-----	
	Children's glasses	Not covered	Not covered	-----None-----	
	Children's dental check-up	Not covered	Not covered	-----None-----	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery • Cosmetic Surgery | <ul style="list-style-type: none"> • Dental Care (Adult) • Infertility Treatment • Long-Term Care | <ul style="list-style-type: none"> • Routine Eye Care (Adult) • Routine Foot Care • Weight Loss Programs |
|--|--|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Chiropractic Care • Hearing Aids | <ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none"> • Private Duty Nursing |
|---|--|--|

*For more information about limitations and exceptions, see the plan or policy document.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: ARC Administrators at 1-877-309-2955, the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: ARC Administrators at 1-877-309-2955 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact Kentucky Department of Insurance, Consumer Protection Division at 1-800-595-6053 or <http://healthinsurancehelp.ky.gov>.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-309-2955.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-309-2955.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-309-2955.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-309-2955.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$600
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$600
Copayments	\$120
Coinsurance	\$1,202
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,982

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$600
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$600
Copayments	\$360
Coinsurance	\$644
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,604

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$600
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%


This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$600
Copayments	\$100
Coinsurance	\$120
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$820

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact the Plan Sponsor at (606) 678-4121. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<p>\$1,500/individual or \$3,000/family for Network Providers.</p> <p>\$3,000/individual or \$6,000/family for Out-of-Network Providers.</p>	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care is covered before you meet your deductible for Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	<p>\$3,500/individual or \$7,000/family for Network Providers.</p> <p>\$7,000/individual or \$14,000/family for Out-of-Network Providers.</p> <p>Coinsurance Limit</p> <p>\$2,000/individual or \$4,000/family for Network Providers.</p> <p>\$4,000/individual or \$8,000/family for Out-of-Network Providers.</p>	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See www.anthem.com or call ARC Administrators at 1-877-309-2955 for a	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan

	list of network providers .	pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance	30% coinsurance	-----None-----
	Specialist visit	10% coinsurance	30% coinsurance	-----None-----
	Preventive care/screening/immunization	No charge	No charge for first \$500 paid per calendar year, then 30% coinsurance (deductible waived) for remainder of calendar year	Out-of-Network immunizations are subject to deductible and coinsurance. You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	-----None-----
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.navitus.com	Generic drugs (Tier 1)	10% coinsurance	Not covered	Retail copays cover a 34-day supply and mail order copays cover a 90-day supply (including a 90-day supply at retail pharmacies).
	Preferred brand drugs (Tier 2)	10% coinsurance	Not covered	Preauthorization is required for Specialty drugs.
	Non-preferred brand drugs (Tier 3)	10% coinsurance	Not covered	Proton Pump Inhibitors (PPIs): Over-the-counter PPIs and over-the-counter non-sedating anti-histamines can be purchased with a prescription. Some PPIs require Step Therapy.
	Specialty drugs (Tier 4)	10% coinsurance	Not covered	

*For more information about limitations and exceptions, see the plan or policy document.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----None-----
If you need immediate medical attention	Emergency room care	10% coinsurance	Covered as In-Network	-----None-----
	Emergency medical transportation	10% coinsurance	Covered as In-Network	-----None-----
	Urgent care	10% coinsurance	30% coinsurance	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----None-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance	30% coinsurance	-----None-----
	Inpatient services	10% coinsurance	30% coinsurance	Precertification is required. If precertification is not obtained, benefits will be reduced by \$100.
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	Cost sharing does not apply for preventive services . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	Limited to 60 visits per calendar year.
	Rehabilitation services	10% coinsurance	30% coinsurance	Precertification is required for all Occupational Therapy visits and for Physical Therapy after 10 visits. If precertification is not obtained, benefits will be reduced by \$100.
	Habilitation services	10% coinsurance	30% coinsurance	Chiropractic Care is limited to \$1,000 paid per calendar year.
	Skilled nursing care	10% coinsurance	30% coinsurance	Limited to 60 days per sickness or injury.
	Durable medical equipment	10% coinsurance	30% coinsurance	Limitations may apply.
	Hospice services	10% coinsurance	30% coinsurance	-----None-----
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----None-----
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

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Excluded Services & Other Covered Services:**Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- | | | |
|---------------------|-------------------------|----------------------------|
| • Acupuncture | • Dental Care (Adult) | • Routine Eye Care (Adult) |
| • Bariatric Surgery | • Infertility Treatment | • Routine Foot Care |
| • Cosmetic Surgery | • Long-Term Care | • Weight Loss Programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---------------------|--|------------------------|
| • Chiropractic Care | • Non-emergency care when traveling outside the U.S. | • Private Duty Nursing |
| • Hearing Aids | | |

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—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1500
- [Specialist copayment](#) \$0
- [Hospital \(facility\) coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$1,124
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,684

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1500
- [Specialist copayment](#) \$0
- [Hospital \(facility\) coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles*	\$1,500
Copayments	\$0
Coinsurance	\$590
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$2,090

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1500
- [Specialist copayment](#) \$0
- [Hospital \(facility\) coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,540



HUMANA MEDICARE EMPLOYER LPPO PLAN
2022 LPPO for Standard Plan 079 Option 060 - Passive

		2021		2022	
Annual Maximum Out-of-Pocket		<ul style="list-style-type: none"> • In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services, and the Plan Premium). • Combined In and Out-of-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, COVID-19 Testing, COVID-19 Treatment, Extra Services, Worldwide Coverage and the Plan Premium). 		<ul style="list-style-type: none"> • In-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, Acupuncture (Routine), COVID-19 Testing, COVID-19 Treatment, Extra Services and the Plan Premium). • Combined In and Out-of-Network: \$2,500 per individual per plan year (excludes Part D Pharmacy, Acupuncture (Routine), COVID-19 Testing, COVID-19 Treatment, Extra Services, Worldwide Coverage and the Plan Premium). 	
Annual Deductible		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A 		<ul style="list-style-type: none"> • Combined In and Out-of-Network: NONE • Combined In-Network Exclusions: N/A • Combined Out-of-Network Exclusions: N/A 	
Place of Treatment	Benefit	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):	Network Coverage Plan Pays (1):	Non-Network Coverage Plan Pays (1):
Primary Care Physician	• Office Visit	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment
	• Diagnostic Procedures and Tests	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment
	• Allergy Shots and Injections	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment
	• Mental Health/Substance Abuse Services	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment	100% after \$5 copayment
	• Administration of Drugs in a Physician's Office	80%	80%	80%	80%
Specialist	• Office Visit	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Advanced Imaging Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Diagnostic Procedures and Tests	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Lab Services	100%	100%	100%	100%
	• Surgical Procedures	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Diagnostic Colonoscopy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Podiatry Services (Medicare-covered)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Chiropractic Services (Medicare-covered)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Cardiac Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Pulmonary Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Radiation Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Allergy Shots and Injections	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Mental Health/Substance Abuse Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Opioid Treatment Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Administration of Drugs in a Physician's Office	80%	80%	80%	80%
	• Chemotherapy Drugs	95%	95%	95%	95%
	• Dental Services (Medicare-covered)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Hearing Services (Medicare-covered)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Vision Services (Medicare-covered)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Eyewear for Post-Cataract Surgery	100%	100%	100%	100%
• Diabetic Eye Exam	100%	100%	100%	100%	
• Acupuncture (Medicare-covered) - Limited to 20 combined visit(s) per year	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	
Preventive Services	• Abdominal Aortic Aneurysm Screening	100%	100%	100%	100%
	• Alcohol Misuse Screening and Counseling				
	• Annual Wellness Visit				
	• Bone Mass Measurement				
	• Breast Cancer Screening				
	• Cardiovascular Disease Behavioral Therapy				
	• Cardiovascular Disease Screening				
	• Cervical and Vaginal Cancer Screening				
	• Colorectal Cancer Screening				
	• Depression Screening				
	• Diabetes Screening				
	• Diabetes Self-Management Training				
	• Glaucoma Screening				



	<ul style="list-style-type: none"> Hepatitis C Screening HIV Screening Kidney Disease Education Services Immunizations Lung Cancer Screening Medicare Diabetes Prevention Program Medical Nutrition Therapy Obesity Screening and Therapy Physical Exams (Routine) Prostate Cancer Screening Exam Smoking and Tobacco Use Cessation STI Screening and Counseling "Welcome to Medicare" Preventive Visit 				
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% after \$175 copayment per admission	100% after \$175 copayment per admission	100% after \$175 copayment per admission	100% after \$175 copayment per admission
	• Inpatient Physician Services	100%	100%	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% after \$175 copayment per admission	100% after \$175 copayment per admission	100% after \$175 copayment per admission	100% after \$175 copayment per admission
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% after \$175 copayment per admission •190 day lifetime limit in a psychiatric facility	100% after \$175 copayment per admission •190 day lifetime limit in a psychiatric facility	100% after \$175 copayment per admission •190 day lifetime limit in a psychiatric facility	100% after \$175 copayment per admission •190 day lifetime limit in a psychiatric facility
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%	100%	100%
Partial Hospitalization	• Mental Health/Substance Abuse Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Opioid Treatment Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
Outpatient Hospital	• Surgical Services	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
	• Diagnostic Colonoscopy	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
	• Advanced Imaging Services	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
	• Nuclear Medicine Services	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
	• Diagnostic Procedures and Tests	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
	• Lab Services	100%	100%	100%	100%
	• Radiation Therapy	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment	100% after \$50 copayment
	• Cardiac Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Pulmonary Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Chemotherapy Drugs	95%	95%	95%	95%
	• Renal Dialysis Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Mental Health/Substance Abuse Services	100% after \$40 copayment	100% after \$40 copayment	100% after \$40 copayment	100% after \$40 copayment
	• Opioid Treatment Services	100% after \$40 copayment	100% after \$40 copayment	100% after \$40 copayment	100% after \$40 copayment
• Outpatient Physician Services	100%	100%	100%	100%	
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-20); \$50 copayment per day (days 21-100) •Plan pays \$0 after 100 days	100% per day (days 1-20); \$50 copayment per day (days 21-100) •Plan pays \$0 after 100 days	100% per day (days 1-20); \$50 copayment per day (days 21-100) •Plan pays \$0 after 100 days	100% per day (days 1-20); \$50 copayment per day (days 21-100) •Plan pays \$0 after 100 days
	• SNF Physician Services	100%	100%	100%	100%
Urgent Care Center	• Urgently Needed Care	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Lab Services	100%	100%	100%	100%
Emergency Room	• Emergency Services (2)	100% after \$65 copayment • Waived if admitted within 24 hours	100% after \$65 copayment • Waived if admitted within 24 hours	100% after \$65 copayment • Waived if admitted within 24 hours	100% after \$65 copayment • Waived if admitted within 24 hours
	• Emergency Room Physician Services	100%	100%	100%	100%
Ambulance	• Ambulance Services	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation	100% after \$50 copayment per date of service •Limited to Medicare-covered transportation
Travel Benefit	• US Travel Benefit	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	80% coinsurance, \$100 deductible per year, \$25,000 Maximum Benefit per year or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.	N/A	80% coinsurance, \$100 deductible per year, \$25,000 Maximum Benefit per year or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Therapies (Occupational, Physical, Audiology, and Speech)	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment



Freestanding Radiological Facility	• Advanced Imaging Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Nuclear Medicine Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Diagnostic Procedures and Tests	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Radiation Therapy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
Ambulatory Surgical Center	• Surgical Procedures	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
	• Diagnostic Colonoscopy	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
Freestanding Laboratory	• Lab Services	100%	100%	100%	100%
Dialysis Center	• Renal Dialysis Services	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment	100% after \$15 copayment
Home Health	• Home Health Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care	100% •excludes Personal Home Care
DME Provider	• Durable Medical Equipment	80%	80%	80%	80%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
Medical Supply Provider	• Medical Supplies	80%	80%	80%	80%
Prosthetics Provider	• Prosthetics	80%	80%	80%	80%
Pharmacy (Part B Only)	• Durable Medical Equipment	80%	80%	80%	80%
	• Medical Supplies	80%	80%	80%	80%
	• Diabetic Monitoring Supplies	100%	100%	100%	100%
	• Medicare-covered Part B Drugs	80%	80%	80%	80%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A	100%	N/A
	• Specialist - Virtual Visit	100% after \$15 copayment	N/A	100% after \$15 copayment	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A	100%	N/A
Other Benefits	• Acupuncture (Routine) - Limited to 20 combined visits(s) per year	N/A	N/A	100% after \$15 copayment	100% after \$15 copayment
	• COVID-19 Testing and Treatment	100%	100%	100%	100%

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.

Extra Benefits (MSB)	• SilverSneakers®	Available	Available
	• Personal Health Coaching	Available	Available
	• Health Essentials Kit	Available	Not Available
	• Smoking Cessation (Additional)	Available	Available
	• Meal Program	Available	Available
	• Post-Discharge Transportation Services	Not Available	Available
	• Post-Discharge Personal Home Care	Not Available	Available
Care Management	• Clinical Programs/Disease Management (3) - Case Management - Humana at Home® - Chronic Condition Management - Transplant Management - Behavioral Health Care Coordination	Available	Available

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.

(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.

(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.



The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of your Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

Extra Services (VAIS)	• Complementary and Alternative Medicine and Weight Management - Not available in Puerto Rico	Available	Available
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Available	Available
	• Dental Discount (Careington Dental) - Available in Florida only	Available	Available
	• Healthy Hearing Discount (HearUSA) - Available in Florida only	Available	Available
	• Hearing Discount (TruHearing) - Not available in Florida or Puerto Rico	Available	Available
	• Lifeline® Medical Alert Systems	Available	Available
	• Meal Delivery Discount	Available	Available
	• Go365 by Humana (Rock and Roll Marathon Series)	Available	Available
	• Vision Discount (EyeMed)	Available	Available
	• Weight Management Discount (Jenny Craig®)	Available	Not Available

Go365® by Humana is included in this plan

Go365 is a wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help them establish and maintain a healthy lifestyle. As they achieve manageable health goals, Go365 keeps members engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting and Annual Wellness Exam, or volunteering, members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—10/6/21
REQUEST 26**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 26. Provide detailed descriptions of all early retirement plans or other staff reduction programs the utility has offered or intends to offer its employees during the test period. Include all cost-benefit analyses associated with these programs.

Response 26. South Kentucky's retirement and security plan allows for early retirement after obtaining the age of 55; however, this option is voluntary at the employee's discretion. South Kentucky did not offer any staff reduction programs during the test period, nor are any planned.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 27**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 27. Provide a complete description of the utility's other post-employment benefit package(s) provided to its employees.

Response 27. Please see the attached.

SKRECC
Somerset, Kentucky
Administrative Policy # C70

- SUBJECT:** RETIREES
- APPLICABLE TO:** Eligible Retirees shall mean full-time employees of SKRECC who retire from SKRECC at the normal (30 years or age 62) or early retirement age (55).
- POLICY STATEMENT:** To establish a Policy concerning benefits offered to Eligible Retirees.
- CONTENT:** It is the intent and desire of SKRECC to maintain a continuing relationship with all Cooperative retirees to the extent practical and as circumstances permit. SKRECC also may continue to offer certain benefits to eligible retirees as set forth in this policy.
- PROVISIONS:** Cooperative retirees, their spouses, surviving spouses and dependents have an open invitation to Cooperative social functions.

In addition to any benefits provided under SKRECC's Retirement Program formerly full-time eligible retirees and their eligible dependents as defined by the group medical insurance plan, may continue to be covered by SKRECC's group medical insurance plan provided they pay the same premium as an active employee. Employees who were hired on or after 1/1/08 who retire under these conditions may continue their medical/dental coverage paying their portion of premiums in accordance with the vesting schedule outlined in Policy # C70.

Eligible retirees who shall become eligible for Medicare and who do not subscribe to both Medicare Part A and Part B upon reaching eligibility shall be excluded from the group medical insurance coverage under SKRECC's group medical insurance plan.

Retirees will have 3 options to pay their premiums (see policy # C50A).

Eligible retirees who had benefits while active, will also have the option of continuing certain insurance benefits as follows, subject to the governing plan documents and insurance policies:

- ◆ Retired Life Insurance at a cost determined by carrier;
- ◆ Group dental insurance (retiree pays 100% cost) under the current group dental insurance plan;
- ◆ Any volunteer employee full pay insurance policies will be direct billed to the retiree at home.

Surviving spouses of deceased retirees may be permitted to continue any group insurance coverage as set forth by paying the full premium costs of such coverage, subject to the terms and conditions of the governing plan or policy (see policy # C70A).

Within 31 days of separation, all eligible retirees who have active insurance policies with a provision for conversion, that were paid through payroll deduction and who desire to continue coverage, shall be required to convert the policy and pay the premiums directly to the issuing company. Medical insurance (for eligible retirees), dental insurance and Retired Life, however, will remain payable to SKRECC in accordance with policy # C50A. All other policies will be directly billed to the retiree's home address and will not be processed through SKRECC.

SKRECC reserves the right to amend or to terminate the retiree coverage for which this policy provides at any time and for any reason, to increase the amount of any co-payment, premium or deductible, or to contract with a different insurer for coverage.

RESPONSIBILITY:

The Human Resources Manager under the direction of the V.P. of Member and Public Relations is responsible for ensuring that retirees receive information and election forms with respect to the benefits for which they are eligible. The President/CEO is responsible to the Board of Directors for overall compliance.

Approved: Allen Anderson
President/CEO

Original Date of Approval: 12/9/93
Revision Approval Date: 12/5/2014

SKRECC
Somerset, Kentucky
Administrative Policy # C70A

SUBJECT: Retiree Health and Dental

APPLICABLE TO: Retirees leaving under normal retirement (age 62 or 30 years of service) and those leaving at age 55, exercising the early retirement option.

POLICY STATEMENT: To provide guidelines to eligible retirees and dependents in regard to health and dental insurance coverage.

CONTENT:

It is the intent and desire of SKRECC to provide health and dental insurance benefits for eligible retirees and their dependents to the extent practicable and as circumstances permit.

In order to limit SKRECC's exposure to increased health insurance costs, participation in Medicare Part A and B shall be mandatory as set forth in this policy. In addition, SKRECC reserves the right to change or terminate health and dental coverage under this policy and the right to increase the amount of any co-payment, deductible or premium.

PROVISIONS:

Eligible retirees and/or dependents must satisfy certain conditions in order to continue their group insurance coverage with SKRECC. As a condition of continued participation in SKRECC's group health insurance coverage, eligible retirees and spouses must subscribe to both Medicare Part A and Part B coverage as soon as they become eligible.

So long as SKRECC has the ability to maintain health/dental coverage, the retiree's individual health coverage will be paid under the same guidelines as an active employee for those employees hired before 1/1/08.

Employees hired on or after 1/1/08 will be subject to the following vesting schedule:

10-14 years – co-op pays 30% cost of any plan option based upon current premiums; 15-19 years, the co-op will pay 50% of any plan option based upon current premiums; and after 20 years, the employee becomes fully vested and will receive the same benefit level as an active employee.

Any employee transferring in from another NRECA cooperative will be given credit for their years of service for vesting purposes.

Dental coverage will be paid 100% by the retiree, regardless of hire date.

Medicare Part A and Part B become available upon:

- ◆ Reaching age 65, or
- ◆ Continued total disability (determined by the Social Security Administration) for a period of two (2) years.

Medicare Part A is free and Medicare Part B monthly premiums are automatically deducted from monthly Social Security checks. The cost of Medicare Part B is determined by the Federal government.

Persons who become eligible for Medicare insurance, and who do not subscribe to both Medicare Part A and Part B upon reaching eligibility shall:

- ◆ Be excluded from group health insurance coverage under SKRECC group health insurance plan.

Persons who are presently eligible for Medicare insurance, and who are not participating in Medicare Part A and Part B shall be given 60 days to apply for Medicare Part A and/or Part B.

A spouse of a deceased retiree who is enrolled in the plan upon death of the retiree may continue coverage but will be required to pay the full premium cost of the coverage so long as SKRECC has the ability to maintain coverage beyond the existing COBRA guidelines.

A deceased employee's spouse is not permitted to add a new spouse or dependents to their health/dental coverage.

SKRECC reserves the right to amend or to terminate the retiree coverage for which this policy provides at any time and for any reason, to increase the amount of any co-payment, premium or deductible, or to contract with a different insurer for coverage.

RESPONSIBILITY:

The Human Resources Manager is responsible for ensuring that all active, disabled and retired employees are notified of this policy concerning continued health insurance coverage and the administration thereof. The President/CEO is responsible to the Board of Directors for overall compliance.

Approved: Allen Anderson
President/CEO

Original Date of Approval: 6/11/98
Revision Approval Date: 12/5/2014

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 28**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 28. Provide a complete description of the financial reporting and ratemaking treatment of the utility's pension costs.

Response 28. Utility Pension costs that are incurred are spread to the general ledger accounts that are charged with labor. These expense accounts would directly impact the ratemaking revenue requirement.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 29**

RESPONSIBLE PERSON: Ken Simmons
COMPANY: South Kentucky RECC

Request 29. Regarding the utility's employee compensation policy:

Request 29a. Provide the utility's written compensation policy as approved by the board of directors.

Response 29a. The board of directors maintains policy 305, Equal Employment Opportunity and Recruitment/Employment Practices. It is attached.

Request 29b. Provide a narrative description of the compensation policy, including the reasons for establishing the policy and the utility's objectives for the policy.

Response 29b. South Kentucky's current compensation program was formulated in early 2013. While not formalized into a written policy, the premise of the program focuses on ensuring that all employees are fairly compensated. Fair compensation is established through the use of an independent consultant's review of benchmark data to determine the appropriate compensation range for each job

description. When employees are hired into new roles, they begin at the entry level of the range. Within three years, through systematic salary increases, employees are moved to the midpoint of the salary range for their job grade. Once at midpoint, employees are held at midpoint from that point forward, only receiving an annual cost of living increase. The cost of living increase is determined annually by job grade, by an independent compensation consultant.

South Kentucky is committed to maintaining a competitive compensation program. South Kentucky's objectives include:

- attracting and retaining quality personnel to support South Kentucky.
- ensuring pay administration is fair and equitable for all employees.
- determining pay increases and promotions on the basis of demonstrated individual performance.
- ensure pay opportunities for employees reflect changes in competitive compensation trends and economic conditions.
- ensure administration of program complies with all relevant regulations and legislation.

Request 29c. 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.

Response 29c. The compensation program has not been formalized into a written policy. However, the compensation program was developed with the assistance of INTANDEM, LLC whose most recent report is included in response to Request 20.

Request 29d. Explain when the utility's compensation policy was last reviewed or given consideration by the board of directors.

Response 29d. The compensation program was last discussed with our board of directors in July 2021.

SOUTH KENTUCKY RURAL ELECTRIC COOPERATIVE CORPORATION

**POLICY 305
EQUAL EMPLOYMENT OPPORTUNITY
AND RECRUITMENT/EMPLOYMENT PRACTICES**

I. OBJECTIVE

To ensure that South Kentucky Rural Electric Cooperative Corporation ("SKRECC") provides equal opportunity employment and conducts all personnel related activities without regard to race, color, religion, sex, age (over 40 years), national origin, veteran status, status as a smoker or nonsmoker (as long as the person complies with SKRECC's workplace policy concerning smoking), or disabled status and in compliance with all applicable state and federal equal employment opportunity laws and regulations; to establish certain practices and guidelines with respect to recruitment and employment within SKRECC.

II. CONTENT

- A. SKRECC shall employ and advance in employment qualified individuals at all levels of employment without regard to race, color, religion, sex, age (over 40 years), national origin, veteran status, status as a smoker or nonsmoker (as long as the person complies with SKRECC's workplace policy concerning smoking), or disability.
- B. This policy covers all employment practices including, but not limited to, hiring, promotion, demotion, transfer, probation, recalls, recruitment, lay off, termination, selection for training/educational/social/recreational programs, compensation, benefits, and other terms or conditions of employment.
- C. The salary at which an employee is hired shall be consistent with the Board-approved compensation administration program and policy.
- D. As a condition of employment, all employees of SKRECC may be required to complete a pre-employment physical and drug screen at SKRECC's expense.
- E. Employees who do not have written individual contracts of employment with SKRECC for a definite period of time are employed at the will of SKRECC for an indefinite period of time. An employee's employment with SKRECC may be terminated with or without cause, and with or without notice, at any time.
- F. Except in the case of a written individual contract of employment with SKRECC for a definite period of time, neither these Board Policies nor any other SKRECC plans, policies, documents, memoranda, or procedures shall be used, construed, or deemed to (i) limit SKRECC's right to terminate employees with or without cause, and with or without notice, at any time, or (ii) create an employment contract or term.

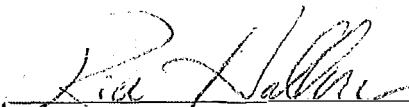
POLICY 305

- G. For employees other than SKRECC's President/Chief Executive Officer ("CEO"), no contract of employment, either express or implied, and no other restriction or limitation on the at-will status of SKRECC employees shall be valid or binding on SKRECC unless expressly set forth in a separate written document reviewed and approved by the Board of Directors, and then upon such approval signed by the CEO on behalf of SKRECC.
- H. This policy is intended only as a guideline, which may be amended or deleted at the sole discretion of SKRECC with or without notice at any time.
- I. Employees are deemed to have notice of all employment-related policies, whether existing, new, or amended, upon announcement of the policies, distribution of the policies, or posting of the policies on SKRECC bulletin boards.
- J. Participation in specified SKRECC fringe benefit programs is a condition of employment.
- K. Employees shall not participate in outside civic, business, or commercial activities/services which may interfere with the performance of their duties or adversely affect the public relations or image of SKRECC.

III. RESPONSIBILITY

- A. The CEO is responsible for ensuring compliance with this policy and for establishing procedures to administer this policy.

APPROVED BY THE BOARD OF DIRECTORS



BOARD CHAIRPERSON

DATE APPROVED: 5-13-04

DATE(S) REVIEWED: _____

DATE(S) REVISED: 5-14-15

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 30**

RESPONSIBLE PERSON: Ken Simmons

COMPANY: South Kentucky RECC

Request 30. State whether the utility's expenses for wages, salaries, benefits, and other compensation included in the test period, and any adjustments to the test period, are compliant with the board of director's compensation policy.

Response 30. The utility's expenses for wages, salaries, benefits and other compensation are compliant with the policies and procedures of South Kentucky and its board of directors. The board delegates authority to the CEO to make hiring and salary decisions while following the guidelines for wages and salaries.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 31**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 31. Provide, in the format provided in Schedule I, the following information for the utility's compensation and benefits for the test period and the three most recent calendar years preceding the test period. Provide information individually for each corporate officer and by category for Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees. 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.

- 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 employee.
- i. Dental benefits cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by employee.
- j. Vision benefits cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by employee.
- k. Life insurance cost.
 - (1) Amount paid by the utility.
 - (2) Amount paid by employee.
- l. Accidental death and disability benefits.
 - (1) Amount paid the utility.
 - (2) Amount paid by employee.
- m. Defined Benefit Retirement.
 - (1) Amount paid by employer.
 - (2) Amount paid by 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 (specify).

Response 31.

Please see attached.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND ARE
UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 32**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 32. For each item of benefits listed in Item 31 above where an employee is required to pay part of the cost, provide a detailed explanation as to how the employee contribution rate was determined.

Response 32. The requested information was discussed generally in Ms. Herrman's testimony filed in support of the Application (Exhibit 8, page 11). Greater detail is provided below:

Healthcare Benefits:

For years 2018, 2019, and 2020, the coop paid the full premium cost for single policies on the PPO and HDHP.

For PPO employee/child(ren), employee/spouse, or family coverage, the coop paid the single cost plus 70% of the premium; the employee was responsible for the remaining 30% of the premium.

For HDHP employee/child(ren), employee/spouse, or family coverage, the coop paid the single cost plus 60% of the premium; the employee was responsible for the remaining 40% of the premium.

For 2021, the coop paid the full premium cost for single policies on the PPO and HDHP.

For PPO employee/child(ren) coverage the coop paid the single cost plus 71% of the premium; the employee was responsible for the remaining 29% of the premium.

For PPO employee/spouse coverage the coop paid the single cost plus 67% of the premium; the employee was responsible for the remaining 33% of the premium.

For PPO family coverage the coop paid the single cost plus 60% of the premium; the employee was responsible for the remaining 40% of the premium.

For HDHP employee/child(ren) coverage the coop paid the single cost plus 68% of the premium; the employee was responsible for the remaining 32% of the premium.

For HDHP employee/spouse coverage the coop paid the single cost plus 63% of the premium; the employee was responsible for the remaining 37% of the premium.

For HDHP family coverage the coop paid the single cost plus 55% of the premium; the employee was responsible for the remaining 45% of the premium.

For 2022, the coop will pay the full premium cost for single policies on the PPO and HDHP.

For PPO employee/child(ren) coverage the coop will pay the single cost plus 73% of the premium; the employee is responsible for the remaining 27% of the premium.

For PPO employee/spouse coverage the coop will pay the single cost plus 70% of the premium; the employee is responsible for the remaining 30% of the premium.

For PPO family coverage the coop will pay the single cost plus 62% of the premium; the employee is responsible for the remaining 38% of the premium.

For HDHP employee/child(ren) coverage the coop will pay the single cost plus 70% of the premium; the employee is responsible for the remaining 30% of the premium.

For HDHP employee/spouse coverage the coop will pay the single cost plus 65% of the premium; the employee is responsible for the remaining 35% of the premium.

For HDHP family coverage the coop will pay the single cost plus 58% of the premium; the employee is responsible for the remaining 42% of the premium.

Dental Benefits:

The coop pays 50% of the premium. The employee is responsible for the remaining 50%.

Vision Benefits:

The employee is responsible for 100% of the premium.

Defined Contribution (401K):

The employee is responsible for all contributions. The coop will match up to 2%.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 33**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 33. Provide a listing of all healthcare plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Corporate Officers, 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 33. Please refer to South Kentucky's responses to Request Nos. 23 and 32 above.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 34**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 34. 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 34.

	Basic Life & AD&D		Dependent Life		Supplemental Life & AD&D	
	Employee Contribution	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution	Employer Contribution
	Rate	Rate	Rate	Rate	Rate	Rate
President & CEO	0%	100%	100%	0%	100%	0%
COO	0%	100%	100%	0%	100%	0%
VP of Finance	0%	100%	100%	0%	100%	0%
Directors	Not Offered		Not Offered		Not Offered	
Managers	0%	100%	100%	0%	100%	0%
Supervisors	0%	100%	100%	0%	100%	0%
Exempt	0%	100%	100%	0%	100%	0%
Non-Exempt	0%	100%	100%	0%	100%	0%
Union		N/A		N/A		N/A
Non-Union Hourly		N/A		N/A		N/A

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 35**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 35. 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 premium cost for each plan category.

Response 35.

	401(k)		Retirement & Security (RS)	
	Employee Contribution Rate	Employer Contribution Rate	Employee Contribution Rate	Employer Contribution Rate
President & CEO	100%	Match up to 2%	0%	100%
COO	100%	Match up to 2%	0%	100%
VP of Finance	100%	Match up to 2%	0%	100%
Directors	Not Offered		Not Offered	
Managers	100%	Match up to 2%	0%	100%
Supervisors	100%	Match up to 2%	0%	100%
Exempt	100%	Match up to 2%	0%	100%
Non-Exempt	100%	Match up to 2%	0%	100%
Union	N/A		N/A	
Non-Union Hourly	N/A		N/A	

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 36**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 36. Provide an analysis of the utility's expenses for research and development activities for the test year and the three preceding calendar years. For the test year include the following:

Response 36. South Kentucky has no research and development activities.

Request 36a. 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.

Response 36a. South Kentucky has no research and development activities.

Request 36b. Details of the research activities conducted by each organization.

Response 36b. South Kentucky has no research and development activities.

Request 36c. Details of services and other benefits provided to the utility by each organization during the test year and the preceding calendar year.

Response 36c. South Kentucky has no research and development activities.

Request 36d. Total expenditures of each organization including the basic nature of costs incurred by the organization.

Response 36d. South Kentucky has no research and development activities.

Request 36e. Details of the expected benefits to the company.

Response 36e. South Kentucky has no research and development activities.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 37**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 37. Provide a running total of the following information concerning the cost of preparing this case:

Request 37a. A detailed schedule of expenses incurred to date for the following categories: For each category, 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 any invoices, contracts, or other documentation that support charges incurred in the preparation of this rate case. Indicate any costs incurred for this case that occurred during the test year.

- (1) Accounting;
- (2) Engineering;
- (3) Legal; and
- (4) Consultants; and Other Expenses (Identify separately).

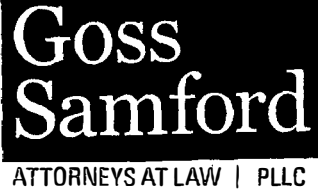
Response 37a. Please see the attached schedule.

Request 37b. 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 (a) above, 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 work papers and calculations.

Response 37b. Please see attached schedule.

Request 37c. Provide monthly updates of the actual costs incurred in conjunction with this rate case, reported in the manner requested in (a) above. Updates will be due when the utility files its monthly financial statements with the Commission, through the month of the public hearing.

Response 37c. South Kentucky will provide the requested monthly updates of the actual costs incurred in conjunction with the rate case.



March 11, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501

Mark David Goss
md
goss@law.com



Re: February 1, 2021 to February 28, 2021 33304870
MAR 29 1904 - 923.00 - 1386.00

Dear Ken:

1900 - 923.00 - 2659.18
4045.18

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period February 1, 2021 to February 28, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
-Special Counsel for South Kentucky RECC- prior	\$3,166.50 pd 2/18 ACH 5282
- Special Counsel for South Kentucky RECC- current	\$3,919.18
-2021 General Rate Adjustment-current	\$126.00
TOTAL:	AB 3/25/21 <u>4045.18</u> <u>37,211.68</u>

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

[Handwritten signature]
3/17/21

Sincerely,

[Handwritten signature]

Mark David Goss

Enclosures

Vendor	ACH Date	ACH Amount	Payment Type
33304870	03/25/21	\$4,045.18	ACH

To The
Order Of GOSS SAMFORD PLLC
SUITE B-325
2365 HARRODSBURG ROAD
LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
Account Number: ***** [REDACTED]

33304870
GOSS SAMFORD PLLC

ACH Date: 03/25/21
Sequence Number: 005351

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
022821	FEBRUARY BILLING	02/28/21		4,045.18

Board Legal 1904
B. v. d. M. S. G.
157.50
250.00
189.00
94.50
693.00

1900
L. J. J.
157.50
79.50
976.50
86.50
94.50
126.00
187.50
1.68
2,249.68

1900
Regulatory
283.50
General Pacts
126.00

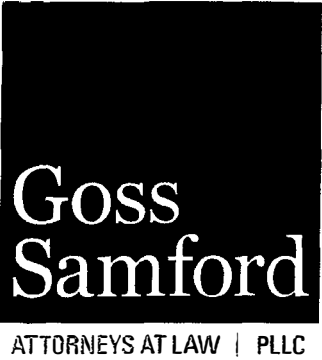
\$4,045.18

Client Number: 7100
Matter Number: 1600

3/7/2021
Page: 3

Current Invoice Summary

Prior Balance:	\$3,166.50
Payments Received:	\$0.00
Unpaid Prior Balance:	<u>\$3,166.50</u>
Current Fees:	\$3,917.50
Advanced Costs:	\$1.68
TOTAL AMOUNT DUE:	<u><u>\$7,085.68</u></u>



Mark David Goss
mdgoss@gosssamfordlaw.com
(859) 368-7740

April 13, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501



Re: March 1, 2021 to March 31, 2021 33304870

Dear Ken:

MSAD 29-1904 - 923.00 - 6121.98
MSAD 29-1904 - # 245 - 923.00 - 756.00
MSAD 29-1900 - 923.00 - 1993.46

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period March 1, 2021 to March 31, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-current	\$7,854.48
-2021 General Rate Adjustment-current	\$1,016.96
<i>TOTAL:</i>	<u><i>\$8,871.44</i></u>

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

Handwritten signature and date 4/16/21

Sincerely,
Handwritten signature of Mark David Goss
Mark David Goss

Handwritten note: note 4/22/21

Enclosures

Vendor	ACH Date	ACH Amount	Payment Type
33304870	04/22/21	\$8,871.44	ACH

To The
Order Of GOSS SAMFORD PLLC
SUITE B-325
2365 HARRODSBURG ROAD
LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
Account Number: ***** [REDACTED]

33304870
GOSS SAMFORD PLLC

ACH Date: 04/22/21
Sequence Number: 005406

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
033121	MARCH BILLING	03/31/21		8,871.44

Goss/Samford Billing
4/13/2021

Board Legal	Board Meeting	Board Election	Board Policy	Regulatory	Legal
378.00 ✓	2,079.00 ✓	126.00 ✓	315.00 ✓	291.50	126.00 ✓
315.00 ✓	157.50 ✓	157.50 ✓	157.50 ✓	346.50	472.50 ✓
	2,457.00 ✓	126.00 ✓		378.00	378.00
	94.50 ✓	126.00 ✓		0.96	
	0.48	157.50 ✓			
	84.00	63.00 ✓			
	84.00				
33304870					
MSAD 29-					
1904 . 693.00	1904 4,956.48	1904 756.00	1904 472.50	1900 1,016.96	1900 976.50
		# 245			
				Total Billing	\$ 8,871.44



ATTORNEYS AT LAW · PLLC

Mark David Goss
mdgoss@gosssamfordlaw.com
(859) 368-7740

May 10, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501



Re: April 1, 2021 to April 30, 2021

33304870
MSRD 29. 1904. 922.00 - 5836.71
1900 - 922.00 - 315.00

Dear Ken:

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period April 1, 2021 to April 30, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

AB
5/27/21

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-	
-Prior	\$0.00
-Current	\$6,088.71
-2021 General Rate Adjustment	
-Prior	\$157.00
-Current	\$63.00
TOTAL:	\$6,308.71 6,151.71

8
prior - see
attached

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

5/17/21

Enclosures

Sincerely,

Mark David Goss

Witness: Michelle Herrman

Vendor	ACH Date	ACH Amount	Payment Type
33304870	05/27/21	\$6,151.71	ACH

To The
 Order Of GOSS SAMFORD PLLC
 SUITE B-325
 2365 HARRODSBURG ROAD
 LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
 Account Number: ***** [REDACTED]

33304870
 GOSS SAMFORD PLLC

ACH Date: 05/27/21
 Sequence Number: 005469

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
043021	APRIL BILLING	04/30/21		6,151.71

Michelle Herrman

From: Mark David Goss <mdgoss@gosssamfordlaw.com>
Sent: Tuesday, May 25, 2021 2:55 PM
To: Michelle Herrman
Cc: Ken Simmons; Joy Turpin
Subject: FW: April Billing Statement
Attachments: March 2021.pdf

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Michelle—I am sending this to you since I know Joy is on vacation this week. Our billing clerk has found the error on the \$157.00 issue while performing a routine bank statement reconciliation. The error is ours and is related to mis-posting of SKRECC's last ACH payment. I regret the time this error has caused you and staff.

Please disregard the claimed \$157.00 past due amount.

Regards,
MD



Mark David Goss

2365 Harrodsburg Road, Suite 8-325
Lexington, Kentucky 40504
(859) 368-7740 (o)
(859) 351-2776 (c)
www.gosssamfordlaw.com

From: Mark David Goss
Sent: Friday, May 21, 2021 12:01 PM
To: Joy Turpin <joyt@skrecc.com>
Cc: Michelle Herrman <michelleh@skrecc.com>; Ken Simmons <kens@skrecc.com>
Subject: FW: April Billing Statement

Joy—I am forwarding our billing clerk's explanation of the \$157.00 issue. Please let me know if further discussion is required and I'm happy to do whatever is needed.

Regards,

MD



Mark David Goss

2365 Harrodsburg Road, Suite 8-325
Lexington, Kentucky 40504
(859) 368-7740 (o)
(859) 351-2776 (c)
www.gosssamfordlaw.com

From: Tiffany Dutton <tiffany@gosssamfordlaw.com>
Sent: Friday, May 21, 2021 11:52 AM
To: Mark David Goss <mdgoss@gosssamfordlaw.com>
Subject: RE: April Billing Statement

Good morning Mark David,

They short paid March invoice 5480 exactly \$157.00.

The ACH was received on 4.23.2021 in the amount of \$8,871.44. This ACH paid invoice 5479 on matter 1600 in full and \$859.96 of invoice 5480 on matter 1610.

I have attached March invoice that was short paid for your reference and the below print screen shows the application of money.

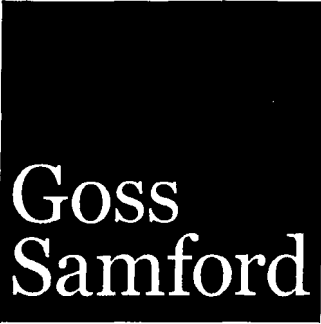
Does this help?

Feel free to call me if you'd like to discuss.

Tif

**Goss/Samford Billing
April 1 - April 30, 2021**

Board Legal	Board Meeting	Board Election	Board Policy	Regulatory	Legal
220.50	94.50		252.00	63.00	94.50
157.50	693.00		126.00		63.00
252.00	2,079.00		409.50		94.50
252.00	252.00		126.00		
	157.50		661.50		
	0.72		21.23		
	81.76				
1904 882.00	1904 3,358.48	-	1904 1,596.23	1900 63.00	1900 252.00
				Total Current	\$ 6,151.71



ATTORNEYS AT LAW | PLLC

Mark David Goss
mdgoss@gosssamfordlaw.com
(859) 368-7740

June 11, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501



Re: May 1, 2021 to May 31, 2021

Dear Ken:

33304870
 MSAD 29 Dept 1904 923.00 \$3,139.66
 MSAD 29 Dept 1904 923.00 \$ 63.00 Proj # 245
 MSAD 29 Dept 1900 923.00 1288.66
\$3,491.32

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period May 1, 2021 to May 31, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-	
-Prior	\$0.00
-Current	\$3,428.32
-2021 General Rate Adjustment	
-Prior	\$0.00
-Current	\$63.00
TOTAL:	<u>\$3,491.32</u>

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

AB
6/24/21

Mark David Goss

Enclosures

Witness: Michelle Herrman

Vendor	ACH Date	ACH Amount	Payment Type
33304870	06/24/21	\$3,491.32	ACH

To The
 Order Of GOSS SAMFORD PLLC
 SUITE B-325
 2365 HARRODSBURG ROAD
 LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
 Account Number: *****[REDACTED]

33304870
 GOSS SAMFORD PLLC

ACH Date: 06/24/21
 Sequence Number: 005527

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
053121	MAY BILLING	05/31/21		3,491.32

Client Number: 7100
Matter Number: 1610

6/6/2021
Page: 2

Current Invoice Summary

Prior Balance:	\$220.00	
Payments Received:	(\$220.00)	Last Payment: 5/28/2021
Unpaid Prior Balance:	<u>\$0.00</u>	
Current Fees:	\$63.00	
Advanced Costs:	<u>\$0.00</u>	
TOTAL AMOUNT DUE:	<u><u>\$63.00</u></u>	

Client Number: 7100
Matter Number: 1600

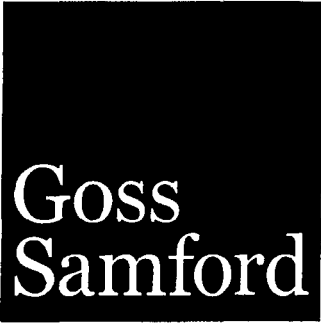
6/6/2021
Page: 3

Current Invoice Summary

Prior Balance:	\$6,088.71	
Payments Received:	(\$6,088.71)	Last Payment: 5/28/2021
Unpaid Prior Balance:	<u>\$0.00</u>	
Current Fees:	\$3,339.00	
Advanced Costs:	<u>\$89.32</u>	
TOTAL AMOUNT DUE:	<u><u>\$3,428.32</u></u>	

**Goss/Samford Billing
May 1 - May 31, 2021**

Board Legal	Board Meeting	Board Election	Board Policy	Regulatory	Legal
157.50	94.50	63.00	252.00	63.00	157.50
	220.50		126.00		1.80
	2,079.00		1.44		3.36
	126.00		0.96		63.00
	81.76				
33304570					
MSAD 29					
1904 157.50	1904 2,601.76	1904 63.00	1904 380.40	1900 63.00	1900 225.66
		#245			
				Total Current	\$ 3,491.32



ATTORNEYS AT LAW | PLLC

Mark David Goss
mdgoss@gosssamfordlaw.com
(859) 368-7740

September 14, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501

MDG
9/17/21

Re: August 1, 2021 to August 31, 2021 333 04870
MSR 27.1904 - 923.00 - 5007.43

Dear Ken:

1900. 923.00 - 2327.50

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period August 1, 2021 to August 31, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-	
-Prior	\$0.00
-Current	\$6,860.93
-2021 General Rate Adjustment	
-Prior	\$0.00
-Current	\$474.00

TOTAL: \$7,334.93 *with 9(23) 21*

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

Sincerely,

Mark David Goss



Witness: Michelle Herrman

Vendor	ACH Date	ACH Amount	Payment Type
33304870	09/23/21	\$7,334.93	ACH

To The
 Order Of GOSS SAMFORD PLLC
 SUITE B-325
 2365 HARRODSBURG ROAD
 LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
 Account Number: *****[REDACTED]

33304870
 GOSS SAMFORD PLLC

ACH Date: 09/23/21
 Sequence Number: 005709

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
083121	AUGUST BILLING	08/31/21		7,334.93

**Goss/Samford Billing
Aug 1 - Aug 31, 2021**

Board Legal	Board Meeting	Board Election	Board Policy	Regulatory	Legal
252.00	63.00		157.50	26.50	630.00
315.00	94.50		882.00	26.50	63.00
11.37	315.00		252.00	315.00	409.50
63.30	2,331.00		94.50	26.50	63.00
	94.50			106.00	63.00
	81.76				31.50
					346.50
					126.00
					63.00
					31.50
1904 641.67	1904 2,979.76	-	1904 1,386.00	1900 500.50	1900 1,827.00
				Total Current	\$ 7,334.93

Client Number: 7100
Matter Number: 1610

9/8/2021
Page: 2

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
6/25/2021	Payment Received/Fees - Check #: ACH	(\$63.00)
Total Payments Received:		(\$63.00)

Current Invoice Summary

Prior Balance:	\$63.00	
Payments Received:	(\$63.00)	Last Payment: 6/25/2021
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$474.00	
Advanced Costs:	\$0.00	
TOTAL AMOUNT DUE:	\$474.00	

Current Invoice Summary

Prior Balance:	\$7,072.26	
Payments Received:	(\$7,072.26)	Last Payment: 8/20/2021
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$6,704.50	
Advanced Costs:	\$156.43	
TOTAL AMOUNT DUE:	\$6,860.93	

Mark David Goss
mdgoss@gossamfordlaw.com
(859) 368-7740

November 11, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501



MDG
11/17/21

Re: October 1, 2021 to October 31, 2021

Dear Ken: *33304870*
MSRD 29.1904 - 923.00 = 3,772.90
1900 - 923.00 = 7,089.54
10,862.44

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period October 1, 2021 to October 31, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-	
-Prior	\$0.00
-Current	\$ 4,497.40
-2021 General Rate Adjustment	
-Prior	\$0.00
-Current	\$6,365.04
 TOTAL:	 <u>\$10,862.44</u>

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

Sincerely,

Mark David Goss

Enclosures

MDG
11/18/21

Witness: Michelle Herrman

Vendor	ACH Date	ACH Amount	Payment Type
33304870	11/18/21	\$10,862.44	ACH

To The
 Order Of GOSS SAMFORD PLLC
 SUITE B-325
 2365 HARRODSBURG ROAD
 LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
 Account Number: *****[REDACTED]

33304870
 GOSS SAMFORD PLLC

ACH Date: 11/18/21
 Sequence Number: 005840

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
103121	OCTOBER BILLING	10/31/21		10,862.44

Goss Samford

ATTORNEYS AT LAW | PLLC

Mark David Goss
mdgoss@gosssamfordlaw.com
(859) 368-7740

November 11, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501

MDG
11/16/21

Re: October 1, 2021 to October 31, 2021

Dear Ken:

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period October 1, 2021 to October 31, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-	
-Prior	\$0.00
-Current	\$ 4,797.40
-2021 General Rate Adjustment	<i>4497.40</i>
-Prior	\$0.00
-Current	\$6,365.04
 TOTAL:	 \$11,162.44 <i>\$ 10,862.44</i>

incorrect amount

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

Sincerely,

Mark David Goss

11/15/21
EMailed
Tiffany - she will correct statement.
Enclosures

Goss/Samford Billing

Oct 1 - Oct 31, 2021

				378.00	
				26.50	
				94.50	
<i>Bd Legal</i>	<i>Bd Medicine</i>			2.04	<i>Legal</i>
1,039.50	2,733.40	-	-	6,365.04	724.50
<i>1904</i>	<i>1904</i>			<i>Regulation</i>	<i>1900</i>
				Total Current	\$ 10,862.44

1900

Goss/Samford Billing

Oct 1 - Oct 31, 2021

Board Legal	Board Meeting	Board Election	Board Policy	Regulatory	Legal
126.00	2,646.00			94.50	126.00
94.50	87.40			472.50	126.00
94.50				79.50	315.00
567.00				157.50	157.50
63.00				63.00	
94.50				94.50	
				157.50	
				53.00	
				315.00	
				265.00	
				79.50	
				63.00	
				79.50	
				26.50	
				63.00	
				132.50	
				1,071.00	
				159.00	
				220.50	
				159.00	
				265.00	
				79.50	
				63.00	
				409.50	
				79.50	
				189.00	
				94.50	
				53.00	
				252.00	
				63.00	
				26.50	
				378.00	
				106.00	

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
9/24/2021	Payment Received/Fees - Check #: ACH	(\$474.00)
	Total Payments Received:	(\$474.00)

Current Invoice Summary

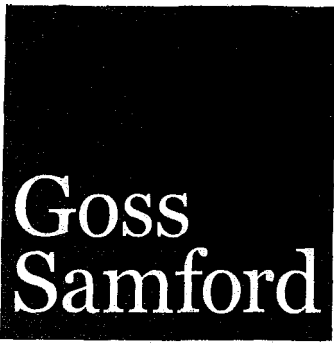
Prior Balance:	\$474.00	
Payments Received:	(\$474.00)	Last Payment: 9/24/2021
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$6,363.00	
Advanced Costs:	\$2.04	
TOTAL AMOUNT DUE:	\$6,365.04	

Payment Detail

<u>Date</u>	<u>Description</u>	<u>Amount</u>
10/22/2021	Payment Received/Fees - Check #: ACH	(\$4,725.00)
10/22/2021	Payment Received/Fees - Check #: ACH	(\$93.13)
Total Payments Received:		(\$4,818.13)

Current Invoice Summary

Prior Balance:	\$4,818.13	
Payments Received:	(\$4,818.13)	Last Payment: 10/22/2021
Unpaid Prior Balance:	\$0.00	
Current Fees:	\$4,410.00	
Advanced Costs:	\$87.40	
TOTAL AMOUNT DUE:	\$4,497.40	



ATTORNEYS AT LAW | PLLC

Mark David Goss
mdgoss@gosssamfordlaw.com
(859) 368-7740

December 10, 2021

Mr. Ken Simmons
President & CEO
South Kentucky RECC
P. O. Box 910
Somerset, KY 42501

MDG
12/13/21

Re: November 1, 2021 to November 30, 2021 32304870

MSAD 29 · 1904 · 923.00 · 3767.26

Dear Ken:

1900 · 923.00 · 24,362.34
28,129.60

Please find enclosed the invoices for legal services performed by Goss Samford, PLLC on behalf of South Kentucky RECC for the period November 1, 2021 to November 30, 2021. Please remit payment for the amount due within thirty days of today's date. A summary of the amount due and owing is as follows:

<i>Matter Description</i>	<i>Amount</i>
- Special Counsel for South Kentucky RECC-	
-Prior	\$0.00
-Current	\$ 6,507.76
-2021 General Rate Adjustment	
-Prior	\$0.00
-Current	\$21,621.84
 TOTAL:	 <u>\$28,129.60</u>

Should you have any questions, please contact me at your convenience. Once again, it is a privilege to represent South Kentucky RECC and we thank you for allowing us the opportunity to work with you.

Sincerely,

MDG

Mark David Goss

MDG
12/14/21



Vendor	ACH Date	ACH Amount	Payment Type
33304870	12/16/21	\$28,129.60	ACH

To The
Order Of GOSS SAMFORD PLLC
SUITE B-325
2365 HARRODSBURG ROAD
LEXINGTON, KY 40504-3300

Routing Number: [REDACTED]
Account Number: ***** [REDACTED]

33304870
GOSS SAMFORD PLLC

ACH Date: 12/16/21
Sequence Number: 005903

The ACH payment to your account is in settlement of the items listed below.

Invoice Nbr	Description	Invoice Date	Ref Nbr	Amount
113021	NOVEMBER BILLING	11/30/21		28,129.60

Goss/Samford Billing

Nov 1 - Nov 31, 2021

Board Legal	Board Meeting	Board Election	Board Policy	Regulatory	Legal
63.00	2,488.50		94.50	26.50	126.00
315.00	81.76		567.00	787.50	157.50
157.50				1,764.00	63.00
				2,110.50	126.00
				315.00	252.00
				79.50	189.00
				1,701.00	850.50
				795.00	315.00
				1,449.00	126.00
				583.00	472.50
				53.00	63.00
				795.00	
				724.50	
				94.50	
				252.00	
				1,701.00	
				315.00	
				265.00	
				132.50	
				132.50	
				318.00	
				132.50	
				126.00	
				26.50	
				378.00	
				318.00	
				882.00	
				662.50	
				1,165.50	
				265.00	
				265.00	
				132.50	

Goss/Samford Billing

Nov 1 - Nov 31, 2021

				976.50	
				189.00	
				26.50	
				212.00	
				106.00	
				1,354.50	
				9.84	
535.50	2,570.26	-	661.50	1900 21,621.84	1900 2,740.50
Bd Legal	Board Meeting		Policy	Regulatory	Legal
1904	1904		1904	Total Current	\$ 28,129.60

SOUTH KENTUCKY RECC
PRG. ACCTANAL (ANLA)

ACCOUNT ANALYSIS
FOR ACCT: 928.00 REGULATORY COMMISSION EXPENSES
DATE RANGE FROM 11/01/21 TO 12/17/21

PAGE 7
Witness: Michelle Herrman
RUN DATE 12/17/21 10:24 AM

SO	TR	RACCT	ITEM	ID	DEPT	WH	BH	DATE	CK/JOB/REC/TSK PJ/VHR/VND/VEH	QTY	DEBIT	CREDIT	DESCRIPTION
PY	20	131.15	LARG	00	1902		1121	11/24/21		10.50	931.14	.00	LABOR REGULAR
AP	1	232.00	MSAD	26	1902		2300	11/30/21	VN 33302944	.00	6,465.00	.00	PRIME GROUP
PY	10	242.20	ACLB	00	1902		1211	11/30/21		32.00	2,837.76	.00	ACCRUED LABOR - MONTH END
PY	20	131.15	LARG	00	1902		1211	12/10/21		20.00	1,773.60	.00	LABOR REGULAR

NUMBER OF RECORDS FOUND - 4

TOTAL QTY 62.50

TOTAL DEBIT 12,007.50

TOTAL CREDIT .00

NET BALANCE 12,007.50

SO	TR	RACCT	ITEM	ID	DEPT	WH	BH	DATE	CK/JOB/REC/TSK PJ/VHR/VND/VEH	QTY	DEBIT	CREDIT	DESCRIPTION
AP	1	232.00	MSAD	26	1902		2300	04/30/20	VN 33302944	.00	460.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	05/31/20	VN 33302944	.00	5,420.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	06/30/20	VN 33302944	.00	8,520.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	07/31/20	VN 33302944	.00	2,720.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	08/31/20	VN 33302944	.00	430.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	10/31/20	VN 33302944	.00	500.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	11/30/20	VN 33302944	.00	100.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	12/31/20	VN 33302944	.00	400.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	03/31/21	VN 33302944	.00	5,290.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	04/30/21	VN 33302944	.00	1,430.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	05/31/21	VN 33302944	.00	1,900.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	06/30/21	VN 33302944	.00	1,000.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	07/31/21	VN 33302944	.00	2,940.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	08/31/21	VN 33302944	.00	10,240.00	.00	PRIME GROUP
AP	1	232.00	MSAD	26	1902		2300	09/30/21	VN 33302944	.00	8,020.00	.00	PRIME GROUP
PY	20	131.15	LARG	00	1902		1021	10/15/21		5.00	443.40	.00	LABOR REGULAR
AP	1	232.00	MSAD	26	1902		2300	10/31/21	VN 33302944	.00	12,200.00	.00	PRIME GROUP
JE	44	184.22	SJOO	37	1902			1 10/31/21		.00	48.93	.00	EXP COOP PART OF EMPL BENEFITS
JE	44	184.22	SJOO	37	1902			1 10/31/21		.00	286.39	.00	EXP COOP PART OF EMPL BENEFITS
TR	50	184.40	TREX	00	1902			1 10/31/21		5.00	2.70	.00	TRANSPORTATION EXPENSE

NUMBER OF RECORDS FOUND - 20

TOTAL QTY 10.00

TOTAL DEBIT 62,351.42
 TOTAL CREDIT .00

 NET BALANCE 62,351.42

The Prime Group

Date: May 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



\$33302944



~050120

2.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during April for work on a cost of service study for South Kentucky RECC. \$ 460.00

Total Amount due for April \$ 460.00

**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.

33302944 MSA026 928.⁰⁰ 928.⁰⁰ MBH 5/1/20 1902

The Prime Group

Date: June 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

4.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during May for work on a cost of service study for South Kentucky RECC. \$ 920.00

22.50 hours of consulting services for Larry Feltner @ \$200.00/hour performed during May for work on a cost of service study for South Kentucky RECC. \$ 4,500.00

Total Amount due for May \$ 5,420.00

**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.

*MAIT
6/8/20*

333 02944 MSAD 26 928.00 1902

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392



33302944



060120

The Prime Group

Date: July 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



7.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during June for work on a Revenue Requirement analysis for South Kentucky RECC. \$ 1,610.00

32.00 hours of consulting services for Larry Feltner @ \$200.00/hour performed during June for work on a cost of service study for South Kentucky RECC. \$ 6,400.00

3.00 hours of consulting services for Eric Blake @ \$170.00/hour performed during June for work on a cost of service study for South Kentucky RECC. \$ 510.00

Total Amount due for June \$ 8,520.00

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

MDH
7/20/20

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.

33302944 MSAD 26 928.00 1902

Cost of Service Study

The Prime Group

Date: August 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



11.05 hours of consulting services for Larry Feltner @ \$200.00/hour performed during July for work on a cost of service study for South Kentucky RECC. \$ 2,210.00

3.00 hours of consulting services for Eric Blake @ \$170.00/hour performed during July for work on reconciling load data for South Kentucky RECC. \$ 510.00

Total Amount due for July \$ 2,720.00

**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.

460
5420
8520
2720
\$17,120 to DANCE

MCH 8/13/20

33302944

MSA020 928.00 1902

The Prime Group

Date: September 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



1.00 hours of consulting services for Larry Feltner @ \$200.00/hour
performed during August for work on FAC calculation review and suggested
changes to add DG generation for South Kentucky RECC. \$ 200.00

1.00 hours of consulting services for Steve Seelye @ \$230.00/hour
performed during August for work on the revenue requirement analysis for
South Kentucky RECC. \$ 230.00

Total Amount due for August \$ **430.00**

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.**

Cost of Service Study

*month
9/18/20*

*333 02944
MSAD 24 928.00 1902*

The Prime Group

Date: November 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

2.50 hours of consulting services for Larry Feltner @ \$200.00/hour
performed during October for work on proforma adjustments in conjunction
an upcoming rate case filing for South Kentucky RECC. \$ 500.00

Total Amount due for October \$ 500.00

**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.**



\$33302944



~110120

AB
11/2/20

Molt 11/5/20
Cost of Service Study

33302944 MSA-0 26 928.00 1902

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Date: December 1, 2020

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

0.50 hours of consulting services for Larry Feltner @ \$200.00/hour \$ 100.00
performed during November for work on proforma adjustments in conjunction
an upcoming rate case filing for South Kentucky RECC.

Total Amount due for November \$ 100.00

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.**

33302944
M300 24 - 1902 - 928.00



AB
12/10/20

MCH
12/18/20
Cost of Service
Study

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Date: January 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

2.00 hours of consulting services for Larry Feltner @ \$200.00/hour \$ 400.00
performed during December for work on proforma adjustments in conjunction
an upcoming rate case filing for South Kentucky RECC.

Total Amount due for December \$ **400.00**

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

AB
1/14/21

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.

333 02944
MSAD 26. 928.00 . 1902

cost of service study



#33302944



~010121

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

MJH

1/14/21

The Prime Group

Date: April 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



21.50 hours of consulting services for Larry Feltner @ \$200.00/hour performed during March assisting with scenarios for spreading a rate increase and Rate Design for South Kentucky RECC.

\$ 4,300.00

*SKRECC
Rate Prep*

3.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during March assisting with scenarios for spreading a rate increase and Rate Design for South Kentucky RECC.

\$ 690.00

*SKRECC
Rate Prep*

1.50 hours of consulting services for Larry Feltner @ \$200.00/hour performed during March assisting with the EKPC Passthrough rate for South Kentucky RECC.

\$ 300.00

*EKPC
Passthrough*

Total Amount due for March

*AB
4/22/21*

\$ 5,290.00

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

33302944 MSAO 26 928.00 1902 MD# 4110121

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

Date: May 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

6.00 hours of consulting services for Larry Feltner @ \$200.00/hour performed during April working on Rate Design for South Kentucky RECC. \$ 1,200.00

1.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during April assisting with Rate Design for South Kentucky RECC. \$ 230.00

Total Amount due for April \$ 1,430.00

**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.



\$33302944



~043021

AB
5/13/21
MWH
5/10/21
Rate Design
COST

3 3302944 MSAD 26 928.00 1902

The Prime Group

Date: June 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

1.00 hours of consulting services for Larry Feltner @ \$200.00/hour \$ 200.00
performed during May working on Rate Design for Seasonal members
for South Kentucky RECC.

10.00 hours of consulting services for Eric Blake @ \$170.00/hour \$ 1,700.00
performed during May assisting Feltner on Rate Design for Seasonal members
for South Kentucky RECC.

Total Amount due for May \$ 1,900.00

**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.

33302944

MSAD 26

928.00

1902

MDH

6/7/21

AB

6/1/21



#33302944



~053121

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Date: July 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

5.00 hours of consulting services for Larry Feltner @ \$200.00/hour \$ 1,000.00
performed during June working on Rate Design for two part rates and identifying
Seasonal members for South Kentucky RECC.

Total Amount due for June \$ 1,000.00

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

AB
7/15/21

**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.**



33302944

MSAD 26 928.00 1902

mb4
7/15/21

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Date: August 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



5.00 hours of consulting services for Larry Feltner @ \$200.00/hour performed during July working on Rate Design for potential Seasonal members for South Kentucky RECC. \$ 1,000.00

4.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during July working on Rate Design and Analysis for South Kentucky RECC. \$ 920.00

6.00 hours of consulting services for Eric Blake @ \$170.00/hour Performed during July working on Rate Design and Analysis for South Kentucky RECC. \$ 1,020.00

Total Amount due for July \$ 2,940.00

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

AB
8/12/21

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.

33302944
MSAD 24

928.00 1902

Rate Case
Rate Design

MOH
8/16/21

The Prime Group

Date: September 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



1.00 hours of consulting services for Larry Feltner @ \$200.00/hour performed during August participating in a rate case conference call with South Kentucky RECC.

\$ 200.00

> Regulatory

37.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during August working on a Depreciation Study for South Kentucky RECC.

\$ 8,510.00

> Regulatory

9.00 hours of consulting services for Eric Blake @ \$170.00/hour Performed during August assisting Seelye on a Depreciation Study for South Kentucky RECC.

\$ 1,530.00

Total Amount due for August

\$ 10,240.00

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

AB fvmwh
9/16/21

33302944
msnd 24.1902.928.00

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.

Mdit
9/18/21

The Prime Group

Date: October 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



\$33302944



093021

12.50 hours of consulting services for Larry Feltner @ \$200.00/hour performed during September for rate case preparations, determination of revenue requirement, proforma adjustments, and a KU rate comparison with South Kentucky RECC. \$ 2,500.00

24.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during September working on a Depreciation Study and draft testimony for South Kentucky RECC. \$ 5,520.00

Total Amount due for September \$ 8,020.00

**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.

AB
10/21/21

MbH
10/13/21

33302944

MSAD 26

928.00

1902

The Prime Group

Date: November 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman

26.00 hours of consulting services for Larry Feltner @ \$200.00/hour performed during October for rate case preparations, determination of revenue requirement, proforma adjustments, Rate Design, and testimony review for South Kentucky RECC. \$ 5,200.00

26.00 hours of consulting services for Steve Seelye @ \$230.00/hour performed during October working on draft testimony and rate development for South Kentucky RECC. \$ 5,980.00

6.00 hours of consulting services for Eric Blake @ \$170.00/hour performed during October working on the customer notice for South Kentucky RECC. \$ 1,020.00

Total Amount due for October \$ **12,200.00**

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

AB
11/18/21

33202944
memo au. 1902. 928.00

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
month 11/9/21

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Date: December 1, 2021

Billed to: South Kentucky RECC
200 Electric Avenue
Somerset, Kentucky 42501

Contact: Michelle Herman



8.50 hours of consulting services for Larry Feltner @ \$200.00/hour performed during November for rate case preparations, determination of revenue requirement, proforma adjustments, Rate Design, and testimony review for South Kentucky RECC. \$ 1,700.00

18.50 hours of consulting services for Steve Seelye @ \$230.00/hour performed during November working on testimony and rate case preparation for South Kentucky RECC. \$ 4,255.00

3.00 hours of consulting services for Eric Blake @ \$170.00/hour performed during November working on rate case preparation for South Kentucky RECC. \$ 510.00

Total Amount due for November \$ 6,465.00

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

MBH

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.

33302944
MSAD 26. 1902.928.00
MOH 12/1/21 928.00 Rate Case

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 38**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 38. Provide the following information for the most recent calendar year concerning the utility and any affiliated service corporation or corporate service division/unit:

Request 38a. A schedule detailing the costs charged, either directly or those allocated by the utility to the service company. Indicate the utility's accounts where these costs were originally recorded. For costs that are allocated, include a description of the allocation factors utilized.

Response 38a. Please refer to South Kentucky's Application Exhibit 24. South Kentucky had no amounts charged or allocated to it by an affiliate or general or home office, and South Kentucky did not pay monies to an affiliate or general or home office during the test period or during the previous three (3) calendar years..

Request 38b. A schedule detailing the costs charged, either directly or allocated, by the service company to the utility. Indicate the utility's accounts where these costs were recorded. For costs that are allocated, include a description of the allocation factors utilized.

Response 38b. Please refer to South Kentucky's response to Request 38a.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 39**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 39. Provide the following information for the most recent calendar year concerning all affiliate-related activities not identified in response to Item 38:

- a. Provide 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. Provide 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 39a-c. Please refer to South Kentucky’s response to Request 38a.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 40**

RESPONSIBLE PERSON: **Michelle Herrman**

COMPANY: **South Kentucky RECC**

Request 40. 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 40. South Kentucky has not engaged in lobbying activities.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 41**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 41. Regarding demand-side management, conservation, and energy-efficiency programs, provide the following:

Request 41a. A list of all programs currently offered by the utility.

Response 41a.

SimpleSaver- AC- This program allows for the installation of utility provided switches on air conditioners that can be managed by the utility during peak usage to reduce load.

SimpleSaver – Thermostat -This program allows for the installation of utility provided thermostats. Participation in this program can be managed by the utility during peak usage to reduce load.

Touchstone Energy Home -The program offers an incentive to encourage new homes to be built to higher standards for thermal integrity and equipment efficiency including high-efficient air-to-air heat pumps or geothermal heat pumps.

Button – Up -The program offers incentives to End-Use Retail Members (“retail member”) who add insulation in the attic and use weatherization techniques to reduce heat loss in the

home.

Heat Pump Retrofit- The program provides an incentive to retail members to convert the home from less efficient resistive heat sources to more efficient air-to-air heat pumps, geothermal heat pumps, or mini-split heat pumps.

Energy Star Manufactured Home - The program provides an incentive to the retail member to purchase a new manufactured home constructed to ENERGY STAR® standards for manufactured homes.

CARES – Community Assistance Resources for Energy Savings - The program provides an incentive to enhance weatherization and energy efficiency services

Request 41b. The total cost incurred for these programs by the utility in each of the three most recent calendar years.

Response 41b.

Costs related to demand-side management, conservation and energy-efficiency programs				
		<u>2018</u>	<u>2019</u>	<u>2020</u>
<u>Revenues from EKPC</u>				
Incentive to member		429,491.74	243,530.85	101,555.56
Lost Revenue		452,257.96	304,957.11	138,660.17
Administrative Cost		43,000.21	26,897.50	15,740.00
		<u>924,749.91</u>	<u>575,385.46</u>	<u>255,955.73</u>
<u>Expenses</u>				
Incentive amount to member		429,491.74	243,530.85	101,555.56
Labor, benefits, Uniforms, transportation, Phone		376,622.51	328,429.20	302,662.76
		<u>806,114.25</u>	<u>571,960.05</u>	<u>404,218.32</u>
Net Income/(Expense)		<u>118,635.66</u>	<u>3,425.41</u>	<u>(148,262.59)</u>

Request 41c. The total energy and demand reductions realized through these programs in each of the three most recent calendar years.

Response 41c.

January 01, 2018 to December 31, 2018

Owner-Member	South Kentucky RECC	Totals YTD by Program	MWh / kWh and MW Saved through Dec 31, 2018			
			Qty	MWh	kWh	Winter MW
Group / Program						
Commercial	37	37	1,653	1,652,553	0.201	0.301
C&I Lighting Upgrade	37	37	1,653	1,652,553	0.201	0.301
Residential	9,973	9,973	2,131	2,131,435	0.369	0.261
Appliance Recycling Freezer	18	18	13	12,528	0.001	0.002
Appliance Recycling Refrigerator	67	67	47	46,632	0.005	0.007
Button Up - Level I	148	148	235	235,053	0.182	0.055
Button Up - Level III	1	1	8	7,665	0.006	0.002
Energy Audit - Billing Insights Audit	12	12	6	6,276	0.000	0.000
ENERGY STAR Air Source Heat Pump	310	310	249	249,240	0.000	0.093
ENERGY STAR Central Air Conditioner	1	1	1	529	0.000	0.001
ENERGY STAR Clothes Washer	179	179	63	62,650	0.013	0.005
ENERGY STAR Dishwasher	227	227	18	17,933	0.002	0.002
ENERGY STAR Freezer	40	40	3	2,680	0.000	0.000
ENERGY STAR Heat Pump Water Heater	14	14	31	30,800	0.007	0.003
ENERGY STAR MANUFACTURED HOME	20	20	239	238,940	0.057	0.010
ENERGY STAR Refrigerator	274	274	27	27,400	0.003	0.001
Heat Pump Retrofit (14 SEER)	83	83	625	625,239	0.000	0.027
Heat Pump Retrofit (15 SEER & up / Geo)	38	38	302	301,829	0.000	0.017
LED	8,500	8,500	204	204,000	0.034	0.020
LED-Promotional	17	17	0	408	0.000	0.000
TSE Home (Performance) (HERS 79 or below)	6	6	15	15,408	0.015	0.004
TSE Home (Prescriptive)	18	18	46	46,224	0.045	0.012
Switches	-311	-311	-2	-1,990	-0.045	-0.256
DLC AC	-224	-224	-1	-1,120	0.000	-0.224
DLC WH	-87	-87	-1	-870	-0.045	-0.032
Total	9,699	9,699	3,782	3,781,997	0.526	0.306
MWh	3,782					
Winter MW	0.526					
Summer MW	0.306					

January 01, 2019 to December 31, 2019

Owner-Member	South Kentucky RECC	Totals YTD by Program	MWh / kWh and MW Saved through Dec 31, 2019			
			Qty	MWh	kWh	Winter MW
Group / Program		Qty	MWh	kWh	Winter MW	Summer MW
Commercial	16	16	1,275	1,275,330	0.154	0.229
C&I Lighting Upgrade	16	16	1,275	1,275,330	0.154	0.229
Residential	7,538	7,538	1,569	1,569,013	0.271	0.158
Appliance Recycling Freezer	1	1	1	696	0.000	0.000
Appliance Recycling Refrigerator	15	15	10	10,440	0.001	0.002
Button Up - Level I	47	47	104	103,746	0.080	0.024
Button Up - Level III	10	10	88	88,056	0.068	0.021
CFL	0	0	0	0	0.000	0.000
Energy Audit - Billing Insights Audit	14	14	7	7,322	0.000	0.000
ENERGY STAR Air Source Heat Pump	93	93	75	74,772	0.000	0.028
ENERGY STAR Clothes Washer	48	48	17	16,800	0.003	0.001
ENERGY STAR Dishwasher	62	62	5	4,898	0.001	0.001
ENERGY STAR Freezer	14	14	1	938	0.000	0.000
ENERGY STAR Heat Pump Water Heater	9	9	20	19,800	0.005	0.002
ENERGY STAR MANUFACTURED HOME	11	11	131	131,417	0.031	0.006
ENERGY STAR Refrigerator	65	65	7	6,500	0.001	0.000
Heat Pump Retrofit (14 SEER)	73	73	542	542,376	0.000	0.023
Heat Pump Retrofit (15 SEER & up / Geo)	52	52	334	333,816	0.000	0.019
LED	7,000	7,000	168	168,000	0.028	0.017
LED-Promotional	3	3	0	72	0.000	0.000
TSE Home (Performance) (HERS 79 or below)	11	11	33	33,080	0.028	0.008
TSE Home (Prescriptive)	10	10	26	26,284	0.025	0.007
Switches	-86	-86	-1	-505	-0.008	-0.077
DLC AC	-71	-71	-0	-355	0.000	-0.071
DLC WH	-15	-15	-0	-150	-0.008	-0.006
Total	7,468	7,468	2,844	2,843,838	0.418	0.310
MWh	2,844					
Winter MW	0.418					
Summer MW	0.310					

January 01, 2020 to December 31, 2020

Owner-Member	South Kentucky RECC	Totals YTD by Program	MWh / kWh and MW Saved through Dec 31, 2020			
			Qty	MWh	kWh	Winter MW
Group / Program		Qty	MWh	kWh	Winter MW	Summer MW
Residential	7,161	7,161	1,071	1,071,013	0.083	0.070
Button Up - Level I	6	6	13	12,830	0.010	0.003
ENERGY STAR MANUFACTURED HOME	3	3	12	12,180	0.003	0.001
Heat Pump Retrofit (14 SEER)	89	89	640	640,305	0.000	0.027
Heat Pump Retrofit (15 SEER & up / Geo)	39	39	187	186,754	0.000	0.010
LED	7,000	7,000	168	168,000	0.028	0.017
LED-Promotional	8	8	0	192	0.000	0.000
TSE Home (Performance) (HERS 79 or below)	11	11	35	34,892	0.029	0.008
TSE Home (Prescriptive)	5	5	16	15,860	0.013	0.004
Switches	-115	-115	-1	-650	-0.008	-0.106
DLC AC	-100	-100	-1	-500	0.000	-0.100
DLC WH	-15	-15	-0	-150	-0.008	-0.006
Total	7,046	7,046	1,070	1,070,363	0.075	-0.035
MWh	1,070					
Winter MW	0.075					
Summer MW	-0.035					

Request 41d. The total cost for these programs included in the historical test period and expected energy reductions to be realized from these programs.

Response 41d.

Costs related to demand-side management, conservation and energy-efficiency programs				
		Test year April 2019- March 2020		
Revenues from EKPC				
	Incentive to member	114,171.76		
	Lost Revenue	146,783.82		
	Administrative Cost	19,460.00		
		280,415.58		
Expenses				
	Incentive amount to member	114,171.76		
	Labor, benefits, Uniforms, transportation, Phone	292,575.57		
		406,747.33		
	Net Expense	(126,331.75)		

April 01, 2019 to March 31, 2020

Owner-Member	South Kentucky RECC	Totals YTD by Program	MWh / kWh and MW Saved through Mar 31, 2020			
			Qty	MWh	kWh	Winter MW
Group / Program		Qty	MWh	kWh	Winter MW	Summer MW
Residential	7,144	7,144	974	974,447	0.087	0.068
Button Up - Level I	12	12	28	28,495	0.022	0.007
CFL	0	0	0	0	0.000	0.000
Energy Audit - Billing Insights Audit	6	6	3	3,138	0.000	0.000
Heat Pump Retrofit (14 SEER)	65	65	482	482,112	0.000	0.020
Heat Pump Retrofit (15 SEER & up / Geo)	44	44	248	248,222	0.000	0.014
LED	7,000	7,000	168	168,000	0.028	0.017
LED-Promotional	3	3	0	72	0.000	0.000
TSE Home (Performance) (HERS 79 or below)	11	11	35	34,892	0.029	0.008
TSE Home (Prescriptive)	3	3	10	9,516	0.008	0.002
Switches	-88	-88	-1	-520	-0.008	-0.078
DLC AC	-72	-72	-0	-360	0.000	-0.072
DLC WH	-16	-16	-0	-160	-0.008	-0.006
Total	7,056	7,056	974	973,927	0.078	-0.010
MWh	974					
Winter MW	0.078					
Summer MW	-0.010					

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 42**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 42. Provide the following information with regard to uncollectible accounts for the test year and three preceding calendar years (taxable year acceptable):

- a. Reserve account balance at the beginning of the year;
- b. Charges to 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 42. Please see attached.

ATTACHMENTS
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SPREADSHEETS
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SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 43**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 43. Provide an analysis of Kentucky Other Operating Taxes as shown in Schedule J for the most recent calendar year.

Response 43. Please see attached schedule.

ATTACHMENTS
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SPREADSHEETS
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SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 44**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 44. Provide a detailed analysis of expenses incurred during the test year for professional services, as shown in Schedule K, 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 44.

					Schedule K
South Kentucky Rural Electric Cooperative Corporation Case No. 2021-00407					
Analysis of Professional Services Expenses For the Test Year					
Line No.	Item (a)	Rate Case (b)	Annual Audit (c)	Other (d)	Total (e)
1	Legal			\$184,092.10	\$184,092.10
2	Engineering			\$25,174.85	\$25,174.85
3	Accounting		\$23,500.00		\$23,500.00
4	Other			\$87,740.97	\$87,740.97
5	Total				\$320,507.92

Please see the attached work papers.

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SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 45**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 45. Provide the following information for the utility. If any amounts were allocated, show a calculation of the factor used to allocate each amount.

Request 45a. A detailed analysis of all charges booked during the test year for advertising expenditures. 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 L1. The analysis should specify the purpose of the expenditure and the expected benefit to be derived.

Response 45a. Please see attached.

Request 45b. An analysis of Account No. 930 – Miscellaneous General expenses for the test year. Include a complete breakdown of this account as shown in Schedule L2 and provide detailed workpapers supporting this analysis. At a minimum, the workpapers

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 L2.

Response 45b. Please see attached.

Request 45c. An analysis of Account No. 426 – Other Income Deductions for the test year. Include a complete breakdown of this account as show in Schedule L3, and provide detailed workpapers supporting this analysis. At a minimum, the workpapers 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 L3.

Response 45c. Please see attached.

listItem

DATE	ACCOUNT	ITEM ID	DEPT	VENDOR	VENDOR NAME	DEBIT	CREDIT	DESCRIPTION	CHECK	ACH SEQ	BALANCE	TRANCODE
04/02/19	930.10	MPRL 06	1702	44406615	FRIENDS OF WOLF CREEK NFH	500.00	.00	FRIENDS OF WOLF CREEK	188381		1,016.78	1
04/03/19	930.10	MPRL 07	1901	33304975	CITY OF SOMERSET	100.00	.00	CITY OF SOM(PARKS/RECREATION)	188372		1,116.78	1
04/04/19	930.10	MPRL 07	1901	33305354	RTEC	75.00	.00	HOLE SPONSOR-RTEC GOLF SCRAMBLE	188485		1,191.78	1
04/04/19	930.10	MPRL 07	1901	33304067	FIRST NATIONAL BANK	100.00	.00	HOLE SPONSOR-FNB GOLF TOURNAMENT	188458		1,291.78	1
04/08/19	930.10	MPRL 06	1901	33304985	SOMERSPLASH WATERPARK	300.00	.00	SOMERSPLASH WATERPARK	188476		1,591.78	1
04/09/19	930.10	MPRL 06	1901	33302690	EPPG	338.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188451		1,929.78	1
04/09/19	930.10	MPRL 07	1901	33305423	KECC	300.00	.00	KECC GOLF SCRAMBLE	188486		2,229.78	1
04/22/19	930.10	MPRL 06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188610		13,089.60	1
04/23/19	930.10	MPRL 07	1901			.00	-100.00	EKP - SPONSORSHIP			37,209.23	80
04/30/19	930.10	MPRL 07	1901	33305364	SCIENCE HILL SCHOOL GOLF	100.00	.00	SCIENCE HILL GOLF	188688		39,019.20	1
04/30/19	930.10	MPRL 07	1901	33304643	WAYNE CO HS CHEER BOOSTERS	25.00	.00	WAYNE CHEER BOOSTERS	188683		39,044.20	1
04/30/19	930.10	MPRL 06	1901	33300232	WAYNE COUNTY OUTLOOK	26.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188779		41,227.41	1
04/30/19	930.10	MPRL 06	1901	33300048	COMMONWEALTH JOURNAL	130.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4086	41,357.41	1
04/30/19	930.10	MPRL 06	1901	33300332	THE TIMES JOURNAL	100.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188780		41,457.41	1
04/30/19	930.10	MPRL 06	1901	33302614	MCCREARY COUNTY VOICE	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188793		41,497.41	1
05/03/19	930.10	MPRL 07	1901	33304833	HABITAT FOR HUMANITY PULASKI	250.00	.00	HABITAT HUMANITY-HOLE SPONSOR	188813		60,904.98	1
05/06/19	930.10	MPRL 07	1903	33300468	UNITED WAY OF SO CENTRAL KY	400.00	.00	UNITED WAY-HOLE SPONSOR	188781		63,955.66	1
05/07/19	930.10	MPRL 06	1901	33302675	P C HIGH SCHOOL CHEERLEADERS	100.00	.00	PC ELECTRONIC MESSAGE BOARD			64,055.66	1
05/07/19	930.10	MPRL 06	1901	33302675	P C HIGH SCHOOL CHEERLEADERS	.00	-100.00	PC ELECTRONIC MESSAGE BOARD			63,955.66	1
05/07/19	930.10	MPRL 06	1900	33302675	P C HIGH SCHOOL CHEERLEADERS	100.00	.00	PC ELECTRONIC MESSAGE BOARD	188796		64,055.66	1
05/08/19	930.10	MPRL 07	1901	33302671	RUSSELL CO BASEBALL BOOSTERS	100.00	.00	RUSSELL BASEBALL GOLF SCRAMBLE	188795		64,155.66	1
05/08/19	930.10	MPRL 07	1900	33302566	MASTER MUSICIANS FESTIVAL	500.00	.00	MASTER MUSICIANS FESTIVAL	188792		64,655.66	1
05/15/19	930.10	MPRL 06	1901	33302690	EPPG	728.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188882		75,444.49	1
05/16/19	930.10	MPRL 06	1901	33302733	P C MAROON FOOTBALL CLUB	200.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189007		75,644.49	1
05/17/19	930.10	MPRL 06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189022		75,951.63	1
05/22/19	930.10	MPRL 07	1901	33304835	CLINTON COUNTY GOLF BOOSTERS	100.00	.00	CLINTON HIGH GOLF SCRAMBLE	189016		110,611.07	1
05/30/19	930.10	MPRL 06	1901	33300332	THE TIMES JOURNAL	250.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189136		112,223.98	1
05/31/19	930.10	MPRL 06	1901	33302428	SWHS CHEERLEADERS	100.00	.00	SWHS CHEERLEADERS	189152		113,800.50	1
05/31/19	930.10	MPRL 06	1901	33302820	SOM GIRLS SOCCER BOOSTERS	150.00	.00	SOMERSET SOCCER SIGN	189157		114,154.50	1
05/31/19	930.10	MPRL 07	1901	33304871	MONT-WAYNE EVENT COMMITTEE	1,250.00	.00	3RD THURSDAY	189173		120,640.95	1
05/31/19	930.10	MPRL 06	1901	33300232	WAYNE COUNTY OUTLOOK	431.80	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189260		123,212.44	1
05/31/19	930.10	MPRL 06	1901	33302614	MCCREARY COUNTY VOICE	20.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189275		123,930.40	1
05/31/19	930.10	MPRL 06	1901	33302614	MCCREARY COUNTY VOICE	207.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189275		124,137.90	1
05/31/19	930.10	MPRL 06	1901	33300048	COMMONWEALTH JOURNAL	276.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4160	124,886.90	1
05/31/19	930.10	MPRL 06	1901	33300336	CLINTON CO NEWS	110.25	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189340		128,604.35	1
06/04/19	930.10	MPRL 07	1901	33305116	SOMERSET HIGH DANCE TEAM	150.00	.00	SOM HIGH DANCE TEAM SPONSORSHIP	189176		146,546.48	1
06/04/19	930.10	MPRL 05	1901	33305355	LAKE CUMBERLAND SPORTS	50.00	.00	ADVERTISING - RADIO/TV	189180		146,596.48	1
06/04/19	930.10	MPRL 06	1901	33304637	NORTHERN MIDDLE CHEERLEADERS	75.00	.00	NMS CHEER	189171		146,671.48	1
06/10/19	930.10	MPRL 06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189294		159,990.78	1
06/11/19	930.10	MPRL 07	1900	33304265	BLAZIN BLUEGRASS	1,000.00	.00	BLAZIN BLUEGRASS	189281		160,990.78	1
06/17/19	930.10	MPRL 34	1703	33300112	H T HACKNEY COMPANY	1,213.49	.00	ADVERTISING HANDOUTS	189489		176,778.44	1

listItem

06/21/19	930.10	MPRL	07	1901	33304559	SOMERSET HIGH VOLLEYBALL	100.00	.00	SOMERSET VOLLEY BALL	189439	204,016.15	1
06/21/19	930.10	MPRL	07	1901	33302691	LAKE CUMB CAL RIPKEN	250.00	.00	LAKE CUMB CAL RIPKEN	189435	204,266.15	1
06/21/19	930.10	MPRL	07	1901	33304940	WAYNE COUNTY GOLF BOOSTERS	100.00	.00	WAYNE CO GOLF TEAM	189441	204,366.15	1
06/24/19	930.10	MPRL	07	1900			.00	-625.00	EKP-REIMBURSE 3RD THURSDAY		204,567.93	80
06/24/19	930.10	MPRL	07	1901			.00	-250.00	EKP - TSE MMF		204,317.93	80
06/30/19	930.10	MPRL	06	1901	33302680	SWHS BOYS SOCCER BOOSTERS	100.00	.00	SWHS SOCCER BOOSTER:SIGN RENEWAL	189509	272,877.32	1
06/30/19	930.10	MPRL	06	1901	33300332	THE TIMES JOURNAL	50.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189493	272,927.32	1
06/30/19	930.10	MPRL	34	1711	33300192	SOUTH KY RECC - WHITLEY CITY	15.63	.00	ADVERTISING HANDOUTS	189492	273,638.71	1
06/30/19	930.10	MPRL	06	1901	33304975	CITY OF SOMERSET	200.00	.00	CITY OF SOM-SIGN(YOUTH SPORTS)	189652	274,604.83	1
06/30/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	26.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189613	274,660.14	1
06/30/19	930.10	MPRL	07	1901			400.00	.00	JE 12194		282,871.30	49
06/30/19	930.10	MPRL	07	1903			.00	-400.00	JE 12194		282,471.30	49
07/01/19	930.10	MPRL	06	1901	33303029	SOMERSET HIGH ATHLETICS	75.00	.00	SOM ATHLETICS PROGRAM	189511	337,972.64	1
07/09/19	930.10	MPRL	07	1900	33300976	AMERICAN LEGION POST 38	200.00	.00	AMERICAN LEGION-BRICK FUNDRAISER	189618	338,172.64	1
07/09/19	930.10	MPRL	07	1901	33304058	LAKE CUMB BLUEGRASS FESTIVAL	100.00	.00	LAKE CUMB BLUEGRASS	189638	339,272.64	1
07/09/19	930.10	MPRL	06	1901	33304507	WAYNE CO FOOTBALL	100.00	.00	WAYNE CO FOOTBALL	189646	339,372.64	1
07/09/19	930.10	MPRL	07	1901	33304736	WAYNE COUNTY HOSPITAL	125.00	.00	WAYNE CO HOSPITAL GOLF SCRAMBLE	189650	339,497.64	1
07/12/19	930.10	MPRL	07	1901	33305367	SOMERSET HIGH CHEERLEADERS	100.00	.00	SOM CHEERLEADERS		349,448.32	1
07/12/19	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189732	349,488.32	1
07/12/19	930.10	MPRL	07	1901	33305367	SOMERSET HIGH CHEERLEADERS	.00	-100.00	SOM CHEERLEADERS		349,388.32	1
07/19/19	930.10	MPRL	07	1901	33302768	SOMERSET HIGH CHEER BOOSTERS	100.00	.00	SOMERSET CHEERLEADING	189795	389,870.71	1
07/22/19	930.10	MPRL	06	1901	33302235	THE CENTER FOR RURAL DEVELOP	275.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189790	390,201.39	1
07/23/19	930.10	MPRL	06	1901	33301558	WAYNE COUNTY HIGH SCHOOL	50.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189787	390,520.15	1
07/23/19	930.10	MPRL	07	1901	33304071	P C LADYMAROON GOLF BOOSTERS	100.00	.00	PC LADY MAROONS(HOLE SPONSOR)	189802	390,620.15	1
07/23/19	930.10	MPRL	07	1901	33304178	SOMERSET HIGH BOYS GOLF TEAM	100.00	.00	SOMERSET GOLF	189804	390,720.15	1
07/23/19	930.10	MPRL	06	1901	33302945	PINE KNOT ELEM FOOTBALL	50.00	.00	PINE KNOT ELEM FOOTBALL	189797	390,770.15	1
07/25/19	930.10	MPRL	07	1901	33305433	WAYNE CO CARDINAL CLUB	100.00	.00	WAYNE CO CARDINAL CLUB	189813	390,870.15	1
07/31/19	930.10	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	29.32	.00	E/W KARATE	189974	393,138.55	1
07/31/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	207.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189996	394,047.45	1
07/31/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	33.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189976	394,759.04	1
07/31/19	930.10	MPRL	05	1901	33301469	WMKZ	150.00	.00	ADVERTISING - RADIO/TV	189986	394,909.04	1
08/01/19	930.10	MPRL	06	1702	33300280	RUSSELL CHAMBER OF COMMERCE	100.00	.00	RUSSELL CHAMBER OF COMMERCE	189829	411,227.42	1
08/06/19	930.10	MPRL	06	1901	33304863	RUSSELL CO FOOTBALL	150.00	.00	RUSSELL FOOTBALL BANNER	190015	412,377.42	1
08/07/19	930.10	MPRL	06	1901	33302366	P C BOYS SOCCER BOOSTER CLUB	150.00	.00	PC BOYS SOCCER BUSINESS SIGN	189992	413,527.42	1
08/13/19	930.10	MPRL	07	1901	33304833	HABITAT FOR HUMANITY PULASKI	250.00	.00	HABITAT FOR HUMANITY	190105	423,628.10	1
08/13/19	930.10	MPRL	07	1901	33305020	RUSSELL SPGS REVITALIZATION	1,000.00	.00	RS DOWNTOWN REVITALIZATION	190113	424,628.10	1
08/19/19	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190191	425,693.10	1
08/20/19	930.10	MPRL	07	1901	33302781	AMERICAN LEGION AUXILIARY	100.00	.00	AMERICAN LEGION AUXILIARY	190176	426,793.10	1
08/20/19	930.10	MPRL	06	1901	33305441	P C BOYS GOLF BOOSTER	125.00	.00	PC BOYS GOLF	190197	426,918.10	1
08/20/19	930.10	MPRL	07	1702	33305009	KEYSTONE FOODS	600.00	.00	KEYSTONE FOODS	190192	427,518.10	1
08/20/19	930.10	MPRL	07	1702	33302925	COBB-VANTRESS	300.00	.00	KY POULTRY FESTIVAL - COBB	190180	427,818.10	1
08/20/19	930.10	MPRL	34	1901	33305396	MORRIS PROMOTIONAL	478.22	.00	(210) PLANNERS	190196	428,296.32	1

listItem

08/20/19	930.10	MPRL	07	1901	44408827	SWHS CROSS COUNTRY BOOSTERS	50.00	.00	SWHS CROSS COUNTRY	190199	428,346.32	1
08/22/19	930.10	MPRL	07	1700	33304744	PULASKI CO 4-H COUNCIL	250.00	.00	4-H LIVESTOCK SHOW/SALE	190189	428,596.32	1
08/31/19	930.10	MPRL	34	1901	33300072	EAST KENTUCKY POWER COOP	72.36	.00	ADVERTISING HANDOUTS	190302	455,704.55	1
08/31/19	930.10	MPRL	06	1901	33300332	THE TIMES JOURNAL	100.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190306	456,411.77	1
08/31/19	930.10	MPRL	06	1901	33305329	RUSSELL CO SHERIFF OFFICE	100.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190346	456,511.77	1
08/31/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	20.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190432	461,747.55	1
08/31/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	157.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190432	461,905.05	1
08/31/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	146.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190421	462,051.45	1
08/31/19	930.10	MPRL	06	1901	33300336	CLINTON CO NEWS	45.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190422	462,096.45	1
08/31/19	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	490.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	4343	462,586.45	1
08/31/19	930.10	MPRL	07	1901			.00	-50.00	JE12224-VOIDCK184363-WAYNE CHEER		462,511.45	40
08/31/19	930.10	MPRL	07	1901	33305447	RUSSELL SPRINGS QUILT GUILD	50.00	.00	RUSSELL QUILT GUILD	190549	462,807.92	1
08/31/19	930.10	MPRL	07	1900			625.00	.00	JE12228-3RD THURS REIMBURSEMENT		463,432.92	49
08/31/19	930.10	MPRL	07	1901			.00	-625.00	JE12228-3RD THURS REIMBURSEMENT		462,807.92	49
09/03/19	930.10	MPRL	06	1901	33305092	NORTHERN MIDDLE FOOTBALL	150.00	.00	NORTHERN MIDDLE FOOTBALL	190341	478,565.84	1
09/04/19	930.10	MPRL	07	1901	33302981	WAYNE CO HOME RUN CLUB	100.00	.00	WAYNE HOME RUN CLUB	190324	478,665.84	1
09/04/19	930.10	MPRL	06	1901	33300865	RUSSELL COUNTY HIGH SCHOOL	50.00	.00	RUSSELL YEARBOOK AD	190309	478,715.84	1
09/09/19	930.10	MPRL	07	1901			.00	-325.00	EKP-TSE ADVERTISING-RUSSELL FEST		488,241.52	80
09/10/19	930.10	MPRL	07	1901	33305318	THE EXPLORE KY INITIATIVE	150.00	.00	SPONSOR-SOUTH FORK RIVER DASH	190460	482,091.52	1
09/17/19	930.10	MPRL	05	1901	33302228	KING OF KINGS RADIO	150.00	.00	ADVERTISING - RADIO/TV	190529	482,485.12	1
09/17/19	930.10	MPRL	07	1807	33304852	KRUS	100.00	.00	KRUS GOLF HOLE SPONSOR	190543	482,585.12	1
09/17/19	930.10	MPRL	07	1901	33305446	WAYNE MIDDLE CHEER BOOSTERS	50.00	.00	WAYNE MIDDLE CHEER	190548	482,635.12	1
09/23/19	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190649	508,131.56	1
09/24/19	930.10	MPRL	07	1900	33304871	MONT-WAYNE EVENT COMMITTEE	250.00	.00	WAYNE CO FALL FEST SPONSOR	190648	508,381.56	1
09/24/19	930.10	MPRL	06	1901	33302954	THE BRIDGE -THE MIRROR	120.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190681	508,501.56	1
09/27/19	930.10	MPRL	34	1711	33300189	SOUTH KY RECC - ALBANY	20.93	.00	ADVERTISING HANDOUTS		509,168.15	1
09/27/19	930.10	MPRL	34	1711	33300189	SOUTH KY RECC - ALBANY	.00	-20.93	ADVERTISING HANDOUTS		509,147.22	1
09/27/19	930.10	MPRL	34	1711	33300192	SOUTH KY RECC - WHITLEY CITY	20.93	.00	ADVERTISING HANDOUTS	190668	509,168.15	1
09/30/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190791	510,937.24	1
09/30/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	26.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190770	515,642.14	1
09/30/19	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	395.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		516,037.14	1
09/30/19	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	.00	-395.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		515,642.14	1
10/02/19	930.10	MPRL	07	1901	33301952	SOMERSET JUNIOR WOMAN'S CLUB	250.00	.00	SOM JR WOMAN'S CLUB	190674	536,343.72	1
10/07/19	930.10	MPRL	06	1901	33304006	SOUTHERN HISTORICAL NEWS INC	79.95	.00	SOLAR	190793	546,274.35	1
10/11/19	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190895	546,314.35	1
10/11/19	930.10	MPRL	06	1901	33302690	EPPG	364.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	190883	546,678.35	1
10/16/19	930.10	MPRL	07	1901	33305397	SWHS BASS FISHING BOOSTERS	200.00	.00	SWHS BASS FISHING TEAM	190898	547,338.95	1
10/24/19	930.10	MPRL	34	1900	33305396	MORRIS PROMOTIONAL	3,110.24	.00	(10,000) PRESS/STICK CALENDARS	191022	575,011.29	1
10/25/19	930.10	MPRL	07	1901	33301221	ALBANY CLINTON CO CHAMBER	600.00	.00	CLINTON CHAMBER BANQUET SPONSOR	191008	575,611.29	1
10/31/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	50.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191104	581,063.20	1
10/31/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	33.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191208	585,964.31	1
10/31/19	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	274.00	.00	SOLAR	4474	586,238.31	1

listItem

10/31/19	930.10	MPRL	06	1901	33300332	THE TIMES JOURNAL	150.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191209	586,388.31	1
11/01/19	930.10	MPRL	07	1901	33303093	AMBASSADOR COMPANY	1,000.00	.00	BOOKS (PC SCHOOL SYSTEM)	191112	603,270.44	1
11/06/19	930.10	MPRL	06	1901	33301761	SOUTHWESTERN WARRIORS	100.00	.00	SWHS MEET THE WARRIORS	191097	608,751.80	1
11/19/19	930.10	MPRL	06	1901	33301302	PULASKI CO SHERIFF CALENDAR	150.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191286	622,478.16	1
11/19/19	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191308	622,518.16	1
11/19/19	930.10	MPRL	06	1901	33302690	EPPG	364.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191293	622,882.16	1
11/30/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191419	654,288.00	1
11/30/19	930.10	MPRL	06	1901	33300336	CLINTON CO NEWS	45.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191496	654,333.00	1
11/30/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	26.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191494	654,359.40	1
11/30/19	930.10	MPRL	06	1901	33302784	CASEY COUNTY NEWS	540.00	.00	SAFETY AD	191515	654,899.40	1
11/30/19	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	315.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4535 652,618.83	1
12/04/19	930.10	MPRL	34	1703	33300112	H T HACKNEY COMPANY	1,213.49	.00	ADVERTISING HANDOUTS	191488	668,743.09	1
12/10/19	930.10	MPRL	07	1901	33302642	PRO VIDEO-AUDIO PROD INC	150.00	.00	MONT PARADE SPONSORSHIP	191512	668,893.09	1
12/10/19	930.10	MPRL	06	1901	33301558	WAYNE COUNTY HIGH SCHOOL	75.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191503	668,968.09	1
12/16/19	930.10	MPRL	07	1901	33304643	WAYNE CO HS CHEER BOOSTERS	100.00	.00	WAYNE CHEER BOOSTERS	191658	682,005.40	1
12/17/19	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191665	682,045.40	1
12/31/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	128.75	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191807	708,172.07	1
12/31/19	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	30.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191807	708,202.07	1
12/31/19	930.10	MPRL	06	1901	33300336	CLINTON CO NEWS	52.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191782	708,254.57	1
12/31/19	930.10	MPRL	06	1901	33305456	LAKE CUMBERLAND CURRENT	75.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191835	709,520.22	1
12/31/19	930.10	MPRL	05	1901	33305355	LAKE CUMBERLAND SPORTS	300.00	.00	ADVERTISING - RADIO/TV	191833	710,180.22	1
12/31/19	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	231.30	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191778	710,782.42	1
12/31/19	930.10	MPRL	06	1901	33300332	THE TIMES JOURNAL	195.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191781	710,977.42	1
12/31/19	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	365.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4604 711,342.42	1
12/31/19	930.10	MPRL	34	1711	33300192	SOUTH KY RECC - WHITLEY CITY	14.73	.00	ADVERTISING HANDOUTS	191775	711,357.15	1
01/02/20	930.10	MPRL	06	1901	33305344	HERITAGE COMPANY	1,626.35	.00	HERITAGE COMPANY	191739	734,139.47	1
01/02/20	930.10	MPRL	06	1901	33302821	P C LADY MAROONS SOFTBALL	100.00	.00	PC SOFTBALL SIGN RENEWAL	191811	734,239.47	1
01/14/20	930.10	MPRL	06	1901	33305458	SOUTHERN MIDDLE BASEBALL	100.00	.00	SMS MIDDLE BASEBALL	191931	735,423.11	1
01/22/20	930.10	MPRL	06	1901	33305459	NORTHERN MIDDLE SOFTBALL	150.00	.00	NORTHEN MIDDLE SOFTBALL SIGN	191988	748,360.69	1
01/22/20	930.10	MPRL	06	1901	33302691	LAKE CUMB CAL RIPKEN	175.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	191981	748,535.69	1
01/27/20	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192046	748,575.69	1
01/27/20	930.10	MPRL	07	1901	33302798	SOMERNITES CRUISE INC	500.00	.00	SOMERNITES CRUISE	192036	749,075.69	1
01/31/20	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	50.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192123	773,483.17	1
01/31/20	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	425.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4675 774,169.77	1
01/31/20	930.10	MPRL	06	1901	33300332	THE TIMES JOURNAL	175.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192202	774,344.77	1
01/31/20	930.10	MPRL	06	1901	33302498	SWHS BASEBALL BOOSTERS	100.00	.00	SWHS BASEBALL SIGN RENEWAL	192222	774,444.77	1
01/31/20	930.10	MPRL	06	1901	33305456	LAKE CUMBERLAND CURRENT	110.24	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192251	774,555.01	1
01/31/20	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	58.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192201	774,613.01	1
02/05/20	930.10	MPRL	06	1900	33304589	DUCKS UNLIMITED	500.00	.00	SILVER SPONSOR-DUCKS UNLIMITED	192138	796,999.36	1
02/10/20	930.10	MPRL	06	1901	33305462	SWHS TENNIS	50.00	.00	SWHS TENNIS	192252	797,049.36	1
02/12/20	930.10	MPRL	06	1901	33304501	CLINTON CO BULLDOGS SOFTBALL	100.00	.00	CLINTON SOFTBALL	192233	797,149.36	1
02/14/20	930.10	MPRL	07	1901	33302883	WAYNE CO HORSEMAN'S ASSOC	100.00	.00	WAYNE CO HORSEMAN ASSOCIATION	192283	797,249.36	1

listItem

02/14/20	930.10	MPRL	06	1901	33305463	MEECE MIDDLE SCHOOL BASEBALL	100.00	.00	MMS BASEBALL	192295	797,349.36	1
02/19/20	930.10	MPRL	06	1901	33304985	SOMERSPLASH WATERPARK	300.00	.00	SOMERSPLASH WATERPARK	192291	797,649.36	1
02/19/20	930.10	MPRL	06	1901	33304254	SWHS GIRLS SOFTBALL BOOSTERS	125.00	.00	SWHS GIRLS SOFTBALL SIGN	192285	797,997.73	1
02/19/20	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192290	798,037.73	1
02/21/20	930.10	MPRL	06	1901	33302399	P C MAROONS HOMERUN CLUB	100.00	.00	PC BASEBALL SIGN RENEWAL	192330	832,342.10	1
02/21/20	930.10	MPRL	07	1900	33300188	SOM PUL CHAMBER OF COMMERCE	5,000.00	.00	PC CHAMBER WORLD CLASS SPONSOR	192324	837,342.10	1
02/26/20	930.10	MPRL	06	1901	33305246	MCCREARY CENTRAL BASEBALL	100.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192347	851,131.93	1
02/26/20	930.10	MPRL	06	1901	33300664	SOMERSET HIGH SCHOOL	300.00	.00	SOM STATE CHAMPIONSHIP POSTER	192327	851,431.93	1
02/28/20	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	128.75	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192407	851,560.68	1
02/28/20	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192407	851,600.68	1
02/28/20	930.10	MPRL	34	1901	33300072	EAST KENTUCKY POWER COOP	163.80	.00	ADVERTISING HANDOUTS	192393	851,764.48	1
02/28/20	930.10	MPRL	34	1700	33300162	RURAL CO-OP CREDIT UNION	253.34	.00	(20) CAPS	192397	857,104.29	1
02/28/20	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	26.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192482	857,823.68	1
02/28/20	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	379.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192482	858,872.08	1
02/28/20	930.10	MPRL	05	1901	33304476	TLO BROADCASTING	49.50	.00	ADVERTISING - RADIO/TV	192511	858,921.58	1
03/03/20	930.10	MPRL	06	1901	33305466	RUSSELL CO SOCCER BOOSTERS	50.00	.00	RUSSELL SOCCER BOOSTERS	192431	889,963.98	1
03/03/20	930.10	MPRL	06	1901	44406182	THE ADANTA GROUP	75.00	.00	HOLE SPONSOR-ADANTA GOLFSCRAMBLE	192433	890,038.98	1
03/05/20	930.10	MPRL	06	1901	33305352	MCCREARY BABE RUTH	125.00	.00	MCCREARY BABE RUTH	192522	890,163.98	1
03/06/20	930.10	CASH	01	1703			.00	-5.00	OVER/SHORT - SOMERSET		890,158.98	80
03/09/20	930.10	MPRL	07	1901	33305256	P C HIGH SCHOOL DECA CLUB	100.00	.00	PC DECA	192519	890,258.98	1
03/09/20	930.10	MPRL	06	1901	33302690	EPPG	338.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192500	890,596.98	1
03/09/20	930.10	MPRL	06	1901	33305350	GOSPEL WORLD NEWS INC	200.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192521	890,796.98	1
03/09/20	930.10	MPRL	07	1900	33302566	MASTER MUSICIANS FESTIVAL	500.00	.00	MASTER MUSICIANS FESTIVAL	192499	891,296.98	1
03/13/20	930.10	MPRL	07	1901	33304975	CITY OF SOMERSET	100.00	.00	CITY OF SOM(PARKS/RECREATION)	192590	892,641.08	1
03/24/20	930.10	MPRL	34	1711	33300192	SOUTH KY RECC - WHITLEY CITY	11.66	.00	ADVERTISING HANDOUTS	192652	926,937.24	1
03/30/20	930.10	CASH	07	1703			.00	-3.00	OVER/SHORT - RUSSELL SPRINGS		927,183.24	80
03/31/20	930.10	MPRL	06	1901	33304964	STRATEGIC PLAN SPECIALISTS	40.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192730	927,223.24	1
03/31/20	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	20.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192718	927,243.24	1
03/31/20	930.10	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	207.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192718	927,450.74	1
03/31/20	930.10	MPRL	06	1901	33305168	MONT-WAYNE PARKS/RECREATION	200.00	.00	MONT WAYNE PARKS - 3 SIGNS	192810	927,650.74	1
03/31/20	930.10	MPRL	06	1901	33300336	CLINTON CO NEWS	45.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192774	927,695.74	1
03/31/20	930.10	MPRL	06	1901	33300336	CLINTON CO NEWS	193.20	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192774	927,888.94	1
03/31/20	930.10	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	415.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192774	928,303.94	1
03/31/20	930.10	MPRL	06	1901	33305456	LAKE CUMBERLAND CURRENT	190.20	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192818	928,494.14	1
03/31/20	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	26.40	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192773	930,259.91	1
03/31/20	930.10	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	183.65	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192773	930,443.56	1
03/31/20	930.10	MPRL	06	1901	33302784	CASEY COUNTY NEWS	130.00	.00	SAFETY AD	192870	944,584.96	1
09/20/19	930.11	LARG	00	1703			134.47	.00	LABOR REGULAR		483,769.59	20
09/30/19	930.11	SJOO	37	1703			10.90	.00	EXP COOP PART OF EMPL BENEFITS		535,211.61	44
09/30/19	930.11	SJOO	37	1703			79.36	.00	EXP COOP PART OF EMPL BENEFITS		535,325.53	44
10/15/19	930.11	MPRL	07	1702	33300112	H T HACKNEY COMPANY	195.00	.00	CANDY-FOOTHILLS	190873	547,117.30	1
10/17/19	930.11	MPRL	07	1702	33305307	MUM & PUMPKIN PATCH	46.00	.00	DECORATIONS-FOOTHILL PARADE	190953	571,751.32	1

listItem

10/18/19	930.11	LAOT	01	1702		149.73	.00 OVERTIME 1 1/2		571,901.05	20
10/25/19	930.11	ACLB	00	1702		332.70	.00 ACCRUED LABOR - MONTH END		575,943.99	10
10/25/19	930.11	ACLB	02	1702		474.15	.00 ACCRUED LABOR (OT) - MONTH END		576,418.14	10
10/29/19	930.11	MPRL	07	1702	22200526 BALL, KENNETH C	27.52	.00 10/18 MEAL	4441	576,471.04	1
10/29/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	92.08	.00 ZIP TIES/HAY	191403	576,563.12	1
10/29/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	69.81	.00 DECORATIONS FOR TRUCK	191082	576,632.93	1
10/29/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	1.37	.00 MUSIC(FOOTHILLS)	191082	576,634.30	1
10/31/19	930.11	SJOO	37	1702		70.74	.00 EXP COOP PART OF EMPL BENEFITS		601,488.83	44
10/31/19	930.11	SJOO	37	1702		184.85	.00 EXP COOP PART OF EMPL BENEFITS		601,673.68	44
10/31/19	930.11	TREX	00	1702		91.23	.00 TRANSPORTATION EXPENSE		601,764.91	50
11/04/19	930.11	MSAD	15	1702	33300138 MONTICELLO-WAYNE CO C OF C	50.00	.00 MONTICELLO PARADE ENTRY FEE	191081	603,320.44	1
11/04/19	930.11	MSAD	15	1702	33300188 SOM PUL CHAMBER OF COMMERCE	30.00	.00 PULASKI PARADE ENTRY FEE	191083	603,350.44	1
11/27/19	930.11	MPRL	07	1702	33300112 H T HACKNEY COMPANY	779.99	.00 CANDY	191401	652,827.20	1
11/29/19	930.11	LARG	00	1702		399.24	.00 LABOR REGULAR		653,226.44	20
11/30/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	2.73	.00 MUSIC	191403	653,229.17	1
11/30/19	930.11	ACLB	00	1702		919.58	.00 ACCRUED LABOR - MONTH END		653,538.41	10
11/30/19	930.11	TREX	13	1702		4.40	.00 JE 12279		665,848.67	40
11/30/19	930.11	TREX	09	1702		37.59	.00 JE 12279		665,886.26	40
11/30/19	930.11	SJOO	37	1702		153.60	.00 EXP COOP PART OF EMPL BENEFITS		666,039.86	44
11/30/19	930.11	SJOO	37	1702		838.93	.00 EXP COOP PART OF EMPL BENEFITS		666,878.79	44
11/30/19	930.11	TREX	00	1702		141.37	.00 TRANSPORTATION EXPENSE		667,020.16	50
12/13/19	930.11	LAOT	01	1702		524.06	.00 OVERTIME 1 1/2		669,492.15	20
12/13/19	930.11	LARG	00	1702		2,562.57	.00 LABOR REGULAR		672,054.72	20
12/27/19	930.11	LAOT	01	1702		823.52	.00 OVERTIME 1 1/2		707,480.82	20
12/27/19	930.11	LARG	00	1702		562.50	.00 LABOR REGULAR		708,043.32	20
12/31/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	348.76	.00 PUBLIC RELATIONS EXPENSE	191774	708,603.33	1
12/31/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	114.42	.00 PUBLIC RELATIONS EXPENSE	191774	708,717.75	1
12/31/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	82.43	.00 PUBLIC RELATIONS EXPENSE	191774	708,800.18	1
12/31/19	930.11	MPRL	07	1702	33300162 RURAL CO-OP CREDIT UNION	144.29	.00 PUBLIC RELATIONS EXPENSE	191774	708,944.47	1
12/31/19	930.11	TREX	09	1702		120.29	.00 JE 12284		724,257.97	40
12/31/19	930.11	SJOO	37	1702		348.84	.00 EXP COOP PART OF EMPL BENEFITS		730,282.31	44
12/31/19	930.11	SJOO	37	1702		1,824.80	.00 EXP COOP PART OF EMPL BENEFITS		732,107.11	44
12/31/19	930.11	TREX	00	1702		415.18	.00 TRANSPORTATION EXPENSE		732,522.29	50
02/28/20	930.11	ACLB	00	1702		199.62	.00 ACCRUED LABOR - MONTH END		857,348.09	10
02/28/20	930.11	ACLB	02	1702		449.19	.00 ACCRUED LABOR (OT) - MONTH END		857,797.28	10
02/29/20	930.11	SJOO	37	1702		62.78	.00 EXP COOP PART OF EMPL BENEFITS		889,202.52	44
02/29/20	930.11	SJOO	37	1702		129.76	.00 EXP COOP PART OF EMPL BENEFITS		889,332.28	44
02/29/20	930.11	TREX	00	1702		39.30	.00 TRANSPORTATION EXPENSE		889,371.58	50
04/18/19	930.20	MPRL	07	1900	33302410 PERFORMANCE FOOD SERVICE	23.30	.00 PRIDE PICKUP-PERFORMANCE FOODS	188530	2,487.79	1
04/18/19	930.20	MPRL	07	1900	33302410 PERFORMANCE FOOD SERVICE	114.77	.00 PRIDE PICKUP-PERFORMANCE FOODS	188530	2,602.56	1
04/22/19	930.20	EMEX	04	1900	33301254 MODERN DISTRIBUTORS INC	596.36	.00 COMMUNICATION MEETING	4066	13,049.60	1
04/22/19	930.20	MPRL	08	1901	33300115 KEC INC	24,219.63	.00 KENTUCKY LIVING	4076	37,309.23	1

listItem

04/25/19	930.20	EMBF	17	1901	44412638	SAYERS, TYLER RAY	50.00	.00	TYLER SAYERS	188690	37,484.23	1
04/25/19	930.20	EMBF	17	1901	44414855	CARTER, ZACHARY	25.00	.00	ZACHARY CARTER	188691	37,509.23	1
04/25/19	930.20	EMBF	17	1901	44414856	CRAIG, JANSON	25.00	.00	JANSON CRAIG	188692	37,534.23	1
04/25/19	930.20	EMBF	17	1901	44414857	FLETCHER, KOLTON JACE	25.00	.00	KOLTON FLETCHER	188693	37,559.23	1
04/25/19	930.20	EMBF	17	1901	44414858	HUFF, MIRANDA	25.00	.00	MIRANDA HUFF	188694	37,584.23	1
04/25/19	930.20	EMBF	17	1901	44414859	WILSON, PAYTON	25.00	.00	PAYTON WILSON	188695	37,609.23	1
04/26/19	930.20	ACLB	00	1802			612.50	.00	ACCRUED LABOR - MONTH END		38,221.73	10
04/29/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	50.00	.00	PRIDE PICK UP		38,674.45	1
04/29/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	75.00	.00	CATHY EPPERSON		38,749.45	1
04/29/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	184.11	.00	NORA WALL		38,933.56	1
04/29/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	35.64	.00	HOPKINS TOUR		38,969.20	1
04/29/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-50.00	PRIDE PICK UP		38,919.20	1
04/29/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-75.00	CATHY EPPERSON		38,844.20	1
04/29/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-184.11	NORA WALL		38,660.09	1
04/29/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-35.64	HOPKINS TOUR		38,624.45	1
04/29/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	75.00	.00	CATHY EPPERSON	188775	38,699.45	1
04/29/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	184.11	.00	NORA WALL	188775	38,883.56	1
04/29/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	35.64	.00	HOPKINS TOUR	188775	38,919.20	1
04/30/19	930.20	MPRL	07	1712	33300162	RURAL CO-OP CREDIT UNION	31.63	.00	PRIDE PICKUP	188775	39,075.83	1
04/30/19	930.20	EMEX	15	1605	33300162	RURAL CO-OP CREDIT UNION	182.12	.00	EMPLOYEE RETIREMENT COSTS	188775	39,257.95	1
04/30/19	930.20	EMEX	14	1605	33300162	RURAL CO-OP CREDIT UNION	24.00	.00	EGG HUNT(WHITLEY)	188775	40,051.72	1
04/30/19	930.20	EMEX	14	1802	33300162	RURAL CO-OP CREDIT UNION	306.27	.00	LINEMAN APPRECIATION DAY	188775	40,357.99	1
04/30/19	930.20	EMEX	14	1711	33300162	RURAL CO-OP CREDIT UNION	64.47	.00	LINEMAN APPRECIATION(WC)	188775	40,422.46	1
04/30/19	930.20	EMEX	08	1900	33300162	RURAL CO-OP CREDIT UNION	66.19	.00	PRIZES	188775	40,488.65	1
04/30/19	930.20	EMEX	15	1605	33300162	RURAL CO-OP CREDIT UNION	128.88	.00	EMPLOYEE RETIREMENT COSTS	188775	40,617.53	1
04/30/19	930.20	MPRL	07	1900	33300162	RURAL CO-OP CREDIT UNION	188.30	.00	PRIDE PICKUP	188775	40,976.54	1
04/30/19	930.20	EMEX	14	1714	33300162	RURAL CO-OP CREDIT UNION	81.83	.00	EMPLOYEE MISC EXPENSE	188775	41,058.37	1
04/30/19	930.20	EMEX	14	1605	33300162	RURAL CO-OP CREDIT UNION	13.24	.00	RUSSELL EGG HUNT	188775	41,071.61	1
04/30/19	930.20	BDEX	03	1904			.00	-1,200.00	JE 12161-LYNDON TURPIN		39,871.61	49
04/30/19	930.20	BDEX	03	1904			.00	-1,450.00	JE 12161-JOHN JONES II		38,421.61	49
04/30/19	930.20	BDEX	03	1904			.00	-1,380.96	JE 12161-GEORGE ELMORE		37,040.65	49
04/30/19	930.20	BDEX	03	1904			1,200.00	.00	JE 12161-LYNDON TURPIN		38,240.65	49
04/30/19	930.20	BDEX	03	1904			1,380.96	.00	JE 12161-GEORGE ELMORE		39,621.61	49
04/30/19	930.20	BDEX	03	1904			1,450.00	.00	JE 12161-JOHN JONES II		41,071.61	49
04/30/19	930.20	EMEX	14	1713	33300162	RURAL CO-OP CREDIT UNION	129.40	.00	LINEMAN APPRECIATION-MONT	188775	41,201.01	1
04/30/19	930.20	EMEX	15	1605	33300162	RURAL CO-OP CREDIT UNION	791.03	.00	FOOD-SONNYS	188775	42,288.44	1
04/30/19	930.20	EMEX	14	1712	33300162	RURAL CO-OP CREDIT UNION	25.36	.00	LINEMAN APPRECIATION(ALBANY)	188775	42,313.80	1
04/30/19	930.20	SJOO	37	1802			50.80	.00	EXP COOP PART OF EMPL BENEFITS		59,312.86	44
04/30/19	930.20	SJOO	37	1802			342.07	.00	EXP COOP PART OF EMPL BENEFITS		59,688.33	44
04/30/19	930.20	TREX	00	1802			202.68	.00	TRANSPORTATION EXPENSE		60,145.36	50
05/09/19	930.20	MPRL	07	1900			.00	-23.30	PAUL MERRICK-FOOD-PRIDE PICKUP		64,865.81	80
05/17/19	930.20	MPRL	08	1901	33300115	KEC INC	30,948.55	.00	KENTUCKY LIVING		4149 109,550.86	1

listItem

05/22/19	930.20	EMEX 04 1900	33301254	MODERN DISTRIBUTORS INC	596.36	.00 COMMUNICATION MEETING		4131	110,147.22	1
05/22/19	930.20	MPRL 07 1900	33301254	MODERN DISTRIBUTORS INC	363.85	.00 CHAMBER LEADERSHIP		4131	110,511.07	1
05/31/19	930.20	MPRL 07 1900	33300162	RURAL CO-OP CREDIT UNION	21.18	.00 PRIDE PICKUP	191082		114,499.68	1
05/31/19	930.20	EMBF 17 1901	33300162	RURAL CO-OP CREDIT UNION	302.41	.00 RODAMAKER,CHITWOOD,CHUMBLEY,CARD	189132		117,501.50	1
05/31/19	930.20	EMBF 17 1901	33300162	RURAL CO-OP CREDIT UNION	6.36	.00 GRADUATION CARDS	189132		117,507.86	1
05/31/19	930.20	MPRL 07 1901	33300162	RURAL CO-OP CREDIT UNION	23.29	.00 PC LEADERSHIP TOUR	189132		119,375.55	1
05/31/19	930.20	EMEX 14 1605	33300162	RURAL CO-OP CREDIT UNION	10.60	.00 DERBY DAY	189132		119,386.15	1
05/31/19	930.20	EMEX 14 1605	33300162	RURAL CO-OP CREDIT UNION	114.13	.00 EASTER EGG HUNT	189132		120,755.08	1
05/31/19	930.20	MPRL 07 1605	33300162	RURAL CO-OP CREDIT UNION	15.06	.00 PRIDE	189132		120,770.14	1
05/31/19	930.20	EMEX 14 1711	33300162	RURAL CO-OP CREDIT UNION	54.80	.00 LINEMAN APPRECIATION	189132		120,824.94	1
06/17/19	930.20	MPRL 08 1901	33300115	KEC INC	24,270.27	.00 KENTUCKY LIVING		4223	201,048.71	1
06/21/19	930.20	BDEX 17 1605	33302049	N R E C A	250.00	.00 SERVICE FEE-457(B)PLAN-DIRECTOR	189503		203,916.15	1
06/30/19	930.20	EMBF 17 1901	33300162	RURAL CO-OP CREDIT UNION	225.00	.00 HARRIS, MAURATH	189610		272,163.63	1
06/30/19	930.20	MSAD 13 1901	33300162	RURAL CO-OP CREDIT UNION	49.68	.00 POSTAGE	189610		272,213.31	1
06/30/19	930.20	EMEX 08 1605	33300162	RURAL CO-OP CREDIT UNION	15.90	.00 EMPLOYEE OUTING	189610		272,777.32	1
07/16/19	930.20	MPRL 08 1901	33300115	KEC INC	24,284.39	.00 KENTUCKY LIVING		4272	375,672.71	1
07/23/19	930.20	EMEX 15 1901	33301254	MODERN DISTRIBUTORS INC	253.76	.00 ROB EDWARDS		4258	390,470.15	1
07/29/19	930.20	EMEX 04 1900	33301254	MODERN DISTRIBUTORS INC	596.36	.00 COMMUNICATION MEETING		4275	391,466.51	1
07/31/19	930.20	EMBF 17 1901	33300162	RURAL CO-OP CREDIT UNION	225.00	.00 SAYERS/COGGINS	189974		392,992.51	1
07/31/19	930.20	MPRL 07 1901	33300162	RURAL CO-OP CREDIT UNION	116.72	.00 RELAY FOR LIFE	189974		393,109.23	1
07/31/19	930.20	EMEX 14 1900	33300162	RURAL CO-OP CREDIT UNION	85.41	.00 NO LOST TIME(SAMPLES)	189974		393,223.96	1
07/31/19	930.20	EMEX 15 1901	33300162	RURAL CO-OP CREDIT UNION	11.66	.00 ROBERT EDWARDS	189974		393,235.62	1
07/31/19	930.20	EMEX 08 1900	33300162	RURAL CO-OP CREDIT UNION	106.32	.00 PICNIC PRIZES	189974		393,592.26	1
07/31/19	930.20	EMEX 04 1605	33300162	RURAL CO-OP CREDIT UNION	31.80	.00 EDUCATIONAL/TRAINING EXPENSE	189974		393,624.06	1
07/31/19	930.20	EMEX 14 1605	33300162	RURAL CO-OP CREDIT UNION	215.89	.00 SAFETY/COMM MEETING	189974		393,839.95	1
07/31/19	930.20	MPRL 07 1702	33300162	RURAL CO-OP CREDIT UNION	318.32	.00 PUBLIC RELATIONS EXPENSE	189974		394,365.77	1
07/31/19	930.20	MPRL 07 1901	33300162	RURAL CO-OP CREDIT UNION	13.77	.00 PUBLIC RELATIONS EXPENSE	189974		394,379.54	1
07/31/19	930.20	SJOO 52 1901			4.50	.00 KY SALES & USE TAX EXPENSE			409,531.38	40
07/31/19	930.20	SJOO 52 1901			4.26	.00 KY SALES & USE TAX EXPENSE			409,535.64	40
08/19/19	930.20	EMBF 17 1901	44414511	WEDDLE, TRE	25.00	.00 TRE WEDDLE-REPLACE CK#184385	190204		425,653.10	1
08/23/19	930.20	EMEX 15 1901	44407588	SALMONS, JENNIFER	70.00	.00 BRENT FLEMING	190255		428,666.32	1
08/31/19	930.20	MPRL 08 1901	33300115	KEC INC	24,315.19	.00 KENTUCKY LIVING		4325	452,981.51	1
08/31/19	930.20	EMEX 08 1900	33300162	RURAL CO-OP CREDIT UNION	217.94	.00 PICNIC PRIZES	190417		458,852.31	1
08/31/19	930.20	EMBF 17 1901	33300162	RURAL CO-OP CREDIT UNION	9.54	.00 SYMPATHY CARDS	190417		458,861.85	1
08/31/19	930.20	EMEX 15 1901	33300162	RURAL CO-OP CREDIT UNION	66.78	.00 EDWARDS	190417		458,928.63	1
08/31/19	930.20	EMBF 17 1901	33300162	RURAL CO-OP CREDIT UNION	225.00	.00 BROWN, BLACK, MAR	190417		459,153.63	1
08/31/19	930.20	EMEX 14 1807	33300162	RURAL CO-OP CREDIT UNION	2,573.92	.00 JACKETS,DUFFELS,COOLERS,TOWELS	190417		461,727.55	1
08/31/19	930.20	EMBF 17 1901			.00	-25.00 JE12223-VOID CK184385-TRE WEDDLE			462,561.45	40
08/31/19	930.20	EMEX 08 1605			.00	-185.39 JE 12229-PICNIC PRIZEX			462,622.53	49
08/31/19	930.20	EMEX 08 1900			185.39	.00 JE 12229-PICNIC PRIZEX			462,807.92	49
09/23/19	930.20	MPRL 08 1901	33300115	KEC INC	24,321.97	.00 KENTUCKY LIVING		4386	508,091.56	1
09/25/19	930.20	EMEX 04 1900	33301254	MODERN DISTRIBUTORS INC	596.36	.00 COMMUNICATION MEETING		4374	509,097.92	1

listItem

09/27/19	930.20	ACLB	00	1802		426.56	.00	ACCRUED LABOR - MONTH END			509,594.71	10
09/30/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	4.71	.00	BRENT FLEMING	191082	509,599.42	1
09/30/19	930.20	EMEX	14	1700	33300162	RURAL CO-OP CREDIT UNION	650.00	.00	(13)GIFT CARDS-STORM WORKERS	190768	510,249.42	1
09/30/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	150.00	.00	STEVENS/KEITH	190768	510,399.42	1
09/30/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	150.50	.00	BRENT	190768	510,549.92	1
09/30/19	930.20	EMEX	04	1901	33300162	RURAL CO-OP CREDIT UNION	8.67	.00	STATE FAIR	190768	510,558.59	1
09/30/19	930.20	EMEX	08	1900	33300162	RURAL CO-OP CREDIT UNION	279.93	.00	PICNIC PRIZES	190768	510,838.52	1
09/30/19	930.20	EMEX	04	1605	33300162	RURAL CO-OP CREDIT UNION	58.72	.00	LEADERSHIP CLASS	190768	510,897.24	1
09/30/19	930.20	EMEX	08	1900	33304711	BEAR WALLOW FARM	3,916.00	.00	BEAR WALLOW FARMS	190806	515,615.74	1
09/30/19	930.20	SJOO	52	1900			2.52	.00	KY SALES & USE TAX EXPENSE		569,370.66	40
09/30/19	930.20	SJOO	52	1605			3.70	.00	KY SALES & USE TAX EXPENSE		569,374.36	40
09/30/19	930.20	SJOO	37	1802			34.56	.00	EXP COOP PART OF EMPL BENEFITS		535,246.17	44
09/30/19	930.20	SJOO	37	1802			251.75	.00	EXP COOP PART OF EMPL BENEFITS		535,577.28	44
09/30/19	930.20	TREX	00	1802			4.64	.00	TRANSPORTATION EXPENSE		535,581.92	50
10/15/19	930.20	EMEX	14	1807	33300112	H T HACKNEY COMPANY	21.65	.00	HACKNEY-SAFETY BREAKFAST	190873	547,138.95	1
10/16/19	930.20	MPRL	08	1901	33300115	KEC INC	24,366.37	.00	KENTUCKY LIVING		4475 571,705.32	1
10/28/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	1,039.09	.00	HONOR FLIGHT		577,457.23	1
10/28/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	16.17	.00	STEVE HARRIS		577,473.40	1
10/28/19	930.20	EMEX	14	1807	33300162	RURAL CO-OP CREDIT UNION	13.78	.00	MIGHTY DOLLAR-SAFETY BREAKFAST		577,487.18	1
10/28/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	94.05	.00	TABLE COVERINGS		577,581.23	1
10/28/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	300.00	.00	IDLEWINE,SIMS,HUFF		577,881.23	1
10/28/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-1,039.09	HONOR FLIGHT		576,842.14	1
10/28/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-16.17	STEVE HARRIS		576,825.97	1
10/28/19	930.20	EMEX	14	1807	33300162	RURAL CO-OP CREDIT UNION	.00	-13.78	MIGHTY DOLLAR-SAFETY BREAKFAST		576,812.19	1
10/28/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-94.05	TABLE COVERINGS		576,718.14	1
10/28/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-300.00	IDLEWINE,SIMS,HUFF		576,418.14	1
10/29/19	930.20	EMEX	08	1605	33300162	RURAL CO-OP CREDIT UNION	25.38	.00	PRIZES(WILDCAT WEARHOUSE)	191082	576,443.52	1
10/29/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	1,039.09	.00	HONOR FLIGHT	191082	577,673.39	1
10/29/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	16.17	.00	STEVE HARRIS	191082	577,689.56	1
10/29/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	94.05	.00	TABLE COVERINGS	191082	577,783.61	1
10/29/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	300.00	.00	IDLEWINE,SIMS,HUFF	191082	578,083.61	1
10/30/19	930.20	EMEX	08	1900	33300162	RURAL CO-OP CREDIT UNION	67.01	.00	ACTIVITY COMMITTEE MEAL	191082	578,150.62	1
10/30/19	930.20	EMEX	08	1900	33300162	RURAL CO-OP CREDIT UNION	141.92	.00	PICNIC DESSERTS	191082	578,292.54	1
10/31/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	69.98	.00	TONA CHITWOOD	191082	578,362.52	1
10/31/19	930.20	EMEX	08	1900	33300162	RURAL CO-OP CREDIT UNION	111.69	.00	PICNIC DRINKS(KROGER)	191082	581,174.89	1
10/31/19	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	21.95	.00	STEVE HARRIS	191082	585,903.01	1
10/31/19	930.20	EMEX	15	1802	33300162	RURAL CO-OP CREDIT UNION	28.30	.00	STEVE HARRIS	191082	585,931.31	1
10/31/19	930.20	SJOO	52	1807			93.00	.00	KY SALES & USE TAX EXPENSE		586,517.74	40
11/12/19	930.20	EMBF	17	1901	33302741	SIMPLY THE BEST	75.00	.00	DAN WARE	191294	611,477.48	1
11/14/19	930.20	MPRL	07	1901	33300072	EAST KENTUCKY POWER COOP	1,000.00	.00	HONOR FLIGHT	191399	612,477.48	1
11/20/19	930.20	MPRL	08	1901	33300115	KEC INC	24,362.18	.00	KENTUCKY LIVING		4526 647,488.36	1
11/25/19	930.20	EMEX	04	1900	33301254	MODERN DISTRIBUTORS INC	596.36	.00	COMMUNICATION MEETING		4514 648,554.32	1

listItem

11/30/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	310.60	.00	MARR,WARE,COFFEY,CARDS	191403	653,539.77	1
11/30/19	930.20	MPRL	07	1901	33300162	RURAL CO-OP CREDIT UNION	25.19	.00	MCCREARY SCHOOLS DAY	191403	653,564.96	1
11/30/19	930.20	EMEX	14	1605	33300162	RURAL CO-OP CREDIT UNION	608.04	.00	VETERANS DAY GIFTS	191403	654,173.00	1
11/30/19	930.20	EMBF	17	1901	33305130	THINKING OF YOU LLC	75.00	.00	DAKOTA BROWN	191430	654,248.00	1
11/30/19	930.20	EMEX	14	1807			.00	-2,573.92	JE12268-SAFETY BREAKFAST GIFTS		652,325.48	40
11/30/19	930.20	EMEX	14	1807			.00	-21.65	JE12268-SAFETY BREAKFAST-HACKNEY		652,303.83	40
12/18/19	930.20	MPRL	08	1901	33300115	KEC INC	24,367.91	.00	KENTUCKY LIVING		4605 706,413.31	1
12/31/19	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	375.00	.00	CLABORN, HOPPER, BLACK	191774	709,319.47	1
12/31/19	930.20	EMEX	06	1900	33300162	RURAL CO-OP CREDIT UNION	125.75	.00	EMPLOYEE CHRISTMAS POTLUCK	191774	709,445.22	1
12/31/19	930.20	EMEX	04	1700	33300162	RURAL CO-OP CREDIT UNION	185.45	.00	MANAGERS LUNCH	191774	710,365.67	1
12/31/19	930.20	EMEX	04	1902	33300162	RURAL CO-OP CREDIT UNION	185.45	.00	MANAGERS LUNCH	191774	710,551.12	1
12/31/19	930.20	EMEX	14	1711	33300162	RURAL CO-OP CREDIT UNION	200.00	.00	WC CHRISTMAS DINNER	191774	711,557.15	1
12/31/19	930.20	EMEX	14	1714	33300162	RURAL CO-OP CREDIT UNION	12.43	.00	RUSSELL CHRISTMAS MEAL	191774	711,569.58	1
12/31/19	930.20	EMEX	14	1713	33300162	RURAL CO-OP CREDIT UNION	77.16	.00	CHRISTMAS LUNCH-MONT	191774	711,646.74	1
12/31/19	930.20	EMEX	04	1605	33300162	RURAL CO-OP CREDIT UNION	173.08	.00	EDUCATIONAL/TRAINING EXPENSE	191892	711,819.82	1
12/31/19	930.20	EMEX	14	1605	33300162	RURAL CO-OP CREDIT UNION	14.72	.00	EMPLOYEE MISC EXPENSE	191892	711,834.54	1
12/31/19	930.20	EMEX	08	1900	33300162	RURAL CO-OP CREDIT UNION	13.54	.00	EMPLOYEE OUTING	191892	728,648.74	1
12/31/19	930.20	EMEX	04	1605	33300162	RURAL CO-OP CREDIT UNION	210.42	.00	LEADERSHIP TRAINING	191892	728,859.16	1
01/10/20	930.20	EMEX	04	1900	33301254	MODERN DISTRIBUTORS INC	523.16	.00	COMMUNICATION MEETING		4625 735,323.11	1
01/20/20	930.20	MSAD	26	1904			.00	-60.00	LEONARD COFFEE-BACKGROUND CHECK		745,212.06	80
01/20/20	930.20	MSAD	26	1904			.00	-60.00	BILLY HURD-BACKGROUND CHECK		745,152.06	80
01/20/20	930.20	MSAD	26	1904			.00	-60.00	GARY DABNEY-BACKGROUND CHECK		745,092.06	80
01/20/20	930.20	MSAD	26	1904			.00	-60.00	GEORGIA COWAN-BACKGROUND CHECK		745,032.06	80
01/20/20	930.20	MSAD	26	1904			.00	-60.00	JAMES B TACKETT-BACKGROUND CHECK		744,972.06	80
01/31/20	930.20	MPRL	08	1901	33300115	KEC INC	24,357.48	.00	KENTUCKY LIVING		4660 773,433.17	1
01/31/20	930.20	EMBF	17	1901	33302741	SIMPLY THE BEST	75.00	.00	DALLAS HOPKINS	192125	773,558.17	1
01/31/20	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	150.00	.00	JONES/BLEVINS	192105	773,708.17	1
01/31/20	930.20	EMEX	06	1605	33300162	RURAL CO-OP CREDIT UNION	36.60	.00	EMPLOYEE CHRISTMAS DINNER		773,744.77	1
01/31/20	930.20	EMEX	06	1605	33300162	RURAL CO-OP CREDIT UNION	.00	-36.60	EMPLOYEE CHRISTMAS DINNER		773,708.17	1
01/31/20	930.20	EMEX	06	1605	33300162	RURAL CO-OP CREDIT UNION	36.60	.00	EMPLOYEE CHRISTMAS DINNER	192105	773,744.77	1
02/20/20	930.20	MPRL	08	1901	33300115	KEC INC	24,355.42	.00	KENTUCKY LIVING		4712 822,393.15	1
02/26/20	930.20	EMEX	14	1900	33305465	UNITED VAN LINES	13,689.83	.00	UNITED VAN LINES-MOVING EXP	192351	851,031.93	1
02/28/20	930.20	EMBF	17	1901	33300162	RURAL CO-OP CREDIT UNION	75.00	.00	DON BETHEL	192397	851,839.48	1
02/28/20	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	48.18	.00	DAVID SPARKS	192397	851,887.66	1
02/28/20	930.20	MSGP	02	1605	33300162	RURAL CO-OP CREDIT UNION	27.56	.00	JANITORIAL SUPPLIES	192397	851,915.22	1
02/28/20	930.20	EMEX	08	1605	33300162	RURAL CO-OP CREDIT UNION	244.35	.00	VALENTINE GAME	192397	852,159.57	1
02/28/20	930.20	EMEX	14	1900	33300162	RURAL CO-OP CREDIT UNION	3,349.24	.00	MOVING EXPENSES-KEN	192397	855,952.73	1
02/28/20	930.20	EMEX	14	1803	33300162	RURAL CO-OP CREDIT UNION	74.18	.00	LUNCHEON-JR SANDLIN	192397	856,026.91	1
02/28/20	930.20	EMBF	17	1700	33300162	RURAL CO-OP CREDIT UNION	824.04	.00	LINEMAN APPRECIATION DAY(CAPS)	192397	856,850.95	1
02/28/20	930.20	EMEX	14	1900	33300162	RURAL CO-OP CREDIT UNION	44.18	.00	MOVING EXPENSE-KEN	192397	857,148.47	1
02/28/20	930.20	BDEX	07	1904	33305195	GIS - HIRERIGHT	335.40	.00	BACKGROUND CK-GENERAL INFOR SERV	192517	858,159.08	1
02/28/20	930.20	EMEX	14	1900			1,280.57	.00	JE 12325-K SIMMONS MOVING EXP		869,578.05	49

listItem

03/10/20	930.20	MSAD	01	1904	33304784	PHOTOGRAPHY BY TOMMY WILSON	1,007.00	.00	TOMMY WILSON PHOTOGRAPHY	192515		892,303.98	1
03/13/20	930.20	MPRL	08	1901	33300115	KEC INC	24,335.55	.00	KENTUCKY LIVING		4773	916,976.63	1
03/31/20	930.20	EMEX	15	1901	33300162	RURAL CO-OP CREDIT UNION	11.13	.00	DAVID SPARKS	192770		928,505.27	1
03/31/20	930.20	EMEX	14	1901	33300162	RURAL CO-OP CREDIT UNION	2.08	.00	WATTS UP SCAVENGER HUNT	192770		928,507.35	1
03/31/20	930.20	EMEX	04	1901	33300162	RURAL CO-OP CREDIT UNION	284.39	.00	PC ASAP MEETING	192770		928,791.74	1
03/31/20	930.20	EMEX	14	1900	33300162	RURAL CO-OP CREDIT UNION	172.95	.00	MOVING EXP-KEN	192770		928,964.69	1
03/31/20	930.20	EMEX	14	1900	33300162	RURAL CO-OP CREDIT UNION	139.02	.00	MOVING EXP-KEN	192770		929,103.71	1
03/31/20	930.20	EMEX	14	1700	33300162	RURAL CO-OP CREDIT UNION	1,129.80	.00	AIRFARE-LINEMAN HALL OF FAME	192770		930,233.51	1
04/01/19	930.21	BDEX	04	1904	33304590	HUMANA INC	516.78	.00	INSURANCE - MEDICAL	188370		516.78	1
04/10/19	930.21	UTIL	14	1904	33301188	VERIZON	234.71	.00	TELEPHONE-CELL PHONE/ACCESSORIES	188439		2,464.49	1
04/22/19	930.21	BDEX	01	1904	33304921	BEARD, JAMES G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188606		3,952.56	1
04/22/19	930.21	BDEX	02	1904	33304921	BEARD, JAMES G	69.60	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188606		4,022.16	1
04/22/19	930.21	BDEX	01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4071	5,372.16	1
04/22/19	930.21	BDEX	01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4069	6,722.16	1
04/22/19	930.21	BDEX	02	1904	33304776	HALLORAN, RICHARD T	13.92	.00	MILEAGE-REGULAR & COMMITTEE MTGS		4069	6,736.08	1
04/22/19	930.21	BDEX	01	1904	33304924	HAYNES, BORIS	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188608		8,086.08	1
04/22/19	930.21	BDEX	02	1904	33304924	HAYNES, BORIS	34.80	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188608		8,120.88	1
04/22/19	930.21	BDEX	02	1904	33304849	HURD, BILLY G	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188605		8,153.36	1
04/22/19	930.21	BDEX	01	1904	33304849	HURD, BILLY G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188605		9,503.36	1
04/22/19	930.21	BDEX	01	1904	33304922	REDMON, GREGORY D	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188607		10,853.36	1
04/22/19	930.21	BDEX	02	1904	33304922	REDMON, GREGORY D	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188607		10,885.84	1
04/22/19	930.21	BDEX	01	1904	33304922	REDMON, GREGORY D	200.00	.00	ADDITIONAL COMPENSATION	188607		11,085.84	1
04/22/19	930.21	BDEX	01	1904	33305191	TACKETT, JAMES B	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188612		12,435.84	1
04/22/19	930.21	BDEX	02	1904	33305191	TACKETT, JAMES B	17.40	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188612		12,453.24	1
04/30/19	930.21	BDEX	10	1904	33300162	RURAL CO-OP CREDIT UNION	769.77	.00	LODGING/MEALS/TRAVEL-OTHER MTGS	188775		40,027.72	1
04/30/19	930.21	SJOO	12	1902			1,033.48	.00	EXP PREPAID & RECORD ACCRUED INS			57,348.15	41
04/30/19	930.21	BDEX	08	1904	33304776	HALLORAN, RICHARD T	1,050.00	.00	DIRECTORS' FEES - OTHER MTGS		4113	58,398.15	1
04/30/19	930.21	BDEX	10	1904	33304776	HALLORAN, RICHARD T	684.11	.00	LODGING/MEALS/TRAVEL-OTHER MTGS		4113	59,082.26	1
04/30/19	930.21	BDEX	09	1904	33304776	HALLORAN, RICHARD T	179.80	.00	MILEAGE - OTHER MEETINGS		4113	59,262.06	1
04/30/19	930.21	SJOO	60	1904			.00	-7.16	COST ALLOCATION BASED ON LABOR			60,138.20	49
05/01/19	930.21	BDEX	04	1904	33304590	HUMANA INC	516.78	.00	INSURANCE - MEDICAL	188681		60,654.98	1
05/03/19	930.21	BDEX	01	1904	33304921	BEARD, JAMES G	350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188899		61,254.98	1
05/03/19	930.21	BDEX	02	1904	33304921	BEARD, JAMES G	69.60	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188899		61,324.58	1
05/03/19	930.21	BDEX	01	1904	33304923	EPPERSON, CATHY C	350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4115	61,674.58	1
05/03/19	930.21	BDEX	01	1904	33304776	HALLORAN, RICHARD T	350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4113	62,024.58	1
05/03/19	930.21	BDEX	02	1904	33304776	HALLORAN, RICHARD T	13.92	.00	MILEAGE-REGULAR & COMMITTEE MTGS		4113	62,038.50	1
05/03/19	930.21	BDEX	01	1904	33304924	HAYNES, BORIS	350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188901		62,388.50	1
05/03/19	930.21	BDEX	02	1904	33304924	HAYNES, BORIS	34.80	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188901		62,423.30	1
05/03/19	930.21	BDEX	01	1904	33304849	HURD, BILLY G	350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188898		62,773.30	1
05/03/19	930.21	BDEX	02	1904	33304849	HURD, BILLY G	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188898		62,805.78	1
05/03/19	930.21	BDEX	01	1904	33304922	REDMON, GREGORY D	350.00	.00	FEES - REGULAR & COMMITTEE MTGS	188900		63,155.78	1
05/03/19	930.21	BDEX	02	1904	33304922	REDMON, GREGORY D	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	188900		63,188.26	1

listItem

05/03/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	188903		63,538.26	1
05/03/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	188903		63,555.66	1
05/09/19	930.21	UTIL 14	1904	33301188	VERIZON	233.45	.00 TELEPHONE-CELL PHONE/ACCESSORIES	188873		64,889.11	1
05/13/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	188899		66,215.81	1
05/13/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	188899		66,285.41	1
05/13/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4115	67,635.41	1
05/13/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4113	68,985.41	1
05/13/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4113	68,999.33	1
05/13/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	188901		70,349.33	1
05/13/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	188901		70,384.13	1
05/13/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	188898		70,416.61	1
05/13/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	188898		71,766.61	1
05/13/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	188900		73,116.61	1
05/13/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	188900		73,149.09	1
05/13/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	188900		73,349.09	1
05/13/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	188903		74,699.09	1
05/13/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	188903		74,716.49	1
05/17/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189019		76,301.63	1
05/17/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189019		76,371.23	1
05/17/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4137	76,721.23	1
05/17/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4135	77,071.23	1
05/17/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4135	77,085.15	1
05/17/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189021		77,435.15	1
05/17/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189021		77,469.95	1
05/17/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189017		77,819.95	1
05/17/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189017		77,852.43	1
05/17/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189020		78,202.43	1
05/17/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189020		78,234.91	1
05/17/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189023		78,584.91	1
05/17/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189023		78,602.31	1
05/31/19	930.21	SJOO 12	1902			1,033.09	.00 EXP PREPAID & RECORD ACCRUED INS			144,489.56	41
05/31/19	930.21	SJOO 60	1904			.00	-6.77 COST ALLOCATION BASED ON LABOR			145,629.70	49
06/04/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00 INSURANCE - MEDICAL	189169		146,396.48	1
06/06/19	930.21	UTIL 14	1904	33301188	VERIZON	244.16	.00 TELEPHONE-CELL PHONE/ACCESSORIES	189265		157,650.10	1
06/07/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189291		158,000.10	1
06/07/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189291		158,069.70	1
06/07/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189292		158,419.70	1
06/07/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189292		158,452.18	1
06/07/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189290		158,802.18	1
06/07/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189290		158,834.66	1
06/07/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189293		159,184.66	1
06/07/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189293		159,219.46	1

listItem

06/07/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189296	159,569.46	1
06/07/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189296	159,586.86	1
06/07/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4173 159,936.86	1
06/07/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4173 159,950.78	1
06/14/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189365	168,547.63	1
06/14/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189365	168,617.23	1
06/14/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4191 168,967.23	1
06/14/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4191 169,317.23	1
06/14/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4188 169,667.23	1
06/14/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4188 169,681.15	1
06/14/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189367	170,031.15	1
06/14/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189367	170,065.95	1
06/14/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189363	170,415.95	1
06/14/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189363	170,448.43	1
06/14/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189366	170,798.43	1
06/14/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189366	170,830.91	1
06/14/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189368	171,180.91	1
06/14/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189368	171,198.31	1
06/27/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189531	209,868.21	1
06/27/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189531	209,937.81	1
06/27/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4213 211,287.81	1
06/27/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4211 212,637.81	1
06/27/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4211 212,651.73	1
06/27/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189533	214,001.73	1
06/27/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189533	214,036.53	1
06/27/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189529	214,069.01	1
06/27/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189529	215,419.01	1
06/27/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189532	216,769.01	1
06/27/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189532	216,801.49	1
06/27/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	189532	217,001.49	1
06/27/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189532	217,351.49	1
06/27/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189532	217,383.97	1
06/27/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	189535	218,733.97	1
06/27/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	189535	218,751.37	1
06/30/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	450.00	.00 RICK H-KAEC BOARD MEETING		4211 274,088.71	1
06/30/19	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	171.12	.00 LODGING/MEALS/TRAVEL-OTHER MTGS		4211 274,259.83	1
06/30/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	145.00	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4211 274,404.83	1
06/30/19	930.21	SJOO 12	1902			1,077.00	.00 EXP PREPAID & RECORD ACCRUED INS		297,549.17	41
06/30/19	930.21	SJOO 60	1904			.00	-7.26 COST ALLOCATION BASED ON LABOR		337,380.86	49
07/01/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00 INSURANCE - MEDICAL	189525	337,897.64	1
07/02/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	450.00	.00 RICK H-KAEC BOARD MEETING		338,422.64	1
07/02/19	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	171.12	.00 LODGING/MEALS/TRAVEL-OTHER MTGS		338,593.76	1

listItem

07/02/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	145.00	.00	MILEAGE-REGULAR & COMMITTEE MTGS		338,738.76	1	
07/02/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	.00	-450.00	RICK H-KAEC BOARD MEETING		338,288.76	1	
07/02/19	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	.00	-171.12	LODGING/MEALS/TRAVEL-OTHER MTGS		338,117.64	1	
07/02/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	.00	-145.00	MILEAGE-REGULAR & COMMITTEE MTGS		337,972.64	1	
07/12/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	189729	340,847.64	1	
07/12/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00	MILEAGE-REGULAR & COMMITTEE MTGS	189729	340,917.24	1	
07/12/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4247	342,267.24	1
07/12/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4245	343,617.24	1
07/12/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00	MILEAGE-REGULAR & COMMITTEE MTGS		4245	343,631.16	1
07/12/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	189731	344,981.16	1	
07/12/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00	MILEAGE-REGULAR & COMMITTEE MTGS	189731	345,015.96	1	
07/12/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	189727	345,048.44	1	
07/12/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	189727	346,398.44	1	
07/12/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	189730	347,748.44	1	
07/12/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	189730	347,780.92	1	
07/12/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00	ADDITIONAL COMPENSATION	189730	347,980.92	1	
07/12/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	189734	349,330.92	1	
07/12/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00	MILEAGE-REGULAR & COMMITTEE MTGS	189734	349,348.32	1	
07/30/19	930.21	MSAD 03	1904	33300140	N R E C A	301.00	.00	RURAL ELECTRIC MAGAZINE	189828	391,767.51	1	
07/31/19	930.21	UTIL 14	1904	33301188	VERIZON	250.32	.00	TELEPHONE-CELL PHONE/ACCESSORIES	189831	393,485.94	1	
07/31/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	450.00	.00	RICK H-KAEC BOARD MEETING		4301	395,359.04	1
07/31/19	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	21.97	.00	LODGING/MEALS/TRAVEL-OTHER MTGS		4301	395,381.01	1
07/31/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	145.00	.00	MILEAGE-REGULAR & COMMITTEE MTGS		4301	395,526.01	1
07/31/19	930.21	SJOO 12	1902			1,075.00	.00	EXP PREPAID & RECORD ACCRUED INS		410,610.64	41	
08/01/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00	INSURANCE - MEDICAL	189844	411,127.42	1	
08/09/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	190110	414,877.42	1	
08/09/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00	MILEAGE-REGULAR & COMMITTEE MTGS	190110	414,947.02	1	
08/09/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4304	416,297.02	1
08/09/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4301	417,647.02	1
08/09/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00	MILEAGE-REGULAR & COMMITTEE MTGS		4301	417,660.94	1
08/09/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	190112	419,010.94	1	
08/09/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00	MILEAGE-REGULAR & COMMITTEE MTGS	190112	419,045.74	1	
08/09/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	190107	419,078.22	1	
08/09/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	190107	420,428.22	1	
08/09/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	190111	421,778.22	1	
08/09/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00	MILEAGE-REGULAR & COMMITTEE MTGS	190111	421,810.70	1	
08/09/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00	ADDITIONAL COMPENSATION	190111	422,010.70	1	
08/09/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	190114	423,360.70	1	
08/09/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00	MILEAGE-REGULAR & COMMITTEE MTGS	190114	423,378.10	1	
08/31/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00	FEES - REGULAR & COMMITTEE MTGS	190337	453,331.51	1	
08/31/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00	MILEAGE-REGULAR & COMMITTEE MTGS	190337	453,401.11	1	
08/31/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00	FEES - REGULAR & COMMITTEE MTGS		4335	453,751.11	1

listItem

08/31/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4334	454,101.11	1
08/31/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4334	454,115.03	1
08/31/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190339		454,465.03	1
08/31/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190339		454,499.83	1
08/31/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190336		454,849.83	1
08/31/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190336		454,882.31	1
08/31/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190338		455,232.31	1
08/31/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190338		455,264.79	1
08/31/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190343		455,614.79	1
08/31/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190343		455,632.19	1
08/31/19	930.21	BDEX 10	1904	33300162	RURAL CO-OP CREDIT UNION	1,703.00	.00 LODGING/MEALS/TRAVEL-OTHER MTGS			458,214.77	1
08/31/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190337		458,564.77	1
08/31/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190337		458,634.37	1
08/31/19	930.21	BDEX 10	1904	33300162	RURAL CO-OP CREDIT UNION	.00	-1,703.00 LODGING/MEALS/TRAVEL-OTHER MTGS			460,883.45	1
08/31/19	930.21	BDEX 11	1904	33300162	RURAL CO-OP CREDIT UNION	1,703.00	.00 NRECA REGIONAL-TACKETT/HAYNES	190417		462,586.45	1
08/31/19	930.21	UTIL 14	1904	33301188	VERIZON	246.47	.00 TELEPHONE-CELL PHONE/ACCESSORIES	190527		462,757.92	1
08/31/19	930.21	BDEX 01	1904			.00	-350.00 JE 12226			462,457.92	49
08/31/19	930.21	BDEX 02	1904			.00	-69.60 JE 12226			462,388.32	49
08/31/19	930.21	BDEX 01	1904			350.00	.00 JE 12226-GREG BEARD			462,738.32	49
08/31/19	930.21	BDEX 02	1904			69.60	.00 JE 12226-GREG BEARD			462,807.92	49
08/31/19	930.21	SJOO 12	1902			1,075.00	.00 EXP PREPAID & RECORD ACCRUED INS			477,905.65	41
08/31/19	930.21	SJOO 60	1904			.00	-6.59 COST ALLOCATION BASED ON LABOR			477,899.06	49
09/01/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00 INSURANCE - MEDICAL	190334		478,415.84	1
09/05/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190337		480,065.84	1
09/05/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190337		480,135.44	1
09/05/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4334	481,485.44	1
09/05/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4334	481,499.36	1
09/05/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190336		481,531.84	1
09/05/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190336		482,881.84	1
09/05/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190343		484,231.84	1
09/05/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190343		484,249.24	1
09/05/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4335	485,599.24	1
09/05/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190339		486,949.24	1
09/05/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190339		486,984.04	1
09/05/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190338		488,334.04	1
09/05/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190338		488,366.52	1
09/05/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	190338		488,566.52	1
09/17/19	930.21	UTIL 14	1904	33301188	VERIZON	243.60	.00 TELEPHONE-CELL PHONE/ACCESSORIES	190527		482,335.12	1
09/30/19	930.21	BDEX 11	1904	33300162	RURAL CO-OP CREDIT UNION	1,084.00	.00 NRECA TRAINING-GREG BEARD	190768		511,642.59	1
09/30/19	930.21	BDEX 11	1904	33300162	RURAL CO-OP CREDIT UNION	.00	-1,084.00 CANCEL NRECA TRAINING-GREG BEARD	190768		510,558.59	1
09/30/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	450.00	.00 RICK H-KAEC BOARD MEETING		4409	511,387.24	1
09/30/19	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	167.50	.00 LODGING/MEALS/TRAVEL-OTHER MTGS		4409	511,554.74	1

listItem

09/30/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	145.00	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4409	511,699.74	1
09/30/19	930.21	SJOO 12	1902			1,074.31	.00 EXP PREPAID & RECORD ACCRUED INS			530,723.54	41
09/30/19	930.21	SJOO 60	1904			.00	-4.98 COST ALLOCATION BASED ON LABOR			535,576.94	49
10/01/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00 INSURANCE - MEDICAL	190691		536,093.72	1
10/03/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190811		537,693.72	1
10/03/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190811		537,763.32	1
10/03/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4411	539,113.32	1
10/03/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4409	540,463.32	1
10/03/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4409	540,477.24	1
10/03/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190813		541,827.24	1
10/03/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190813		541,862.04	1
10/03/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190808		541,894.52	1
10/03/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190808		543,244.52	1
10/03/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190812		544,594.52	1
10/03/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190812		544,627.00	1
10/03/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	190812		544,827.00	1
10/03/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	190818		546,177.00	1
10/03/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	190818		546,194.40	1
10/15/19	930.21	UTIL 14	1904	33301188	VERIZON	243.95	.00 TELEPHONE-CELL PHONE/ACCESSORIES	190878		546,922.30	1
10/31/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191131		578,712.52	1
10/31/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191131		578,782.12	1
10/31/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4465	579,132.12	1
10/31/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4463	579,482.12	1
10/31/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4463	579,496.04	1
10/31/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191133		579,846.04	1
10/31/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191133		579,880.84	1
10/31/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191130		580,230.84	1
10/31/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191130		580,263.32	1
10/31/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191132		580,613.32	1
10/31/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191132		580,645.80	1
10/31/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191138		580,995.80	1
10/31/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191138		581,013.20	1
10/31/19	930.21	BDEX 10	1904	33300162	RURAL CO-OP CREDIT UNION	4,706.17	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191082		585,881.06	1
10/31/19	930.21	BDEX 08	1904	33304924	HAYNES, BORIS	1,400.00	.00 DIRECTORS' FEES - OTHER MTGS	191307		593,812.62	1
10/31/19	930.21	BDEX 09	1904	33304924	HAYNES, BORIS	183.28	.00 MILEAGE - OTHER MEETINGS	191307		593,995.90	1
10/31/19	930.21	BDEX 10	1904	33304924	HAYNES, BORIS	933.84	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191307		594,929.74	1
10/31/19	930.21	BDEX 08	1904	33305191	TACKETT, JAMES B	700.00	.00 DIRECTORS' FEES - OTHER MTGS	191310		595,629.74	1
10/31/19	930.21	BDEX 09	1904	33305191	TACKETT, JAMES B	157.76	.00 MILEAGE - OTHER MEETINGS	191310		595,787.50	1
10/31/19	930.21	BDEX 10	1904	33305191	TACKETT, JAMES B	79.11	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191310		595,866.61	1
10/31/19	930.21	SJOO 12	1902			1,074.31	.00 EXP PREPAID & RECORD ACCRUED INS			601,418.09	41
10/31/19	930.21	SJOO 60	1904			.00	-11.25 COST ALLOCATION BASED ON LABOR			601,753.66	49
11/01/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00 INSURANCE - MEDICAL	191125		602,270.44	1

listItem

11/04/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191131	603,700.44	1
11/04/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191131	603,770.04	1
11/04/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191131	604,120.04	1
11/04/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191131	604,189.64	1
11/04/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4465 604,539.64	1
11/04/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4465 604,889.64	1
11/04/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4463 605,239.64	1
11/04/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4463 605,253.56	1
11/04/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4463 605,603.56	1
11/04/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4463 605,617.48	1
11/04/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191133	605,967.48	1
11/04/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191133	606,002.28	1
11/04/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191133	606,352.28	1
11/04/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191133	606,387.08	1
11/04/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191130	606,737.08	1
11/04/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191130	606,769.56	1
11/04/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191130	607,119.56	1
11/04/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191130	607,152.04	1
11/04/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191132	607,502.04	1
11/04/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191132	607,534.52	1
11/04/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191132	607,884.52	1
11/04/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191132	607,917.00	1
11/04/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191138	608,267.00	1
11/04/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191138	608,284.40	1
11/04/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191138	608,634.40	1
11/04/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191138	608,651.80	1
11/06/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4463 609,101.80	1
11/06/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4463 609,115.72	1
11/06/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191130	609,465.72	1
11/06/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191130	609,498.20	1
11/06/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191131	609,848.20	1
11/06/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191131	609,917.80	1
11/06/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191132	610,267.80	1
11/06/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191132	610,300.28	1
11/06/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4465 610,650.28	1
11/06/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191133	611,000.28	1
11/06/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191133	611,035.08	1
11/06/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191138	611,385.08	1
11/06/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191138	611,402.48	1
11/15/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191305	613,827.48	1
11/15/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191305	613,897.08	1
11/15/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4503 615,247.08	1

listItem

11/15/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4500	616,597.08	1
11/15/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4500	616,611.00	1
11/15/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191307		617,961.00	1
11/15/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191307		617,995.80	1
11/15/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191304		618,028.28	1
11/15/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191304		619,378.28	1
11/15/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191306		620,728.28	1
11/15/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191306		620,760.76	1
11/15/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	191306		620,960.76	1
11/15/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191310		622,310.76	1
11/15/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191310		622,328.16	1
11/19/19	930.21	UTIL 14	1904	33301188	VERIZON	244.02	.00 TELEPHONE-CELL PHONE/ACCESSORIES	191285		623,126.18	1
11/21/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191364		647,838.36	1
11/21/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191364		647,907.96	1
11/22/19	930.21	BDEX 07	1904	33305453	CASHSTAR INC	50.00	.00 (2)KROGER GIFT CARDS		4506	647,957.96	1
11/25/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4518	648,904.32	1
11/25/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4517	649,254.32	1
11/25/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4517	649,268.24	1
11/25/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191366		649,618.24	1
11/25/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191366		649,653.04	1
11/25/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191363		650,003.04	1
11/25/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191363		650,035.52	1
11/25/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191365		650,385.52	1
11/25/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191365		650,418.00	1
11/25/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191368		650,768.00	1
11/25/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191368		650,785.40	1
11/25/19	930.21	BDEX 08	1904	33304924	HAYNES, BORIS	1,050.00	.00 DIRECTORS' FEES - OTHER MTGS	191366		651,835.40	1
11/25/19	930.21	BDEX 09	1904	33304924	HAYNES, BORIS	183.28	.00 MILEAGE - OTHER MEETINGS	191366		652,018.68	1
11/25/19	930.21	BDEX 10	1904	33304924	HAYNES, BORIS	28.53	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191366		652,047.21	1
11/30/19	930.21	BDEX 08	1904	33304776	HALLORAN, RICHARD T	700.00	.00 DIRECTORS' FEES - OTHER MTGS		4574	654,238.41	1
11/30/19	930.21	BDEX 09	1904	33304776	HALLORAN, RICHARD T	145.00	.00 MILEAGE - OTHER MEETINGS		4574	654,383.41	1
11/30/19	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	14.50	.00 LODGING/MEALS/TRAVEL-OTHER MTGS		4574	654,397.91	1
11/30/19	930.21	SJOO 12	1902			1,074.31	.00 EXP PREPAID & RECORD ACCRUED INS			655,472.22	41
11/30/19	930.21	SJOO 60	1904			.00	-7.34 COST ALLOCATION BASED ON LABOR			667,012.82	49
12/01/19	930.21	BDEX 04	1904	33304590	HUMANA INC	516.78	.00 INSURANCE - MEDICAL	191428		667,529.60	1
12/13/19	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191661		673,404.72	1
12/13/19	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.60	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191661		673,474.32	1
12/13/19	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4577	674,824.32	1
12/13/19	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4574	676,174.32	1
12/13/19	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.92	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4574	676,188.24	1
12/13/19	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191663		677,538.24	1
12/13/19	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191663		677,573.04	1

listItem

12/13/19	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191659	677,605.52	1
12/13/19	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191659	678,955.52	1
12/13/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191662	680,305.52	1
12/13/19	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.48	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191662	680,338.00	1
12/13/19	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	191662	680,538.00	1
12/13/19	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191667	681,888.00	1
12/13/19	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.40	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191667	681,905.40	1
12/18/19	930.21	UTIL 14	1904	33301188	VERIZON	243.99	.00 TELEPHONE-CELL PHONE/ACCESSORIES	191643	706,657.30	1
12/31/19	930.21	BDEX 10	1904	33300115	KEC INC	360.00	.00 KEC ANNUAL MEETING		4605 709,880.22	1
12/31/19	930.21	BDEX 10	1904	33300162	RURAL CO-OP CREDIT UNION	1,931.10	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191892	713,765.64	1
12/31/19	930.21	BDEX 08	1904	33304921	BEARD, JAMES G	1,050.00	.00 DIRECTORS' FEES - OTHER MTGS	191918	725,307.97	1
12/31/19	930.21	BDEX 09	1904	33304921	BEARD, JAMES G	145.00	.00 MILEAGE - OTHER MEETINGS	191918	725,452.97	1
12/31/19	930.21	BDEX 10	1904	33304921	BEARD, JAMES G	120.31	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191918	725,573.28	1
12/31/19	930.21	BDEX 08	1904	33304923	EPPERSON, CATHY C	1,400.00	.00 DIRECTORS' FEES - OTHER MTGS		4633 726,973.28	1
12/31/19	930.21	BDEX 10	1904	33304923	EPPERSON, CATHY C	116.89	.00 LODGING/MEALS/TRAVEL-OTHER MTGS		4633 727,090.17	1
12/31/19	930.21	BDEX 09	1904	33304923	EPPERSON, CATHY C	199.52	.00 MILEAGE - OTHER MEETINGS		4633 727,289.69	1
12/31/19	930.21	BDEX 08	1904	33305191	TACKETT, JAMES B	1,050.00	.00 DIRECTORS' FEES - OTHER MTGS	191923	728,339.69	1
12/31/19	930.21	BDEX 09	1904	33305191	TACKETT, JAMES B	203.00	.00 MILEAGE - OTHER MEETINGS	191923	728,542.69	1
12/31/19	930.21	BDEX 10	1904	33305191	TACKETT, JAMES B	92.51	.00 LODGING/MEALS/TRAVEL-OTHER MTGS	191923	728,635.20	1
12/31/19	930.21	SJOO 12	1902			1,074.31	.00 EXP PREPAID & RECORD ACCRUED INS		729,933.47	41
12/31/19	930.21	SJOO 60	1904			.00	-9.17 COST ALLOCATION BASED ON LABOR		732,513.12	49
01/03/20	930.21	BDEX 06	1904	33300238	N R E C A	18.08	.00 BUSINESS TRAVEL 24 HR	191779	734,257.55	1
01/07/20	930.21	BDEX 04	1904	33304590	HUMANA INC	542.40	.00 INSURANCE - MEDICAL	191821	734,799.95	1
01/15/20	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191918	736,773.11	1
01/15/20	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.00	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191918	736,842.11	1
01/15/20	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4633 738,192.11	1
01/15/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4631 739,542.11	1
01/15/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4631 739,555.91	1
01/15/20	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191920	740,905.91	1
01/15/20	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.50	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191920	740,940.41	1
01/15/20	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.20	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191916	740,972.61	1
01/15/20	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191916	742,322.61	1
01/15/20	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191919	743,672.61	1
01/15/20	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.20	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191919	743,704.81	1
01/15/20	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	191919	743,904.81	1
01/15/20	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	191923	745,254.81	1
01/15/20	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.25	.00 MILEAGE-REGULAR & COMMITTEE MTGS	191923	745,272.06	1
01/22/20	930.21	UTIL 14	1904	33301188	VERIZON	238.63	.00 TELEPHONE-CELL PHONE/ACCESSORIES	191978	748,210.69	1
01/31/20	930.21	BDEX 06	1904			159.11	.00 JE 12313-HARTFORD 24 ACCIDENT		774,772.12	49
01/31/20	930.21	SJOO 12	1902			1,074.31	.00 EXP PREPAID & RECORD ACCRUED INS		794,335.02	41
01/31/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	700.00	.00 RICK H-KAEC BOARD MEETING		795,035.02	1
01/31/20	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	172.95	.00 LODGING/MEALS/TRAVEL-OTHER MTGS		795,207.97	1

listItem

01/31/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	143.75	.00	MILEAGE-REGULAR & COMMITTEE MTGS		795,351.72	1
01/31/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	.00	-700.00	RICK H-KAEC BOARD MEETING		794,651.72	1
01/31/20	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	.00	-172.95	LODGING/MEALS/TRAVEL-OTHER MTGS		794,478.77	1
01/31/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	.00	-143.75	MILEAGE-REGULAR & COMMITTEE MTGS		794,335.02	1
01/31/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	450.00	.00	RICK H-KAEC BOARD MEETING	4706	794,785.02	1
01/31/20	930.21	BDEX 10	1904	33304776	HALLORAN, RICHARD T	172.95	.00	LODGING/MEALS/TRAVEL-OTHER MTGS	4706	794,957.97	1
01/31/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	143.75	.00	MILEAGE-REGULAR & COMMITTEE MTGS	4706	795,101.72	1
01/31/20	930.21	BDEX 08	1904	33305191	TACKETT, JAMES B	700.00	.00	DIRECTORS' FEES - OTHER MTGS	192346	795,801.72	1
01/31/20	930.21	BDEX 09	1904	33305191	TACKETT, JAMES B	138.00	.00	MILEAGE - OTHER MEETINGS	192346	795,939.72	1
01/31/20	930.21	BDEX 10	1904	33305191	TACKETT, JAMES B	21.29	.00	LODGING/MEALS/TRAVEL-OTHER MTGS	192346	795,961.01	1
01/31/20	930.21	SJOO 60	1904			.00	-4.05	COST ALLOCATION BASED ON LABOR		795,956.96	49
02/03/20	930.21	BDEX 04	1904	33304590	HUMANA INC	542.40	.00	INSURANCE - MEDICAL	192139	796,499.36	1
02/19/20	930.21	UTIL 14	1904	33301188	VERIZON	223.37	.00	TELEPHONE-CELL PHONE/ACCESSORIES	192275	797,872.73	1
02/21/20	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192343	823,743.15	1
02/21/20	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.00	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192343	823,812.15	1
02/21/20	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	4708	825,162.15	1
02/21/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	4706	826,512.15	1
02/21/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.80	.00	MILEAGE-REGULAR & COMMITTEE MTGS	4706	826,525.95	1
02/21/20	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192345	827,875.95	1
02/21/20	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.50	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192345	827,910.45	1
02/21/20	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.20	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192341	827,942.65	1
02/21/20	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192341	829,292.65	1
02/21/20	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192344	830,642.65	1
02/21/20	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.20	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192344	830,674.85	1
02/21/20	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00	ADDITIONAL COMPENSATION	192344	830,874.85	1
02/21/20	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192346	832,224.85	1
02/21/20	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.25	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192346	832,242.10	1
02/28/20	930.21	BDEX 10	1904	33300162	RURAL CO-OP CREDIT UNION	443.92	.00	LODGING/MEALS/TRAVEL-OTHER MTGS	192397	852,603.49	1
02/28/20	930.21	SJOO 12	1902			1,074.31	.00	EXP PREPAID & RECORD ACCRUED INS		870,652.36	41
02/28/20	930.21	SJOO 60	1904			.00	-1.21	COST ALLOCATION BASED ON LABOR		884,662.57	49
03/01/20	930.21	BDEX 04	1904	33304590	HUMANA INC	542.40	.00	INSURANCE - MEDICAL	192420	889,913.98	1
03/11/20	930.21	UTIL 14	1904	33301188	VERIZON	237.10	.00	TELEPHONE-CELL PHONE/ACCESSORIES	192488	892,541.08	1
03/18/20	930.21	BDEX 01	1904	33304921	BEARD, JAMES G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192587	918,326.63	1
03/18/20	930.21	BDEX 02	1904	33304921	BEARD, JAMES G	69.00	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192587	918,395.63	1
03/18/20	930.21	BDEX 01	1904	33304923	EPPERSON, CATHY C	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	4753	919,745.63	1
03/18/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS		921,095.63	1
03/18/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.80	.00	MILEAGE-REGULAR & COMMITTEE MTGS		921,109.43	1
03/18/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	100.00	.00	RICK H-KAEC BOARD MEETING	4751	921,209.43	1
03/18/20	930.21	BDEX 01	1904	33304924	HAYNES, BORIS	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192589	922,559.43	1
03/18/20	930.21	BDEX 02	1904	33304924	HAYNES, BORIS	34.50	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192589	922,593.93	1
03/18/20	930.21	BDEX 02	1904	33304849	HURD, BILLY G	32.20	.00	MILEAGE-REGULAR & COMMITTEE MTGS	192585	922,626.13	1
03/18/20	930.21	BDEX 01	1904	33304849	HURD, BILLY G	1,350.00	.00	FEES - REGULAR & COMMITTEE MTGS	192585	923,976.13	1

listItem

03/18/20	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	192588	925,326.13	1
03/18/20	930.21	BDEX 02	1904	33304922	REDMON, GREGORY D	32.20	.00 MILEAGE-REGULAR & COMMITTEE MTGS	192588	925,358.33	1
03/18/20	930.21	BDEX 01	1904	33304922	REDMON, GREGORY D	200.00	.00 ADDITIONAL COMPENSATION	192588	925,558.33	1
03/18/20	930.21	BDEX 01	1904	33305191	TACKETT, JAMES B	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS	192592	926,908.33	1
03/18/20	930.21	BDEX 02	1904	33305191	TACKETT, JAMES B	17.25	.00 MILEAGE-REGULAR & COMMITTEE MTGS	192592	926,925.58	1
03/18/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	1,350.00	.00 FEES - REGULAR & COMMITTEE MTGS		4751 928,275.58	1
03/18/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	13.80	.00 MILEAGE-REGULAR & COMMITTEE MTGS		4751 928,289.38	1
03/18/20	930.21	BDEX 01	1904	33304776	HALLORAN, RICHARD T	.00	-1,350.00 FEES - REGULAR & COMMITTEE MTGS		926,939.38	1
03/18/20	930.21	BDEX 02	1904	33304776	HALLORAN, RICHARD T	.00	-13.80 MILEAGE-REGULAR & COMMITTEE MTGS		926,925.58	1
03/31/20	930.21	SJOO 12	1902			1,074.31	.00 EXP PREPAID & RECORD ACCRUED INS		945,659.27	41
04/30/19	930.22	SJOO 08	1900			14,000.87	.00 AMORTIZE KAEC DUES		56,314.67	40
05/31/19	930.22	SJOO 08	1900			14,000.87	.00 AMORTIZE KAEC DUES		143,456.47	40
06/30/19	930.22	SJOO 08	1900			14,000.87	.00 AMORTIZE KAEC DUES		296,472.17	40
07/31/19	930.22	SJOO 08	1900			14,000.87	.00 AMORTIZE KAEC DUES		409,526.88	40
08/31/19	930.22	SJOO 08	1900			14,000.87	.00 AMORTIZE KAEC DUES		476,830.65	40
09/30/19	930.22	DUES 01	1900	33300140	N R E C A	53,726.00	.00 DUES - NRECA		569,368.14	1
09/30/19	930.22	SJOO 08	1900			14,000.87	.00 AMORTIZE KAEC DUES		583,375.23	40
09/30/19	930.22	DUES 01	1900	33300140	N R E C A	.00	-53,726.00 DUES - NRECA		529,649.23	1
09/30/19	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		535,200.71	40
10/31/19	930.22	SJOO 08	1900			5,894.88	.00 AMORTIZE KAEC DUES		592,412.62	40
10/31/19	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		600,343.78	40
11/30/19	930.22	SJOO 08	1900			5,894.88	.00 AMORTIZE KAEC DUES		661,367.10	40
11/30/19	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		665,844.27	40
12/31/19	930.22	SJOO 08	1900			5,894.87	.00 AMORTIZE KAEC DUES		719,660.51	40
12/31/19	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		724,137.68	40
01/31/20	930.22	SJOO 08	1900			14,011.42	.00 AMORTIZE KAEC DUES		788,783.54	40
01/31/20	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		793,260.71	40
02/28/20	930.22	SJOO 08	1900			14,011.42	.00 AMORTIZE KAEC DUES		884,663.78	40
02/29/20	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		889,139.74	40
03/31/20	930.22	SJOO 08	1900			14,011.40	.00 AMORTIZE KAEC DUES		944,454.96	40
03/31/20	930.22	SJOU 29	1900			4,477.17	.00 AMORTIZE NRECA DUES		950,136.44	40
04/24/19	930.23	MPRL 06	1901	33305272	TOWN MONEY SAVER	225.00	.00 ADVT-NWSPAPER/PAMPHLET/DIRECTORY	188614	37,434.23	1
04/26/19	930.23	ACLB 00	1702			402.72	.00 ACCRUED LABOR - MONTH END		38,624.45	10
04/30/19	930.23	MPRL 36	1702	33300162	RURAL CO-OP CREDIT UNION	56.39	.00 4/16 MEAL	188775	40,673.92	1
04/30/19	930.23	MPRL 38	1702	33300162	RURAL CO-OP CREDIT UNION	114.32	.00 MATERIALS, ELECTRICAL & OTHER	188775	40,788.24	1
04/30/19	930.23	SJOO 37	1702			33.40	.00 EXP COOP PART OF EMPL BENEFITS		59,346.26	44
04/30/19	930.23	SJOO 37	1702			224.91	.00 EXP COOP PART OF EMPL BENEFITS		59,913.24	44
04/30/19	930.23	TREX 00	1702			29.44	.00 TRANSPORTATION EXPENSE		59,942.68	50
05/17/19	930.23	LARG 00	1702			267.14	.00 LABOR REGULAR		75,911.63	20
05/24/19	930.23	ACLB 00	1702			164.45	.00 ACCRUED LABOR - MONTH END		110,775.52	10
05/24/19	930.23	ACLB 00	1901			198.46	.00 ACCRUED LABOR - MONTH END		110,973.98	10
05/28/19	930.23	MPRL 41	1702	33302106	LINDSEY WILSON COLLEGE	1,000.00	.00 SCHOLARSHIP PADGENT & RELATED	189073	111,973.98	1

listItem

05/30/19	930.23	MPRL	06	1901	33300332	THE TIMES JOURNAL	976.52	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189136	113,200.50	1
05/31/19	930.23	MPRL	37	1702	44414881	THE HAPPY TRAVELERS	500.00	.00	HAPPY TRAVELERS	189189	113,700.50	1
05/31/19	930.23	MPRL	05	1901	33301469	WMKZ	204.00	.00	ADVERTISING - RADIO/TV	189142	114,004.50	1
05/31/19	930.23	MPRL	05	1901	33302161	WFLW-WKYM	324.00	.00	ADVERTISING - RADIO/TV	189149	114,478.50	1
05/31/19	930.23	MPRL	01	1702	33300162	RURAL CO-OP CREDIT UNION	2,476.03	.00	ANNUAL MEETING PRIZES-GIVEAWAYS	189132	116,975.71	1
05/31/19	930.23	MPRL	39	1702	33300162	RURAL CO-OP CREDIT UNION	47.98	.00	SIGNS, ADVERTISEMENTS & RELATED	189132	117,023.69	1
05/31/19	930.23	MPRL	38	1702	33300162	RURAL CO-OP CREDIT UNION	106.68	.00	MATERIALS, ELECTRICAL & OTHER	189132	117,130.37	1
05/31/19	930.23	MPRL	36	1702	33300162	RURAL CO-OP CREDIT UNION	63.00	.00	05/09 MEAL	189132	117,193.37	1
05/31/19	930.23	MPRL	38	1702	33300162	RURAL CO-OP CREDIT UNION	5.72	.00	MATERIALS, ELECTRICAL & OTHER	189132	117,199.09	1
05/31/19	930.23	MPRL	01	1702	33300162	RURAL CO-OP CREDIT UNION	1,844.40	.00	ANNUAL MEETING PRIZES-GIVEAWAYS	189132	119,352.26	1
05/31/19	930.23	MPRL	39	1702	33302516	NEW HORIZON GRAPHICS	1,955.70	.00	SIGNS, ADVERTISEMENTS & RELATED	189274	122,780.64	1
05/31/19	930.23	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	697.96	.00	COOP SOLAR	189260	123,910.40	1
05/31/19	930.23	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	472.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189275	124,610.40	1
05/31/19	930.23	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	675.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4160 125,561.90	1
05/31/19	930.23	MPRL	05	1901	33300216	WJRS	552.00	.00	ADVERTISING - RADIO/TV	189258	126,113.90	1
05/31/19	930.23	MPRL	05	1901	33304476	TLO BROADCASTING	720.00	.00	ADVERTISING - RADIO/TV	189285	126,833.90	1
05/31/19	930.23	ACLB	00	1702			805.44	.00	ACCRUED LABOR - MONTH END		127,639.34	10
05/31/19	930.23	ACLB	00	1901			158.76	.00	ACCRUED LABOR - MONTH END		127,798.10	10
05/31/19	930.23	MPRL	05	1901	33300584	IHEARTMEDIA	696.00	.00	ADVERTISING - RADIO/TV	189342	128,494.10	1
05/31/19	930.23	MPRL	06	1901	33300336	CLINTON CO NEWS	851.25	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189340	129,455.60	1
05/31/19	930.23	SJOO	37	1702			151.56	.00	EXP COOP PART OF EMPL BENEFITS		144,641.12	44
05/31/19	930.23	SJOO	37	1901			43.77	.00	EXP COOP PART OF EMPL BENEFITS		144,684.89	44
05/31/19	930.23	SJOO	37	1702			653.11	.00	EXP COOP PART OF EMPL BENEFITS		145,338.00	44
05/31/19	930.23	SJOO	37	1901			188.60	.00	EXP COOP PART OF EMPL BENEFITS		145,526.60	44
05/31/19	930.23	TREX	00	1702			109.87	.00	TRANSPORTATION EXPENSE		145,636.47	50
06/03/19	930.23	MPRL	37	1702	33300976	AMERICAN LEGION POST 38	250.00	.00	AMERICAN LEGION HONOR GUARD	189138	145,879.70	1
06/04/19	930.23	MPRL	40	1702	33302642	PRO VIDEO-AUDIO PROD INC	5,975.00	.00	PRO VIDEO	189154	152,646.48	1
06/05/19	930.23	MPRL	36	1702	33301666	KROGER MARKETPLACE	4,371.96	.00	KROGER MARKETPLACE		157,018.44	1
06/05/19	930.23	MPRL	37	1702	44414526	ALEXANDER, JOHN	500.00	.00	JOHN ALEXANDER	189186	157,518.44	1
06/05/19	930.23	MPRL	36	1702	33301666	KROGER MARKETPLACE	4,259.46	.00	KROGER MARKETPLACE	189143	161,777.90	1
06/05/19	930.23	MPRL	36	1702	33301666	KROGER MARKETPLACE	.00	-4,371.96	KROGER MARKETPLACE		157,405.94	1
06/14/19	930.23	LARG	00	1702			3,481.59	.00	LABOR REGULAR		164,472.37	20
06/14/19	930.23	LARG	00	1901			873.18	.00	LABOR REGULAR		165,345.55	20
06/14/19	930.23	EMEX	04	1606	22200431	CUNDIFF, CHRISTINA	38.28	.00	EDUCATIONAL/TRAINING EXPENSE		4177 165,383.83	1
06/14/19	930.23	EMEX	04	1703	22200421	CHITWOOD, TONA	63.80	.00	EDUCATIONAL/TRAINING EXPENSE		4176 165,447.63	1
06/14/19	930.23	MPRL	38	1702	33301035	LOVELESS SANITATION	1,800.00	.00	LOVELESS SANITATION	189343	167,247.63	1
06/14/19	930.23	MPRL	38	1702	33301035	LOVELESS SANITATION	250.00	.00	LOVELESS SANITATION	189343	167,497.63	1
06/14/19	930.23	MPRL	38	1702	33305379	SOUTHWESTERN ROTC	500.00	.00	SOUTHWESTERN ROTC	189375	167,997.63	1
06/14/19	930.23	MPRL	37	1702	33301226	GENERAL RENTAL CENTER	3,148.64	.00	GENERAL RENTAL CENTER	189344	174,346.95	1
06/17/19	930.23	MPRL	05	1901	33305280	3B MEDIA	1,218.00	.00	ADVERTISING - RADIO/TV	189372	175,564.95	1
06/17/19	930.23	MPRL	39	1702	33302516	NEW HORIZON GRAPHICS	1,312.28	.00	SHIRTS(NEW HORIZON)	189433	202,360.99	1
06/19/19	930.23	MPRL	37	1702	33305427	JUMPING JACKS LLC	1,275.00	.00	JUMPING JACKS	189377	203,635.99	1

listItem

06/19/19	930.23	EMEX 04 1703	22200421	CHITWOOD, TONA	30.16	.00 EDUCATIONAL/TRAINING EXPENSE		4176	203,666.15	1
06/24/19	930.23	MPRL 39 1702	33300072	EAST KENTUCKY POWER COOP	400.00	.00 SIGNS	189487		204,766.15	1
06/24/19	930.23	MPRL 39 1702	33300072	EAST KENTUCKY POWER COOP	300.00	.00 SIGNS	189487		205,066.15	1
06/24/19	930.23	MPRL 36 1702	33300112	H T HACKNEY COMPANY	28.15	.00 HT HACKNEY	189489		205,094.30	1
06/24/19	930.23	MPRL 38 1702	33300600	DAL-RS INC	20.44	.00 GLOVES(DAL-RS)	189617		205,114.74	1
06/24/19	930.23	MPRL 38 1702	33300162	RURAL CO-OP CREDIT UNION	19.07	.00 COLEMAN COOLER	191082		205,133.81	1
06/24/19	930.23	MPRL 36 1702	33300162	RURAL CO-OP CREDIT UNION	59.12	.00 FOOD - RUSSELL	191082		205,192.93	1
06/25/19	930.23	MPRL 41 1702	33301554	WESTERN KENTUCKY UNIVERSITY	1,000.00	.00 SCHOLARSHIP PADGENT & RELATED	189430		205,317.93	1
06/25/19	930.23	MPRL 05 1901	33300004	ALBANY BROADCASTING COMPANY	408.00	.00 ADVERTISING - RADIO/TV	189425		205,725.93	1
06/27/19	930.23	MPRL 05 1901	33300584	IHEARTMEDIA	2,754.00	.00 ADVERTISING - RADIO/TV	189496		208,479.93	1
06/27/19	930.23	EMEX 04 1703	22200673	HUNTER, WHITNEY	38.28	.00 EDUCATIONAL/TRAINING EXPENSE		4205	208,518.21	1
06/28/19	930.23	LARG 00 1600			1,165.60	.00 LABOR REGULAR			219,916.97	20
06/28/19	930.23	LARG 00 1604			345.44	.00 LABOR REGULAR			220,262.41	20
06/28/19	930.23	LARG 00 1605			432.08	.00 LABOR REGULAR			220,694.49	20
06/28/19	930.23	LAOT 01 1606			59.22	.00 OVERTIME 1 1/2			220,753.71	20
06/28/19	930.23	LARG 00 1606			2,045.28	.00 LABOR REGULAR			222,798.99	20
06/28/19	930.23	LARG 00 1607			669.84	.00 LABOR REGULAR			223,468.83	20
06/28/19	930.23	LARG 00 1700			1,905.83	.00 LABOR REGULAR			225,374.66	20
06/28/19	930.23	LAOT 01 1702			1,874.92	.00 OVERTIME 1 1/2			227,249.58	20
06/28/19	930.23	LARG 00 1702			7,153.32	.00 LABOR REGULAR			234,402.90	20
06/28/19	930.23	LARG 00 1703			6,772.02	.00 LABOR REGULAR			241,174.92	20
06/28/19	930.23	LARG 00 1712			3,086.72	.00 LABOR REGULAR			244,261.64	20
06/28/19	930.23	LARG 00 1713			4,485.20	.00 LABOR REGULAR			248,746.84	20
06/28/19	930.23	LARG 00 1714			1,348.64	.00 LABOR REGULAR			250,095.48	20
06/28/19	930.23	LARG 00 1800			789.12	.00 LABOR REGULAR			250,884.60	20
06/28/19	930.23	LARG 00 1801			609.28	.00 LABOR REGULAR			251,493.88	20
06/28/19	930.23	LARG 00 1802			3,619.60	.00 LABOR REGULAR			255,113.48	20
06/28/19	930.23	LARG 00 1803			2,713.40	.00 LABOR REGULAR			257,826.88	20
06/28/19	930.23	LARG 00 1804			263.12	.00 LABOR REGULAR			258,090.00	20
06/28/19	930.23	LARG 00 1805			3,107.20	.00 LABOR REGULAR			261,197.20	20
06/28/19	930.23	LARG 00 1806			839.28	.00 LABOR REGULAR			262,036.48	20
06/28/19	930.23	LAOT 01 1807			54.39	.00 OVERTIME 1 1/2			262,090.87	20
06/28/19	930.23	LARG 00 1807			917.60	.00 LABOR REGULAR			263,008.47	20
06/28/19	930.23	LARG 00 1808			310.40	.00 LABOR REGULAR			263,318.87	20
06/28/19	930.23	LARG 00 1809			1,826.56	.00 LABOR REGULAR			265,145.43	20
06/28/19	930.23	LARG 00 1900			290.08	.00 LABOR REGULAR			265,435.51	20
06/28/19	930.23	LARG 00 1901			1,270.08	.00 LABOR REGULAR			266,705.59	20
06/28/19	930.23	LARG 00 1902			2,290.10	.00 LABOR REGULAR			268,995.69	20
06/30/19	930.23	MPRL 36 1800	33300162	RURAL CO-OP CREDIT UNION	36.90	.00 ICE	189610		269,032.59	1
06/30/19	930.23	MPRL 36 1702	33300162	RURAL CO-OP CREDIT UNION	826.13	.00 FOOD PREPARATION & RELATED EXP	189610		269,858.72	1
06/30/19	930.23	MPRL 38 1702	33300162	RURAL CO-OP CREDIT UNION	364.36	.00 MATERIALS, ELECTRICAL & OTHER	189610		270,223.08	1
06/30/19	930.23	MPRL 38 1702	33300162	RURAL CO-OP CREDIT UNION	54.04	.00 MATERIALS, ELECTRICAL & OTHER	189610		270,277.12	1

listItem

06/30/19	930.23	MPRL	01	1702	33300162	RURAL CO-OP CREDIT UNION	795.00	.00	ANNUAL MEETING PRIZES-GIVEAWAYS	189610	271,072.12	1
06/30/19	930.23	MPRL	36	1702	33300162	RURAL CO-OP CREDIT UNION	445.80	.00	FOOD PREPARATION & RELATED EXP	189610	271,517.92	1
06/30/19	930.23	MPRL	36	1702	33300162	RURAL CO-OP CREDIT UNION	420.71	.00	FOOD PREPARATION & RELATED EXP	189610	271,938.63	1
06/30/19	930.23	MPRL	37	1702	33300162	RURAL CO-OP CREDIT UNION	250.00	.00	AMUSEMENT RIDES & ENTERTAINMENT	189610	272,463.31	1
06/30/19	930.23	MPRL	37	1702	33300162	RURAL CO-OP CREDIT UNION	142.88	.00	AMUSEMENT RIDES & ENTERTAINMENT	189610	272,606.19	1
06/30/19	930.23	MPRL	36	1702	33300162	RURAL CO-OP CREDIT UNION	70.28	.00	FOOD PREPARATION & RELATED EXP	189610	272,676.47	1
06/30/19	930.23	MPRL	38	1702	33300162	RURAL CO-OP CREDIT UNION	43.86	.00	MATERIALS, ELECTRICAL & OTHER	189610	272,720.33	1
06/30/19	930.23	MPRL	36	1702	33300162	RURAL CO-OP CREDIT UNION	41.09	.00	FOOD PREPARATION & RELATED EXP	189610	272,761.42	1
06/30/19	930.23	MPRL	06	1901	33300332	THE TIMES JOURNAL	488.26	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189493	273,415.58	1
06/30/19	930.23	MPRL	06	1901	33302614	MCCREARY COUNTY VOICE	207.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189508	273,623.08	1
06/30/19	930.23	MPRL	36	1803	33300162	RURAL CO-OP CREDIT UNION	28.91	.00	FOOD PREPARATION & RELATED EXP	189610	274,633.74	1
06/30/19	930.23	MPRL	06	1901	33300232	WAYNE COUNTY OUTLOOK	224.49	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189613	274,884.63	1
06/30/19	930.23	MPRL	05	1901	33302017	WHVE-FM RADIO	957.00	.00	ADVERTISING - RADIO/TV	189626	275,841.63	1
06/30/19	930.23	MPRL	05	1901	33301926	WKDO	550.00	.00	ADVERTISING - RADIO/TV	189625	276,391.63	1
06/30/19	930.23	MPRL	05	1901	33301469	WMKZ	284.75	.00	ADVERTISING - RADIO/TV	189621	276,676.38	1
06/30/19	930.23	MPRL	05	1901	33301538	WHAY	356.00	.00	ADVERTISING - RADIO/TV	189623	277,032.38	1
06/30/19	930.23	MPRL	05	1901	33300216	WJRS	770.50	.00	ADVERTISING - RADIO/TV	189611	277,802.88	1
06/30/19	930.23	MPRL	05	1901	33302161	WFLW-WKYM	603.00	.00	ADVERTISING - RADIO/TV	189628	278,405.88	1
06/30/19	930.23	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	675.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	4222	279,080.88	1
06/30/19	930.23	MPRL	05	1901	33304476	TLO BROADCASTING	1,005.00	.00	ADVERTISING - RADIO/TV	189644	280,085.88	1
06/30/19	930.23	MPRL	06	1901	33302784	CASEY COUNTY NEWS	570.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	189632	280,655.88	1
06/30/19	930.23	MPRL	05	1901	33305429	TRI CO BROADCASTING INC	252.00	.00	ADVERTISING - RADIO/TV	189662	280,907.88	1
06/30/19	930.23	MPRL	36	1702	33300162	RURAL CO-OP CREDIT UNION	428.12	.00	DRINKS/COOLERS	189610	281,336.00	1
06/30/19	930.23	MPRL	01	1702	33300162	RURAL CO-OP CREDIT UNION	287.30	.00	TRANSFER & TAXES - TRUCK	189610	281,623.30	1
06/30/19	930.23	ADJU	00	1702			848.00	.00	AJ 0619		282,471.30	49
06/30/19	930.23	SJOO	37	1600			102.36	.00	EXP COOP PART OF EMPL BENEFITS		297,651.53	44
06/30/19	930.23	SJOO	37	1604			30.34	.00	EXP COOP PART OF EMPL BENEFITS		297,681.87	44
06/30/19	930.23	SJOO	37	1605			37.94	.00	EXP COOP PART OF EMPL BENEFITS		297,719.81	44
06/30/19	930.23	SJOO	37	1606			184.81	.00	EXP COOP PART OF EMPL BENEFITS		297,904.62	44
06/30/19	930.23	SJOO	37	1607			58.82	.00	EXP COOP PART OF EMPL BENEFITS		297,963.44	44
06/30/19	930.23	SJOO	37	1700			167.36	.00	EXP COOP PART OF EMPL BENEFITS		298,130.80	44
06/30/19	930.23	SJOO	37	1702			1,098.57	.00	EXP COOP PART OF EMPL BENEFITS		299,229.37	44
06/30/19	930.23	SJOO	37	1703			594.69	.00	EXP COOP PART OF EMPL BENEFITS		299,824.06	44
06/30/19	930.23	SJOO	37	1712			271.06	.00	EXP COOP PART OF EMPL BENEFITS		300,095.12	44
06/30/19	930.23	SJOO	37	1713			393.87	.00	EXP COOP PART OF EMPL BENEFITS		300,488.99	44
06/30/19	930.23	SJOO	37	1714			118.43	.00	EXP COOP PART OF EMPL BENEFITS		300,607.42	44
06/30/19	930.23	SJOO	37	1800			69.30	.00	EXP COOP PART OF EMPL BENEFITS		300,676.72	44
06/30/19	930.23	SJOO	37	1801			53.50	.00	EXP COOP PART OF EMPL BENEFITS		300,730.22	44
06/30/19	930.23	SJOO	37	1802			317.86	.00	EXP COOP PART OF EMPL BENEFITS		301,048.08	44
06/30/19	930.23	SJOO	37	1803			238.28	.00	EXP COOP PART OF EMPL BENEFITS		301,286.36	44
06/30/19	930.23	SJOO	37	1804			23.11	.00	EXP COOP PART OF EMPL BENEFITS		301,309.47	44
06/30/19	930.23	SJOO	37	1805			272.86	.00	EXP COOP PART OF EMPL BENEFITS		301,582.33	44

listItem

06/30/19	930.23	SJOO	37	1806	73.70	.00 EXP COOP PART OF EMPL BENEFITS	301,656.03	44
06/30/19	930.23	SJOO	37	1807	85.36	.00 EXP COOP PART OF EMPL BENEFITS	301,741.39	44
06/30/19	930.23	SJOO	37	1808	27.26	.00 EXP COOP PART OF EMPL BENEFITS	301,768.65	44
06/30/19	930.23	SJOO	37	1809	160.40	.00 EXP COOP PART OF EMPL BENEFITS	301,929.05	44
06/30/19	930.23	SJOO	37	1900	25.47	.00 EXP COOP PART OF EMPL BENEFITS	301,954.52	44
06/30/19	930.23	SJOO	37	1901	188.21	.00 EXP COOP PART OF EMPL BENEFITS	302,142.73	44
06/30/19	930.23	SJOO	37	1902	201.11	.00 EXP COOP PART OF EMPL BENEFITS	302,343.84	44
06/30/19	930.23	SJOO	37	1600	691.02	.00 EXP COOP PART OF EMPL BENEFITS	303,034.86	44
06/30/19	930.23	SJOO	37	1604	204.79	.00 EXP COOP PART OF EMPL BENEFITS	303,239.65	44
06/30/19	930.23	SJOO	37	1605	256.16	.00 EXP COOP PART OF EMPL BENEFITS	303,495.81	44
06/30/19	930.23	SJOO	37	1606	1,212.54	.00 EXP COOP PART OF EMPL BENEFITS	304,708.35	44
06/30/19	930.23	SJOO	37	1607	397.11	.00 EXP COOP PART OF EMPL BENEFITS	305,105.46	44
06/30/19	930.23	SJOO	37	1700	1,129.87	.00 EXP COOP PART OF EMPL BENEFITS	306,235.33	44
06/30/19	930.23	SJOO	37	1702	6,304.87	.00 EXP COOP PART OF EMPL BENEFITS	312,540.20	44
06/30/19	930.23	SJOO	37	1703	4,014.77	.00 EXP COOP PART OF EMPL BENEFITS	316,554.97	44
06/30/19	930.23	SJOO	37	1712	1,829.95	.00 EXP COOP PART OF EMPL BENEFITS	318,384.92	44
06/30/19	930.23	SJOO	37	1713	2,659.04	.00 EXP COOP PART OF EMPL BENEFITS	321,043.96	44
06/30/19	930.23	SJOO	37	1714	799.54	.00 EXP COOP PART OF EMPL BENEFITS	321,843.50	44
06/30/19	930.23	SJOO	37	1800	467.83	.00 EXP COOP PART OF EMPL BENEFITS	322,311.33	44
06/30/19	930.23	SJOO	37	1801	361.21	.00 EXP COOP PART OF EMPL BENEFITS	322,672.54	44
06/30/19	930.23	SJOO	37	1802	2,145.87	.00 EXP COOP PART OF EMPL BENEFITS	324,818.41	44
06/30/19	930.23	SJOO	37	1803	1,608.63	.00 EXP COOP PART OF EMPL BENEFITS	326,427.04	44
06/30/19	930.23	SJOO	37	1804	155.99	.00 EXP COOP PART OF EMPL BENEFITS	326,583.03	44
06/30/19	930.23	SJOO	37	1805	1,842.09	.00 EXP COOP PART OF EMPL BENEFITS	328,425.12	44
06/30/19	930.23	SJOO	37	1806	497.56	.00 EXP COOP PART OF EMPL BENEFITS	328,922.68	44
06/30/19	930.23	SJOO	37	1807	544.00	.00 EXP COOP PART OF EMPL BENEFITS	329,466.68	44
06/30/19	930.23	SJOO	37	1808	184.02	.00 EXP COOP PART OF EMPL BENEFITS	329,650.70	44
06/30/19	930.23	SJOO	37	1809	1,082.87	.00 EXP COOP PART OF EMPL BENEFITS	330,733.57	44
06/30/19	930.23	SJOO	37	1900	171.97	.00 EXP COOP PART OF EMPL BENEFITS	330,905.54	44
06/30/19	930.23	SJOO	37	1901	1,270.62	.00 EXP COOP PART OF EMPL BENEFITS	332,176.16	44
06/30/19	930.23	SJOO	37	1902	1,357.68	.00 EXP COOP PART OF EMPL BENEFITS	333,533.84	44
06/30/19	930.23	TREX	00	1606	13.28	.00 TRANSPORTATION EXPENSE	333,547.12	50
06/30/19	930.23	TREX	00	1607	7.60	.00 TRANSPORTATION EXPENSE	333,554.72	50
06/30/19	930.23	TREX	00	1700	53.82	.00 TRANSPORTATION EXPENSE	333,608.54	50
06/30/19	930.23	TREX	00	1702	1,454.94	.00 TRANSPORTATION EXPENSE	335,063.48	50
06/30/19	930.23	TREX	00	1712	266.39	.00 TRANSPORTATION EXPENSE	335,329.87	50
06/30/19	930.23	TREX	00	1713	137.92	.00 TRANSPORTATION EXPENSE	335,467.79	50
06/30/19	930.23	TREX	00	1714	92.80	.00 TRANSPORTATION EXPENSE	335,560.59	50
06/30/19	930.23	TREX	00	1800	26.32	.00 TRANSPORTATION EXPENSE	335,586.91	50
06/30/19	930.23	TREX	00	1801	354.32	.00 TRANSPORTATION EXPENSE	335,941.23	50
06/30/19	930.23	TREX	00	1802	544.96	.00 TRANSPORTATION EXPENSE	336,486.19	50
06/30/19	930.23	TREX	00	1803	481.08	.00 TRANSPORTATION EXPENSE	336,967.27	50

listItem

06/30/19	930.23	TREX	00	1804		5.92	.00	TRANSPORTATION EXPENSE			336,973.19	50	
06/30/19	930.23	TREX	00	1805		315.76	.00	TRANSPORTATION EXPENSE			337,288.95	50	
06/30/19	930.23	TREX	00	1806		31.28	.00	TRANSPORTATION EXPENSE			337,320.23	50	
06/30/19	930.23	TREX	00	1808		46.56	.00	TRANSPORTATION EXPENSE			337,366.79	50	
06/30/19	930.23	TREX	00	1902		21.33	.00	TRANSPORTATION EXPENSE			337,388.12	50	
07/09/19	930.23	MPRL	41	1702	33300342	SOMERSET COMMUNITY COLLEGE	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	189615	339,172.64	1	
07/16/19	930.23	MPRL	41	1702	33302106	LINDSEY WILSON COLLEGE	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	189715	350,388.32	1	
07/16/19	930.23	MPRL	41	1702	33301738	CAMPBELLSVILLE UNIVERSITY	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	189714	351,388.32	1	
07/17/19	930.23	MPRL	01	1702	33300115	KEC INC	14,098.00	.00	ANNUAL MEETING PRIZES-GIVEAWAYS		4272	389,770.71	1
07/19/19	930.23	EMEX	04	1703	22200665	SAYERS, DEBBIE	38.28	.00	EDUCATIONAL/TRAINING EXPENSE		4254	389,908.99	1
07/19/19	930.23	EMEX	04	1703	22200664	HONEYCUTT, SHANA L	17.40	.00	EDUCATIONAL/TRAINING EXPENSE		4253	389,926.39	1
07/23/19	930.23	MPRL	36	1902	33300285	SOUTH KENTUCKY RECC	15.00	.00	FOOD PREPARATION & RELATED EXP	189783	390,216.39	1	
07/30/19	930.23	MPRL	41	1702	33300342	SOMERSET COMMUNITY COLLEGE	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	189830	392,767.51	1	
07/31/19	930.23	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	346.50	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4271	394,726.04	1
08/06/19	930.23	MPRL	41	1702	33302114	MOREHEAD STATE UNIVERSITY	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	189991	412,227.42	1	
08/07/19	930.23	MPRL	41	1702	33300993	UNIVERSITY OF KENTUCKY	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	189982	413,377.42	1	
08/13/19	930.23	MPRL	41	1702	33300342	SOMERSET COMMUNITY COLLEGE	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	190083	425,628.10	1	
08/19/19	930.23	MPRL	41	1702	33300342	SOMERSET COMMUNITY COLLEGE	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	190173	426,693.10	1	
08/31/19	930.23	MPRL	01	1702	33305443	MEYER AD GROUP	607.22	.00	KID PRIZES(MEYER AD GROUP)	190347	456,311.77	1	
08/31/19	930.23	SJOO	52	1702			21.86	.00	KY SALES & USE TAX EXPENSE		462,829.78	40	
09/09/19	930.23	MPRL	01	1702			.00	-6,300.00	EKP - RESIDENTIAL LIGHTING		481,941.52	80	
09/18/19	930.23	MPRL	41	1702	33301944	EASTERN KENTUCKY UNIVERSITY	1,000.00	.00	SCHOLARSHIP PADGENT & RELATED	190528	483,635.12	1	
09/26/19	930.23	EMEX	04	1703	22200701	CLABORN, RACHEL	49.30	.00	EDUCATIONAL/TRAINING EXPENSE		4384	509,147.22	1
10/31/19	930.23	SJOO	52	1702			36.43	.00	KY SALES & USE TAX EXPENSE		586,424.74	40	
01/22/20	930.23	MPRL	40	1702	33302642	PRO VIDEO-AUDIO PROD INC	3,000.00	.00	PRO VIDEO	191980	747,972.06	1	
03/26/20	930.23	MPRL	06	1901	33305272	TOWN MONEY SAVER	249.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY	192662	927,186.24	1	
02/28/20	930.24	MSAD	13	1703	33300194	SOUTHEASTERN DATA COOP INC	6,500.00	.00	SEDC POSTAGE		4744	865,421.58	1
02/28/20	930.24	MSAD	26	1703	33300194	SOUTHEASTERN DATA COOP INC	2,875.90	.00	SEDC PRINTING		4744	868,297.48	1
05/31/19	930.31	MSAD	13	1902	33300162	RURAL CO-OP CREDIT UNION	4.80	.00	POSTAGE-990 FORM	189132	119,390.95	1	
06/14/19	930.32	MPRL	38	1702	44403788	SOMERSET POLICE DEPARTMENT	200.00	.00	SOMERSET POLICE DEPARTMENT	189378	168,197.63	1	
02/28/20	930.39	MPRL	06	1901	33300048	COMMONWEALTH JOURNAL	334.00	.00	ADVT-NWSPAPER/PAMPHLET/DIRECTORY		4724	858,493.08	1

1,032,956.99 -82,820.55

950,136.44

listItem

DATE	ACCOUNT	ITEM ID	DEPT	VENDOR	VENDOR NAME	DEBIT	CREDIT	DESCRIPTION	CHECK	ACH SEQ	BALANCE	TRANCODE
04/04/19	426.10	MPRL 04	1901	33302902	MCCREARY COUNTY FAIR BOARD	100.00	.00	MCCREARY CO FAIR BOARD	188455		100.00	1
04/15/19	426.10	MPRL 04	1901	33300311	WAYNE CO BOARD OF EDUCATION	100.00	.00	WAYNE CO BD OF ED	188522		200.00	1
04/16/19	426.10	MPRL 04	1901	33305424	BENNY BROWN TRUCKING LLC	70.00	.00	NATIONAL FIRE SAFETY-RUSSELL			270.00	1
04/16/19	426.10	MPRL 04	1901	33301073	NAT'L CHILD SAFETY COUNCIL	70.00	.00	NAT'L CHILD SAFETY COUNCIL	188526		340.00	1
04/16/19	426.10	MPRL 04	1901	33305424	BENNY BROWN TRUCKING LLC	.00	-70.00	NATIONAL FIRE SAFETY-RUSSELL			270.00	1
04/17/19	426.10	MPRL 04	1900	33301560	EAGLES NEST COUNTRY CLUB	160.00	.00	BOBBY HAMILTON MEMORIAL	188527		550.00	1
04/26/19	426.10	ACLB 00	1702			172.72	.00	ACCRUED LABOR - MONTH END			722.72	10
04/26/19	426.10	ACLB 00	1805			172.72	.00	ACCRUED LABOR - MONTH END			895.44	10
04/29/19	426.10	MPRL 04	1901	33300162	RURAL CO-OP CREDIT UNION	36.46	.00	NORTHERN MIDDLE			931.90	1
04/29/19	426.10	MPRL 04	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-36.46	NORTHERN MIDDLE			895.44	1
04/29/19	426.10	MPRL 04	1901	33300162	RURAL CO-OP CREDIT UNION	50.00	.00	PRIDE	188775		945.44	1
04/29/19	426.10	MPRL 04	1901	33300162	RURAL CO-OP CREDIT UNION	36.46	.00	NORTHERN MIDDLE	188775		981.90	1
04/30/19	426.10	MPRL 04	1605	33300162	RURAL CO-OP CREDIT UNION	50.00	.00	KAEC HR MEETING	188775		1,031.90	1
04/30/19	426.10	MPRL 04	1900	33300188	SOM PUL CHAMBER OF COMMERCE	375.00	.00	SOM/PC CHAMBER-BUXTON CONSULTING	188776		1,406.90	1
04/30/19	426.10	SJOO 37	1702			14.33	.00	EXP COOP PART OF EMPL BENEFITS			1,421.23	44
04/30/19	426.10	SJOO 37	1805			14.33	.00	EXP COOP PART OF EMPL BENEFITS			1,435.56	44
04/30/19	426.10	SJOO 37	1702			96.46	.00	EXP COOP PART OF EMPL BENEFITS			1,532.02	44
04/30/19	426.10	SJOO 37	1805			96.46	.00	EXP COOP PART OF EMPL BENEFITS			1,628.48	44
04/30/19	426.10	TREX 00	1702			10.60	.00	TRANSPORTATION EXPENSE			1,639.08	50
04/30/19	426.10	TREX 00	1805			16.84	.00	TRANSPORTATION EXPENSE			1,655.92	50
05/15/19	426.10	MPRL 04	1901	44408644	ALZHEIMERS ASSOCIATION	100.00	.00	ALZHEIMER WALK	188908		1,755.92	1
05/15/19	426.10	MPRL 07	1900	33304833	HABITAT FOR HUMANITY PULASKI	250.00	.00	HABITAT HUMANITY GOLF TEAM	188896		2,005.92	1
05/15/19	426.10	MPRL 10	1901	44412314	CAMP JABEZ ON THE CUMBERLAND	100.00	.00	CAMP JABEZ	188909		2,105.92	1
05/24/19	426.10	ACLB 00	1802			198.45	.00	ACCRUED LABOR - MONTH END			2,304.37	10
05/31/19	426.10	SJOO 37	1802			24.31	.00	EXP COOP PART OF EMPL BENEFITS			2,328.68	44
05/31/19	426.10	SJOO 37	1802			104.77	.00	EXP COOP PART OF EMPL BENEFITS			2,433.45	44
05/31/19	426.10	TREX 00	1802			10.70	.00	TRANSPORTATION EXPENSE			2,444.15	50
06/05/19	426.10	MPRL 04	1900	33300826	MARCH OF DIMES	500.00	.00	MARCH OF DIMES	189137		2,944.15	1
06/14/19	426.10	LARG 12	1714			304.64	.00	CHARITABLE LABOR			3,248.79	20
06/14/19	426.10	LARG 00	1802			433.88	.00	LABOR REGULAR			3,682.67	20
06/26/19	426.10	MPRL 04	1901	33304544	CONTENTED HEART QUILT GUILD	50.00	.00	CONTENTED HEART QUILT GUILD	189438		3,732.67	1
06/28/19	426.10	LARG 05	1802			317.52	.00	LEAVE OF ABSENCE LABOR			4,300.19	20
06/30/19	426.10	MPRL 04	1901	33300162	RURAL CO-OP CREDIT UNION	78.44	.00	PC CHAMBER HOLE PRIZE	189610		4,378.63	1
06/30/19	426.10	MPRL 04	1901	33304851	DAAD	100.00	.00	DAAD	189530		4,478.63	1
06/30/19	426.10	SJOO 37	1714			26.75	.00	EXP COOP PART OF EMPL BENEFITS			4,505.38	44
06/30/19	426.10	SJOO 37	1802			65.99	.00	EXP COOP PART OF EMPL BENEFITS			4,571.37	44
06/30/19	426.10	SJOO 37	1714			180.60	.00	EXP COOP PART OF EMPL BENEFITS			4,751.97	44
06/30/19	426.10	SJOO 37	1802			445.47	.00	EXP COOP PART OF EMPL BENEFITS			5,197.44	44
06/30/19	426.10	TREX 00	1714			131.44	.00	TRANSPORTATION EXPENSE			5,328.88	50

listItem

06/30/19	426.10	TREX 00 1802		78.88	.00	TRANSPORTATION EXPENSE		5,407.76	50	
07/09/19	426.10	MPRL 04 1901	33305269	FIREWORKS FUND	250.00	.00	FIREWORKS(MCCREARY CO MUSEUM)	189658	5,657.76	1
07/10/19	426.10	MPRL 04 1901	33300468	UNITED WAY OF SO CENTRAL KY	300.00	.00	UNITED WAY GOLF SCRAMBLE	189616	5,957.76	1
07/12/19	426.10	MPRL 04 1900	33302415	NATIONAL FIRE SAFETY COUNCIL	75.00	.00	NAT'L FIRE SAFETY(MONTICELLO)	189718	6,032.76	1
07/16/19	426.10	MPRL 04 1901	33302331	NATIONAL FIRE SAFETY COUNCIL	45.00	.00	NAT'L FIRE SAFETY COUNCIL	189716	6,077.76	1
07/16/19	426.10	MPRL 04 1901	44406182	THE ADANTA GROUP	50.00	.00	ADANTA-RECOVERY RALLY		6,127.76	1
07/16/19	426.10	MPRL 04 1901	44406182	THE ADANTA GROUP	.00	-50.00	ADANTA-RECOVERY RALLY		6,077.76	1
07/17/19	426.10	MPRL 04 1901	33305431	PULASKI CO ASAP	50.00	.00	PULASKI ASAP	189742	6,127.76	1
07/19/19	426.10	MPRL 04 1901	33305018	PROJECT 58:10	250.00	.00	PROJECT 58:10	189808	6,377.76	1
07/24/19	426.10	MPRL 04 1901	33302549	AMERICAN CANCER SOCIETY	100.00	.00	AMERICAN CANCER	189794	6,477.76	1
07/25/19	426.10	MPRL 04 1901	33305434	SOUTH CENTRAL ATHLETICS	50.00	.00	SOUTH CENTRAL ATHLETICS	189814	6,527.76	1
07/30/19	426.10	MPRL 04 1901	33305437	RUSSELL CO BABE RUTH 15U	250.00	.00	RUSSELL BABE RUTH 15u	189854	-3,222.24	1
07/30/19	426.10	MPRL 04 1900	33305437	RUSSELL CO BABE RUTH 15U	250.00	.00	RUSSELL BABE RUTH 15u	189854	-2,972.24	1
07/31/19	426.10	MPRL 04 1901	33300162	RURAL CO-OP CREDIT UNION	28.56	.00	DAV	191082	-2,943.68	1
07/31/19	426.10	MPRL 04 1901	33300162	RURAL CO-OP CREDIT UNION	218.28	.00	EQUITY,COOPER,HENDRICKSON	189974	-2,725.40	1
07/31/19	426.10	MPRL 04 1702	33300162	RURAL CO-OP CREDIT UNION	67.59	.00	WEATHER RADIOS-3RD THURSDAY	189974	-2,657.81	1
07/31/19	426.10	ACLB 00 1802			161.48	.00	ACCRUED LABOR - MONTH END		-2,496.33	10
07/31/19	426.10	ACLB 00 1801			308.88	.00	ACCRUED LABOR - MONTH END		-2,187.45	10
07/31/19	426.10	SJOO 37 1801			26.80	.00	EXP COOP PART OF EMPL BENEFITS		-2,160.65	44
07/31/19	426.10	SJOO 37 1802			14.01	.00	EXP COOP PART OF EMPL BENEFITS		-2,146.64	44
07/31/19	426.10	SJOO 37 1801			162.96	.00	EXP COOP PART OF EMPL BENEFITS		-1,983.68	44
07/31/19	426.10	SJOO 37 1802			85.19	.00	EXP COOP PART OF EMPL BENEFITS		-1,898.49	44
08/07/19	426.10	MPRL 04 1901	33305439	EUBANK CHEER BOOSTERS	25.00	.00	EUBANK CHEER BOOSTERS	190027	-1,873.49	1
08/12/19	426.10	MPRL 04 1901	33305326	FLASHBACK THEATER CO	100.00	.00	FLASHBACK THEATER	190119	-1,773.49	1
08/30/19	426.10	ACLB 02 1803			461.12	.00	ACCRUED LABOR (OT) - MONTH END		-4,566.03	10
08/31/19	426.10	MPRL 04 1901	33300162	RURAL CO-OP CREDIT UNION	142.79	.00	UNITED WAY,SOM CEMETERY,KIWANIS	190417	-4,423.24	1
08/31/19	426.10	SJOO 37 1803			40.07	.00	EXP COOP PART OF EMPL BENEFITS		-4,383.17	44
08/31/19	426.10	TREX 00 1803			110.72	.00	TRANSPORTATION EXPENSE		-4,272.45	50
09/04/19	426.10	MPRL 04 1901	33305131	SCIENCE HILL SCHOOL PTO	50.00	.00	SCIENCE HILL PTA	190342	-4,222.45	1
09/09/19	426.10	MPRL 04 1900	33305444	CLINTON COMMUNITY FOUNDATION	500.00	.00	ALL FOR BENNY DINNER	190463	-3,722.45	1
09/17/19	426.10	MPRL 04 1807	33304852	KRUS	300.00	.00	KRUS GOLF SCRAMBLE	190543	-3,014.08	1
09/20/19	426.10	LARG 12 1702			414.72	.00	CHARITABLE LABOR		14,100.64	20
09/20/19	426.10	LARG 05 1802			322.96	.00	LEAVE OF ABSENCE LABOR		14,423.60	20
09/27/19	426.10	ACLB 00 1802			322.96	.00	ACCRUED LABOR - MONTH END		14,885.03	10
09/30/19	426.10	MPRL 04 1901	33300162	RURAL CO-OP CREDIT UNION	138.75	.00	PC EXT,CHAMBER,OAKHILL,MEMORIAL	190768	15,033.76	1
09/30/19	426.10	MPRL 04 1901	33300162	RURAL CO-OP CREDIT UNION	22.26	.00	CROCK POT(MONT DONATION)	190768	19,121.70	1
09/30/19	426.10	SJOO 37 1702			33.60	.00	EXP COOP PART OF EMPL BENEFITS		19,155.30	44
09/30/19	426.10	SJOO 37 1802			52.34	.00	EXP COOP PART OF EMPL BENEFITS		19,207.64	44
09/30/19	426.10	SJOO 37 1702			244.76	.00	EXP COOP PART OF EMPL BENEFITS		19,690.11	44
09/30/19	426.10	SJOO 37 1802			381.21	.00	EXP COOP PART OF EMPL BENEFITS		20,071.32	44

listItem

09/30/19	426.10	TREX	00	1702		32.00	.00	TRANSPORTATION EXPENSE			21,834.84	50
10/21/19	426.10	MPRL	04	1901	33305399	RUSSELL CO FREE THANKSGIVING	50.00	.00	RUSSELL CO FREE THANKSGIVING	190956	21,793.88	1
10/23/19	426.10	MPRL	04	1900	33304258	PULASKI CO EXTENSION SERVICE	100.00	.00	PC EXTENSION	190942	20,893.88	1
10/24/19	426.10	MPRL	04	1900	33302484	NATIONAL FIRE SAFETY COUNCIL	75.00	.00	NAT'L FIRE SAFETY (ALBANY)	191290	20,968.88	1
10/28/19	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	84.30	.00	NORTHERN, IMM CH, FEED SHEEP		21,138.81	1
10/28/19	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	.00	-84.30	NORTHERN, IMM CH, FEED SHEEP		20,968.88	1
10/29/19	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	52.87	.00	WOODSON BEND	191082	21,021.75	1
10/29/19	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	84.30	.00	NORTHERN, IMM CHURCH, FEED SHEEP	191082	21,191.68	1
10/31/19	426.10	MPRL	04	1901	33304547	ANOTHER LEVEL	50.00	.00	ANOTHER LEVEL CAR CLUB	191122	21,241.68	1
11/04/19	426.10	MPRL	04	1901	33303080	TOYS FOR KIDS	50.00	.00	TOYS FOR KIDS	191111	20,496.37	1
11/08/19	426.10	MPRL	04	1900	44414987	BULLOCK, ROBIN	90.00	.00	KEC WIRE AUCTION	191238	19,586.37	1
11/25/19	426.10	MPRL	04	1901	33305454	THE LOVE OF JESUS MINISTRIES	50.00	.00	LOVE OF JESUS MINISTRIES	191371	19,636.37	1
11/25/19	426.10	MPRL	04	1901	33301703	PROJECT GRADUATION	50.00	.00	PROJECT GRADUATION-WAYNE	191354	19,686.37	1
11/27/19	426.10	MPRL	04	1900	44414996	JONES, MERANDA	100.00	.00	PC CHAMBER(ORNAMENTS)	191373	19,786.37	1
11/30/19	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	134.21	.00	EUBANK, HABITAT, BETHEL BAPT	191403	19,920.58	1
11/30/19	426.10	MPRL	04	1900	33305130	THINKING OF YOU LLC	212.00	.00	SOMERSET CHAMBER AUCTION	191430	20,132.58	1
12/04/19	426.10	MPRL	04	1901	33300342	SOMERSET COMMUNITY COLLEGE	50.00	.00	COSMETOLOGY CLUB-SCC	191407	20,182.58	1
12/31/19	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	52.87	.00	JAYCEES TOYS FOR TOTS	191774	20,235.45	1
12/31/19	426.10	ADJU	00	1603			223.18	.00	AJ 1219		20,582.63	49
01/13/20	426.10	MPRL	04	1901	33305174	SOMERSET HIGH SCHOOL DRAMA	100.00	.00	SOM HIGH DRAMA	191922	21,482.63	1
01/22/20	426.10	MPRL	04	1901	33301687	RUSSELL COUNTY CHEERLEADERS	50.00	.00	RS CHEERLEADERS	191979	21,558.63	1
01/24/20	426.10	LARG	12	1700			238.96	.00	CHARITABLE LABOR		21,797.59	20
01/27/20	426.10	MPRL	04	1901	33305345	LIBERTY NATURE CENTER	100.00	.00	LIBERTY NATURE CENTER	192051	21,897.59	1
01/31/20	426.10	SJOO	37	1700			21.11	.00	EXP COOP PART OF EMPL BENEFITS		22,698.70	44
01/31/20	426.10	SJOO	37	1700			136.20	.00	EXP COOP PART OF EMPL BENEFITS		22,834.90	44
02/10/20	426.10	MPRL	04	1900	33300468	UNITED WAY OF SO CENTRAL KY	3,000.00	.00	UNITED WAY	192203	25,834.90	1
02/24/20	426.10	MPRL	04	1901	33304913	PULASKI IMAGINATION LIBRARY	150.00	.00	PC IMAGINATION LIBRARY	192342	26,274.90	1
02/24/20	426.10	MPRL	04	1901	33305464	SCIENCE HILL ARCHERY	25.00	.00	SCIENCE HILL ARCHERY		26,299.90	1
02/24/20	426.10	MPRL	04	1901	33305464	SCIENCE HILL ARCHERY	.00	-25.00	SCIENCE HILL ARCHERY		26,274.90	1
02/25/20	426.10	MPRL	04	1901	33305464	SCIENCE HILL ARCHERY	50.00	.00	SCIENCE HILL ARCHERY	192350	26,324.90	1
02/27/20	426.10	MPRL	04	1901	33301217	CLINTON COUNTY HIGH SCHOOL	150.00	.00	CLINTON CO GEAR UP	192329	26,474.90	1
02/28/20	426.10	MPRL	04	1901	33300664	SOMERSET HIGH SCHOOL	25.00	.00	SOMERSE HIGH-SCIENCE PRIZE	192401	26,499.90	1
03/03/20	426.10	MPRL	04	1901	33304736	WAYNE COUNTY HOSPITAL	100.00	.00	WAYNE CO HOSPITAL(EGG HUNT)	192423	26,599.90	1
03/09/20	426.10	MPRL	04	1702	33305467	BE THE VILLAGE	100.00	.00	BE THE VILLAGE	192526	26,699.90	1
03/11/20	426.10	MPRL	04	1901	33302407	PROJECT GRADUATION-PULASKI	50.00	.00	PC PROJECT GRAD	192497	26,749.90	1
03/13/20	426.10	MPRL	04	1901	33302278	PROJECT GRADUATION	50.00	.00	SWHS PROJECT GRADUATION	192576	26,799.90	1
03/20/20	426.10	LARG	00	1713			315.92	.00	LABOR REGULAR		27,115.82	20
03/31/20	426.10	MPRL	04	1901	33300162	RURAL CO-OP CREDIT UNION	31.63	.00	AUTISM PALOOZA	192770	27,147.45	1
03/31/20	426.10	SJOO	37	1713			27.03	.00	EXP COOP PART OF EMPL BENEFITS		27,174.48	44
03/31/20	426.10	SJOO	37	1713			183.09	.00	EXP COOP PART OF EMPL BENEFITS		27,357.57	44

listItem

03/31/20	426.10	TREX 00 1713		73.72	.00	TRANSPORTATION EXPENSE			27,431.29	50
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	WA KENDALL-ROGERS SCHOLARS GOLF			5,527.76	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	1ST NATL BANK-ROGER SCHOLAR GOLF			4,527.76	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	MCM CPA-ROGERS SCHOLARS GOLF			3,527.76	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	DAVIS H ELLOIT-ROG SCHOLAR GOLF			2,527.76	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	EKP-ROGERS SCHOLARS GOLF			1,527.76	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	KAEC-ROGERS SCHOLARS GOLF			527.76	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	ANTHEM BC/BS-ROGERS SCHOLAR GOLF			-472.24	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	CITIZENS NATL BANK-ROG SCH GOLF			-1,472.24	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	CUMB VALLEY ELEC-ROG SCH GOLF			-2,472.24	80
07/25/19	426.11	CASH 13 1603		.00	-1,000.00	GOSS SAMFORD ATT-ROG SCH GOLF			-3,472.24	80
08/21/19	426.11	MPRL 07 1900	33304908 HALO BRANDED SOLUTIONS INC	746.34	.00	(12) UNITS-GOLF BALLS		4315	-1,027.15	1
08/28/19	426.11	CASH 13 1603		.00	-1,000.00	CUMB LAKE SHELL-ROG SCH GOLF			-2,027.15	80
08/28/19	426.11	CASH 13 1603		.00	-1,000.00	FREI MECHANICAL INC-ROG SCH GOLF			-3,027.15	80
08/28/19	426.11	CASH 13 1603		.00	-1,000.00	JOSHUA&MARGARET SMITH-ROG SCH GF			-4,027.15	80
08/28/19	426.11	CASH 13 1603		.00	-1,000.00	REDMON RENTALS-ROG SCH GOLF			-5,027.15	80
09/11/19	426.11	MPRL 07 1900	33302516 NEW HORIZON GRAPHICS	266.33	.00	(15)NEW HORIZON SIGNS(2017 EXP)	190534		-3,456.12	1
09/11/19	426.11	MPRL 07 1900	33302516 NEW HORIZON GRAPHICS	142.04	.00	(8) NEW HORIZON SIGNS(2018 EXP)	190534		-3,314.08	1
09/18/19	426.11	MPRL 07 1900	33302235 THE CENTER FOR RURAL DEVELOP	15,000.00	.00	CENTER RURAL DEVELOP	190530		11,985.92	1
09/18/19	426.11	MPRL 07 1900	22200670 HERRMAN, MICHELLE	1,700.00	.00	CASH ADVANCE-MICHELLE H	190523		13,685.92	1
09/20/19	426.11	CASH 13 1603		.00	-1,500.00	PHILLIPS TREE EXPERTS-ROG SCH-GF			12,923.60	80
09/20/19	426.11	CASH 13 1603		.00	-500.00	DW WILBURN-ROGERS SCHOLAR-GOLF			12,423.60	80
09/20/19	426.11	CASH 13 1603		.00	-1,000.00	CUMB SEC BANK-ROGER SCHOLAR-GOLF			11,423.60	80
09/23/19	426.11	MPRL 07 1900	33302516 NEW HORIZON GRAPHICS	204.58	.00	NEW HORIZON-BANNER/CHECK	190790		11,628.18	1
09/27/19	426.11	ACLB 00 1702		689.68	.00	ACCRUED LABOR - MONTH END			12,317.86	10
09/27/19	426.11	ACLB 00 1703		139.25	.00	ACCRUED LABOR - MONTH END			12,457.11	10
09/27/19	426.11	ACLB 00 1805		352.72	.00	ACCRUED LABOR - MONTH END			12,809.83	10
09/27/19	426.11	ACLB 00 1806		612.08	.00	ACCRUED LABOR - MONTH END			13,421.91	10
09/27/19	426.11	ACLB 00 1808		523.04	.00	ACCRUED LABOR - MONTH END			13,944.95	10
09/27/19	426.11	ACLB 00 1900		294.16	.00	ACCRUED LABOR - MONTH END			14,239.11	10
09/27/19	426.11	ACLB 00 1901		322.96	.00	ACCRUED LABOR - MONTH END			14,562.07	10
09/30/19	426.11	MPRL 07 1900	33300162 RURAL CO-OP CREDIT UNION	900.00	.00	GIFT CARDS-KROGER/TEXAS ROADHSE	190768		15,933.76	1
09/30/19	426.11	MPRL 07 1900	33304585 HONEYBAKED HAM AND CAFE	809.55	.00	90 BOX LUNCHES-HONEYBAKED HAM	190803		16,743.31	1
09/30/19	426.11	MPRL 07 1900	33301560 EAGLES NEST COUNTRY CLUB	2,877.43	.00	EAGLE'S NEST COUNTRY CLUB	190780		19,620.74	1
09/30/19	426.11	CASH 13 1603		.00	-1,000.00	UNITED CUMB BANK-ROG SCH-GOLF			18,620.74	80
09/30/19	426.11	CASH 13 1603		.00	-1,000.00	CINTAS-ROGERS SCHOLARS-GOLF			17,620.74	80
09/30/19	426.11	MPRL 07 1900	33301254 MODERN DISTRIBUTORS INC	1,478.70	.00	MODERN DISTRIBUTORS(100 MEALS)		4396	19,099.44	1
09/30/19	426.11	SJOO 37 1702		55.88	.00	EXP COOP PART OF EMPL BENEFITS			19,263.52	44
09/30/19	426.11	SJOO 37 1703		11.28	.00	EXP COOP PART OF EMPL BENEFITS			19,274.80	44
09/30/19	426.11	SJOO 37 1805		28.58	.00	EXP COOP PART OF EMPL BENEFITS			19,303.38	44

listItem

09/30/19	426.11	SJOO	37	1806		49.59	.00	EXP COOP PART OF EMPL BENEFITS		19,352.97	44
09/30/19	426.11	SJOO	37	1808		42.38	.00	EXP COOP PART OF EMPL BENEFITS		19,395.35	44
09/30/19	426.11	SJOO	37	1900		23.83	.00	EXP COOP PART OF EMPL BENEFITS		19,419.18	44
09/30/19	426.11	SJOO	37	1901		26.17	.00	EXP COOP PART OF EMPL BENEFITS		19,445.35	44
09/30/19	426.11	SJOO	37	1702		407.03	.00	EXP COOP PART OF EMPL BENEFITS		20,478.35	44
09/30/19	426.11	SJOO	37	1703		82.18	.00	EXP COOP PART OF EMPL BENEFITS		20,560.53	44
09/30/19	426.11	SJOO	37	1805		208.17	.00	EXP COOP PART OF EMPL BENEFITS		20,768.70	44
09/30/19	426.11	SJOO	37	1806		361.24	.00	EXP COOP PART OF EMPL BENEFITS		21,129.94	44
09/30/19	426.11	SJOO	37	1808		308.69	.00	EXP COOP PART OF EMPL BENEFITS		21,438.63	44
09/30/19	426.11	SJOO	37	1900		173.61	.00	EXP COOP PART OF EMPL BENEFITS		21,612.24	44
09/30/19	426.11	SJOO	37	1901		190.60	.00	EXP COOP PART OF EMPL BENEFITS		21,802.84	44
09/30/19	426.11	TREX	00	1702		41.44	.00	TRANSPORTATION EXPENSE		21,876.28	50
09/30/19	426.11	TREX	00	1805		41.76	.00	TRANSPORTATION EXPENSE		21,918.04	50
09/30/19	426.11	TREX	00	1808		65.84	.00	TRANSPORTATION EXPENSE		21,983.88	50
10/04/19	426.11	MPRL	07	1900		.00	-420.00	HERRMAN-CASH ADV-RGRS SCHLR-GOLF		21,743.88	80
10/21/19	426.11	CASH	13	1603		.00	-1,000.00	MODERN DISTRIBUTORS-RG SCH-GOLF		20,793.88	80
10/28/19	426.11	MPRL	07	1900	33300162	85.63	.00	RURAL CO-OP CREDIT UNION SNACKS(WAL-MART/KROGER)		21,054.51	1
10/28/19	426.11	MPRL	07	1900	33300162	.00	-85.63	RURAL CO-OP CREDIT UNION SNACKS(WAL-MART/KROGER)		21,053.18	1
10/29/19	426.11	MPRL	07	1900	33300162	85.63	.00	RURAL CO-OP CREDIT UNION SNACKS(WAL-MART/KROGER)	191082	21,107.38	1
10/31/19	426.11	MPRL	07	1900	33300162	204.69	.00	RURAL CO-OP CREDIT UNION DRINKS-WALMART	191082	21,446.37	1
10/31/19	426.11	CASH	13	1603		.00	-1,000.00	LCRH-ROGERS SCHOLARS-GOLF		20,446.37	80
11/05/19	426.11	CASH	13	1603		.00	-1,000.00	BB&T-ROGERS SCHOLARS-GOLF		19,496.37	80
04/16/19	426.40	MPRL	03	1702	33300280	120.00	.00	RUSSELL CHAMBER OF COMMERCE RUSSELL CO BANQUET TICKETS	188521	390.00	1
06/27/19	426.40	DUES	03	1900	33301221	250.00	.00	ALBANY CLINTON CO CHAMBER CLINTON CO CHAMBER DUES	189499	3,982.67	1
09/30/19	426.40	MPRL	03	1702	33300162	9.98	.00	RURAL CO-OP CREDIT UNION RUSSELL CHAMBER	190768	14,895.01	1
10/02/19	426.40	MPRL	03	1900	33300514	180.00	.00	MCCREARY CO CH OF COMMERCE MCCREARY CHAMBER BANQUET	190670	22,163.88	1
01/02/20	426.40	DUES	03	1900	33302536	300.00	.00	LIBERTY CASEY CO CHAMBER LIBERTY CHAMBER DUES	191806	20,882.63	1
01/07/20	426.40	DUES	03	1900	33300138	500.00	.00	MONTICELLO-WAYNE CO C OF C MONT/WAYNE CHAMBER DUES	191772	21,382.63	1
01/14/20	426.40	MPRL	03	1900	33300188	26.00	.00	SOM PUL CHAMBER OF COMMERCE SOM CHAMBER LUNCHES	191893	21,508.63	1
01/27/20	426.40	MPRL	03	1900	33300188	530.00	.00	SOM PUL CHAMBER OF COMMERCE PC CHAMBER AWARDS BANQUET	192027	22,427.59	1
01/31/20	426.40	DUES	03	1900	33300514	250.00	.00	MCCREARY CO CH OF COMMERCE MCCREARY CHAMBER	192205	22,677.59	1
02/12/20	426.40	MPRL	03	1900	33302077	150.00	.00	SOM PULASKI ROTARY CLUB ROTARY CLUB-INTERNATIONAL DINNER	192219	25,984.90	1
02/21/20	426.40	DUES	03	1900	33300280	140.00	.00	RUSSELL CHAMBER OF COMMERCE RUSSELL CHAMBER DUES	192325	26,124.90	1
12/31/19	426.50	BDEX	12	1904	33300115	124.00	.00	KEC INC KEC ANNUAL MEETING	4605	20,359.45	1

50,202.68 -22,771.39

27,431.29

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF’S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 46**

RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC

Request 46. Provide the name and personal mailing address of each member of the utility’s board of directors. Identify the members who represent the cooperative on the board of directors of East Kentucky Power Cooperative, Inc. (EKPC). Also, identify the board members who are representatives to the Kentucky Association of Electric Cooperatives or the National Rural Electric Cooperative Association. If any changes occur in board membership during the course of this proceeding, update the response to this request.

Response 46.

Cathy Epperson, Chairperson – 68 Ferry Road, Somerset, Kentucky 42503

Billy G. Hurd, Vice-Chairman – 4247 W. Highway 92, Monticello, Kentucky 42633

Boris Haynes, Secretary/Treasurer & **EKPC Representative** – 816 N. Highway 27 (Box 571), Whitley City, Kentucky 42653

Rick Halloran, Director & **KAEC Representative** – P.O. Box 3058, W. Somerset, Kentucky 42564-3058

Tommy Nelson, Jr., Director – 29 Crabtree & Bell Road, Monticello, Kentucky 42633

Greg Redmon, Director – 703 Robertson Street, Russell Springs, Kentucky 42642

Brent Tackett, Director – 455 Whetstone Creek Road, Eubank, Kentucky 42567

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 47**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 47. Provide a detailed analysis of the total compensation paid to each member of the board of directors during the test year, including all fees, fringe benefits, and expenses, with a description of the type of meetings, seminars, etc., attended by each member. Identify any compensation paid to the utility's board members for serving on EKPC's board of directors. If any of the listed expenses in this analysis include the costs for a director's spouse, list expenses for the directors' spouses separately.

Response 47. Please see the following:

Cathy Epperson, SKRECC Director – Vice ChairpersonBoard Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$19,700	0	0	0	\$480.28
12/13-14/2019	NRECA Training-Winter School	\$1,400	\$199.52	\$805.23	\$116.89	\$1,857.00
Totals		\$21,100	\$199.52	\$805.23	\$116.89	\$2,337.28

Boris Haynes, SKRECC Director, EKPC DirectorBoard Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$19,700.00	\$764.70	0	0	\$480.28
4/1/2019-3/31/2020	EKPC Committee and Board Meetings	Paid by EKPC	Paid by EKPC	Paid by EKPC	Paid by EKPC	0
5/29-31/2019	EKPC Aces Risk Forum	Paid by EKPC	Paid by EKPC	Paid by EKPC	Paid by EKPC	0
10/7-10/2019	NRECA Regional Meeting	\$1,400.00	\$183.28	\$826.07	\$107.77	\$1,084.00
11/17-19/2019	KAEC Annual Meeting	\$1,050.00	\$183.28	\$390.78	\$208.53	0
1/21-22/2020	EKPC CFC Financial Workshop	Paid by EKPC	Paid by EKPC	\$221.96	Paid by EKPC	0
Totals		\$22,150.00	\$1,131.26	\$1,438.81	\$316.30	\$1,564.28

A Charge of \$124.00 for Mr. Haynes wife was covered during the KAEC Annual Meeting which they both attended November 17th – 19th, 2019.

Please note: Also, any compensation paid to, or expenses incurred by, South Kentucky's board members for serving on EKPC's board of directors is paid directly by EKPC. Therefore, there are no associated compensation or expense items relating to service on EKPC's board included in the test year.

Brent Tackett, SKRECC Director

Board Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$19,700.00	\$382.35	0	0	\$480.28
10/8/2019	NRECA Regional Meeting	\$700.00	\$157.76	\$286.84	\$79.11	\$619.00
12/14-16/2019	NRECA Training – Winter School	\$1,050.00	\$203.00	\$536.82	92.51	\$619.00
1/21-22/2019	CFC Financial Workshop	\$700.00	\$138.00	\$221.96	\$21.29	0
Totals		\$22,150.00	\$881.11	\$1,045.62	\$192.91	\$1,718.28

Greg Beard, SKRECC Director - Secretary/Treasurer

Board Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$20,050.00	\$1,599.00	0	0	\$480.29
12/14-15/2019	NRECA Training – Winter School	\$1,050.00	\$145.00	\$536.82	\$120.31	\$1,238.00
Totals		\$21,100.00	\$1,744.00	\$536.82	\$120.31	\$1,718.29

Greg Redmon, SKRECC Director – Chairman

Board Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$22,450.00	\$746.20	0	0	\$480.28

Billy G. Hurd, SKRECC Director

Board Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$19,700.00	\$713.72	0	0	\$480.27

Rick Halloran, SKRECC Director, KAEC Director

Board Meetings/Trainings/ Seminars Attended w/Compensation

Date	Description	Meeting Fees	Mileage	Lodging	Meals	* Other
4/1/2019-3/31/2020	SKRECC Board Meetings	\$19,700.00	\$305.88	0	0	\$480.28
4/25-30/2019	KAEC Board Meeting	\$1,050.00	\$179.80	\$902.23	\$63.87	\$487.78
5/24/2019	KAEC Board Meeting	\$450.00	\$145.00	\$149.74	\$21.38	0
7/19/2019	KAEC Board Meeting	\$450.00	\$145.00	0	\$21.97	0
9/24/2019	KAEC Board Meeting	\$450.00	\$145.00	\$149.74	\$17.76	0
11/17/2019	KAEC Board Meeting	\$700.00	\$145.00	\$366.78	\$194.50	0
1/28/2020	KAEC Board Meeting	\$450.00	\$143.75	\$172.95	0	0
3/2020	KAEC Board Meeting	\$100.00	0	0	0	0
Totals		\$23,350.00	\$1,209.43	\$1,741.44	\$319.48	\$968.06

*OTHER Category includes charges for business travel insurance premiums, registration fees, Rural Electric Magazine subscriptions, airline tickets, taxi and Uber fees, iPads, printers, and miscellaneous office supplies.

South Kentucky RECC pays the medical insurance premiums for the widows of two retired directors (deceased). The two widows also receive a \$25.00 gift card each year as part of a retiree Christmas card mailing. Their total compensation is listed below.

Wanda Beshears	\$2,610.13
Virginia Hogue	\$3,718.09

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21

REQUEST 48

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 48. Provide the utility's written policies on the compensation of its attorneys, auditors, and all other professional service providers. Include a schedule of fees, per diems, and other compensation in effect during the test year. Include all agreements, contracts, memoranda of understanding, and any other documentation that explains the nature and type of reimbursement paid for professional services. If any changes occurred during the test year, indicate the effective date of these changes and the reason for these changes.

Response 48.

See attached Exhibit 48- Board Policy 204- Legal representation and use of attorneys. South Kentucky and its outside legal counsel law firm, Goss Samford, PLLC, began a professional relationship in October 2012. However, following a search of both South Kentucky's and Goss Samford's records the formal engagement agreement could not be located and for that reason is unable to be produced. See also, contract with National Rural Electric Cooperative Association for CEO Executive Search, and Annual Audit Engagement Letter.



November 20, 2019

Board of Directors
South Kentucky Rural Electric Cooperative Corporation
200 Electric Avenue
Somerset, Kentucky 42501

You have requested that we audit the financial statements of South Kentucky Rural Electric Cooperative Corporation (SKRECC), which comprise the balance sheet as of December 31, 2019 and the related statements of income and comprehensive income (loss), changes in members' and patrons' equities, and cash flows for the year then ended, and the related notes to the financial statements. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter ("Agreement"). Our audit will be conducted with the objective of our expressing an opinion on the financial statements.

Auditor Responsibilities

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), Government Auditing Standards issued by the Comptroller General of the United States (GAGAS), and Rural Utilities Service (RUS) 1773.6. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. If appropriate, our procedures will therefore include tests of documentary evidence that support the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of cash, investments, and certain other assets and liabilities by correspondence with creditors and financial institutions. As part of our audit process, we will request written representations from your attorneys, and they may bill you for responding. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

MCM CPAs & Advisors LLP

www.mcmcpa.com
888.587.1719

A Member of PrimeGlobal - An Association
of Independent Accounting Firms

Kentucky
Indiana
Ohio

Auditor Responsibilities (Continued)

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements (whether caused by errors, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations) may not be detected exists, even though the audit is properly planned and performed in accordance with U.S. GAAS, GAGAS and RUS 1773.6.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit. Our responsibility as auditors is, of course, limited to the period covered by our audit and does not extend to any other periods.

Management Responsibilities

Our audit will be conducted on the basis that management and, when appropriate, those charged with governance acknowledge and understand that they have responsibility:

- For the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America.
- For the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- To provide us with: (a) access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters, (b) additional information that we may request from management for the purpose of the audit, (c) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.
- For including the auditor's report in any document containing financial statements that indicates that such financial statements have been audited by the entity's auditor.
- For identifying and ensuring that the entity complies with the laws and regulations applicable to its activities.
- For adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current year under audit are immaterial, both individually and in the aggregate, to the financial statements as a whole.
- For acceptance of nonattest services, including identifying the proper party to oversee nonattest work.
- For maintaining adequate records, selecting and applying accounting principles, and safeguarding assets.
- For informing us of any known or suspected fraud affecting the entity involving management, employees with significant roles in internal control and others where fraud could have a material effect on the financial statements. Also informing us of their knowledge of any allegations of fraud or suspected fraud affecting SKRECC received in communications from employees.
- For the accuracy and completeness of all information provided.

Management Responsibilities (Continued)

- For proposing standard, adjusting, or correcting journal entries to your financial statements. Management, however, has final responsibility for reviewing the proposed entries and understanding the nature and impact of the proposed entries to the financial statements. We may advise you about appropriate accounting principles and their application and may assist in the preparation of your financial statements; however, management acknowledges and understands that the final responsibility for preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America remains with management.
- For disclosing the date through which subsequent events have been evaluated and whether the date is the date the financial statements were issued or were available to be issued. You agree that you will not date the subsequent event note earlier than the date of your management representation letter.

With respect to any non-attest services we perform, management is responsible for (a) making all management decisions and performing all management functions, (b) assigning a competent individual to oversee the services, (c) evaluating the adequacy of the services performed, (d) evaluating and accepting responsibility for the results of the services performed, and (e) establishing and maintaining internal controls, including monitoring ongoing activities.

MCM CPAs & Advisors LLP ("MCM") will not assume management's responsibilities on behalf of SKRECC. However, we may provide advice and recommendations to assist management of SKRECC in performing its responsibilities. MCM, in its sole professional judgment, reserves the right to refuse to do any procedure and/or take any action that may be construed as making significant judgments and/or decisions that are the responsibility of management.

As part of our audit process, we will request from management and, when appropriate, those charged with governance, written confirmation concerning representations made to us in connection with the audit.

You agree to inform us of facts that may affect the financial statements of which you may become aware during the period from the date of the auditor's report to the date the financial statements are issued.

Records and Assistance

If circumstances arise relating to the condition of SKRECC's records, the availability of audit evidence or indications of a significant risk of material misstatement of the financial statements because of error, fraudulent financial reporting or misappropriation of assets which, in our professional judgment, prevent us from completing the audit or forming an opinion, we retain the unilateral right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

During the course of the engagement, we may accumulate records containing data that should be reflected in SKRECC's books and records. SKRECC will determine that all such data, if necessary, will be so reflected. Accordingly, SKRECC will not expect us to maintain copies of such records in our possession.

Reporting

We will issue a written report upon completion of our audit of SKRECC's financial statements. Our report will be addressed to the board of directors or those designated to be charged with governance of SKRECC. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the engagement.

Reporting (Continued)

We also will issue a written report on internal control over financial reporting and on compliance and other matters based on an audit of financial statements performed in accordance with Government Auditing Standards as well as a report on compliance with aspects of contractual agreements and regulatory requirements for electric borrowers.

Other Communications Required by RUS 1773.6

- The audit is being performed and the auditor's report, report on compliance and on internal control over financial reporting, and management letter are being issued in order to enable the borrower to comply with the provisions of RUS's security instrument.
- RUS will consider the borrower to be in violation of its security instrument with RUS if the borrower fails to have an audit performed and documented in compliance with GAGAS and RUS 1773.6.
- MCM meets the requirements under RUS 1773.6 to be satisfactory to RUS.
- MCM will perform the audit and will prepare the auditor's report, report on compliance and on internal control over financial reporting, and management letter in accordance with the requirements of RUS 1773.6.
- MCM will document the audit work performed in accordance with GAGAS, the professional standards of the AICPA and the requirements of RUS 1773.6.
- MCM will make all audit-related documents, including auditor's reports, workpapers, and management letters available to RUS or its representatives (OIG and GAO), upon request, and will permit the photocopying of all audit-related documents.
- MCM will follow the requirements of reporting fraud and illegal acts as outlined in RUS 1773.9.
- MCM will report all audit findings to the board of directors as required by RUS 1773.20(b).
- The auditor's report, report on compliance and on internal controls over financial reporting and management letter with copies for transmittal to RUS, and supplemental lenders, if applicable, will be submitted to the borrower's board of directors within 90 days as of the audit date.

Engagement Administration, Fees and Other

We understand that your employees will prepare all confirmations we request and will locate any documents or support for any other transactions we select for testing.

Except as instructed otherwise in writing, each party may assume that the other approves of fax, email (including email exchanged via Internet media) and voicemail communication of both sensitive and non-sensitive documents, including third party confirmations, and other communication concerning this Agreement, as well as other means of communication used or accepted by the other party. You should be aware that communication in those mediums contains a risk of misdirected or intercepted communications.

We also may store data on computer software applications on the internet or allow access to data through third-party vendors' secured portals or clouds. Electronic data that is confidential may be transmitted or stored using these methods. Our firm makes reasonable efforts to keep such data access secure in accordance with applicable laws and professional standards. You accept that we have no control over the unauthorized interception or breach of communications once it has been sent or has been subject to unauthorized access, notwithstanding all reasonable security measures employed by us or our third-party vendors.

Engagement Administration, Fees and Other (Continued)

We are not hosts for any client information. You are expected to retain all financial and non-financial information to include anything you upload to a portal and are responsible for downloading and retaining anything we upload in a timely manner. Portals are only meant as a method of transferring data, are not intended for the storage of client information, and may be deleted at any time. You are expected to maintain control over your accounting systems to include the licensing of applications and the hosting of said applications and data. We do not provide electronic security or back-up services for any of your data or records. Giving us access to your accounting system does not make us hosts of information contained within.

John Hill is the engagement partner for the audit services specified in this letter. His responsibilities include supervising MCM services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report.

Our fees are based on the amount of time required at various levels of responsibility, plus actual out-of-pocket expenses. We estimate that our fees for the audit will be \$34,100. You will also be billed for out-of-pocket costs as incurred. The fee amount assumes the books are closed on a timely and accurate basis and client assistance schedules, cooperation and related information are provided timely, as requested. We also assume unexpected circumstances will not be encountered during the audit. If we encounter any circumstances that could significantly affect the initial fee estimate, we will discuss it with you at such time and our fees may be adjusted accordingly. Our invoices for these fees are payable upon presentation and will be billed as indicated in the billing schedule below:

December 31, 2019	\$	10,000
March 31, 2020		10,100
Upon Delivery		<u>14,000</u>
	\$	<u>34,100</u>

Our audit engagement and estimated fees noted above do not contemplate assistance with the adoption of new accounting standards. If management requires assistance with the evaluation and implementation of new standards, we will discuss that with you and provide an estimate of the related fees.

In accordance with our firm policies, work may be suspended if your account becomes significantly overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

During the course of the audit, we may observe opportunities for economy in, or improved controls over, your operations. We will bring such matters to the attention of the appropriate level of management, either orally or in writing.

Our audit engagement ends on the delivery of our audit report. You may request that we perform additional services not addressed in this engagement letter. If this occurs, we will communicate with you concerning the scope of the additional services and the estimated fees. We also may issue a separate engagement letter covering the additional services. In the absence of any other written communication from us documenting such additional services, our services will continue to be governed by the terms of this engagement letter.

Engagement Administration, Fees and Other (Continued)

You agree that any dispute (other than our efforts to collect an outstanding invoice) that may arise regarding the meaning, performance or enforcement of this engagement or any prior engagement that we have performed for you, will, prior to resorting to litigation, be submitted to mediation, and that the parties will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement. Any mediation initiated as a result of this engagement shall be administered within Kentucky, according to its mediation rules, and any ensuing litigation shall be conducted according to Kentucky law. The results of any such mediation shall be binding only upon agreement of each party to be bound. The costs of any mediation proceeding shall be shared equally by the participating parties.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary.

Except to the extent finally determined to have resulted from MCM fraudulent behavior or willful misconduct, our liability relating to the performance of the services rendered under this letter is limited solely to direct damage sustained by you. In no event shall we be liable for the consequential, special, incidental or punitive loss, damage or expense caused to you or to any third party (including without limitation, lost profits, opportunity costs, etc.). Notwithstanding the foregoing, our maximum liability relating to services rendered under this letter (regardless of form of action, whether in contract, negligence or otherwise) shall be limited to the fees received by us for this engagement. The provisions set forth in this paragraph shall survive the completion of the engagement.

Any dispute over fees charged by us to you will be submitted for resolution by arbitration in accordance with the Rules of Professional Accounting and Related Services Disputes of the American Arbitration Association. Such arbitration shall be binding and final. In agreeing to arbitration, we both acknowledge that, in the event of a dispute over fees charged by us, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution. Such arbitration shall take place in Kentucky and shall be binding and final.

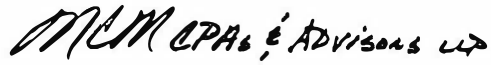
If any of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected, and all other provisions remain in full force and effect.

This engagement letter and the attached Additional Terms and Conditions are contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties. It shall be binding on heirs, successors, and assignees of SKRECC and MCM.

Please sign and return a copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our audit of the financial statements including our respective responsibilities. You may return the letter vis email to any of your designated engagement team members or fax directly to our office.

We appreciate the opportunity to be your certified public accountants and look forward to working with you and your staff.

Respectfully,



MCM CPAs & Advisors LLP
By: John Hill, CPA

RESPONSE:

This letter correctly sets forth our understanding.

South Kentucky Rural Electric Cooperative Corporation

Acknowledged and agreed on behalf of South Kentucky Rural Electric Cooperative Corporation by:

Michelle D. Herrman
Signature

Vice President of Finance and Member Services
Title

ADDITIONAL TERMS AND CONDITIONS

1. If you intend to publish or otherwise reproduce the financial statements and make reference to our firm, you agree to provide us with printers' proofs or masters for our review and approval before printing. You also agree to provide us with a copy of the final reproduced material for our approval before it is distributed. Such notification does not constitute an acknowledgement on our part of any third party's intent to rely on the financial statements. Furthermore, you agree that the terms of this Agreement do not encompass an undertaking by us to consent, by means of a separate letter or otherwise, to the inclusion of our auditor's reports referred to above in a filing with a federal or state regulatory agency or otherwise reissue our reports (as defined by U.S. professional standards in AU Section 530) for purposes of a securities offering or other financing transaction, or to acknowledge reliance on our reports by others.
2. Regarding the electronic dissemination of audited financial statements, including financial statements published electronically on your Internet website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in these sites or to consider the consistency of other information in the electronic site with the original document.
3. In the event we are requested or authorized by SKRECC or are required by government regulation, subpoena, court order or other legal process for the production of documents and/or testimony relative to information we have obtained and/or prepared during the course of this engagement, you agree to compensate us at our hourly rates, for the time we extend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard so long as we are not a party to the proceeding in which the information is sought.
4. It is our policy to keep records related to this engagement for seven years after the report release date, in accordance with professional standards. However, MCM does not keep any original client documents; therefore, they will be returned to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. You agree that upon the expiration of the seven-year period, MCM shall be free to destroy any records related to this engagement.
5. We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. Our Firm may transmit confidential information that you provided us to third parties in order to facilitate delivering our services to you. We have obtained confidentiality agreements with all our service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have the appropriate procedures in place to prevent the unauthorized release of confidential information to others. We will remain responsible for the work provided by any third-party service providers used under this agreement. By your signature on this letter, you consent to having confidential information transmitted to entities outside the firm. Please feel free to inquire if you would like additional information regarding the transmission of confidential information to entities outside the firm.
6. The audit documentation for this engagement is the property of MCM and constitutes confidential information. However, we may be requested to make certain audit documentation available to our external peer reviewers as all engagements are subject to selection within our peer review year. If requested, access to such audit documentation will be provided under the supervision of MCM's personnel.

ADDITIONAL TERMS AND CONDITIONS (Continued)

7. We are a member of PrimeGlobal, a global association of independent accounting firms. No PrimeGlobal member firm is an agent or partner of the association or of any other member firm. No PrimeGlobal member firm has the authority to enter into any legal obligations on behalf of the association or any other member firm. If we introduce you to another PrimeGlobal member firm, MCM specifically denies any liability for any work performed by that firm. You should make your own contractual arrangements with that firm for work they perform. You agree that MCM has the sole liability for any work performed under this engagement and you undertake not to make any claim or bring proceedings against either PrimeGlobal or any other member of PrimeGlobal in relation to work covered by this engagement.
8. MCM represents and warrants that it has implemented an information security program that is reasonably designed to provide protection to the security, confidentiality, integrity, and availability of Personal information, and at a minimum, includes risk assessment and controls for (i) system access, (ii) system and application, development and maintenance, (iii) change management, (iv) asset classification and control, (v) incident response, physical and environmental security, (vi) disaster recovery/business continuity, and (vii) employee training.
9. Data Security - MCM will maintain at those of its facilities where the services are performed, and/or where any Client data is stored, physical and information security procedures that meet or exceed industry standards, or such other procedures otherwise agreed upon by the parties. If MCM or any of its third-party service providers discover or are notified of a breach of security, relating to the Client Confidential Information or Client data in the possession or under the control of MCM, MCM will notify the Client of such breach within 48 hours of discovery and MCM will promptly investigate and take commercially reasonable steps to cure breach.
10. MCM agrees that it will not inform any third party of any breach of Company data without first obtaining Company's prior written consent, other than to inform any such third party that the matter has been forwarded to Company's legal counsel, unless MCM is otherwise required by law to do so without first obtaining Company's prior consent. Company and MCM shall work cooperatively to determine: (i) whether notice of breach is to be provided to any individuals, regulators, law enforcement agencies, consumer reporting agencies or others as required by law or regulation; and (ii) the consents of such notice and whether credit monitoring shall be offered to affected persons. Notwithstanding the forgoing, MCM reserves the right, in its sole discretion, to report criminal acts relating to the use and disclosure of data to applicable government authorities and shall notify Company as soon as practicable that such reporting has occurred.
11. We may mention SKRECC's name and provide a general description of the engagement in our client lists and marketing materials.

SOUTH KENTUCKY RURAL ELECTRIC COOPERATIVE CORPORATION

POLICY 204

LEGAL REPRESENTATION AND USE OF ATTORNEYS

I. OBJECTIVE

The Board of Directors ("Board") recognizes that competent legal representation and effective use of attorneys are critical to the successful operation of South Kentucky Rural Electric Cooperative Corporation ("SKRECC" or the "Cooperative"). Although an attorney retained as outside counsel or employed as counsel by SKRECC (collectively, "Attorney"), as well as the Attorney's representation of SKRECC, are governed by the rules of professional conduct and other local, state, and federal laws, the objective of this policy is to provide additional guidance for, and emphasize important aspects of, the Attorney's representation of SKRECC and SKRECC's use of the Attorney.

II. POLICY

- A. General Counsel. SKRECC shall retain or employ an Attorney to continually provide general legal services to the Cooperative ("General Counsel"). General legal services include, but are not limited to: (1) attending, and drafting or reviewing minutes of, all meetings of the Board and all annual and special meetings of the Cooperative members; (2) serving as parliamentarian at all meetings attended; (3) providing general legal advice to the Board on corporate/cooperative issues; (4) negotiating, drafting, and reviewing contracts; (5) providing legal services for the disposition or acquisition of real property and interests in real property; (6) providing legal services for the borrowing or lending of money; (7) providing all other general legal services that may be required in the operations of the Cooperative, including but not limited to, general business, cooperative, tax, and electric utility law; (8) managing and supervising all legal matters for the Cooperative; (9) maintaining, developing, and supervising in-house legal staff (as applicable); and (10) directing and managing outside Special Counsel (as applicable).
- B. Special Counsel. As reasonably necessary and following consultation with the General Counsel and the President/Chief Executive Officer ("CEO"), SKRECC may retain an Attorney(s) to provide special legal services to the Cooperative ("Special Counsel"). Special legal services require competence in a particular field of law and include, but are not limited to: (1) representing the Cooperative in state or federal court, or before a local, state, or federal regulatory body; and (2) providing general legal advice and services in such areas as real property, tort, employment, tax, antitrust, environmental, or intellectual property law. In providing special legal services to the Cooperative, Special Counsel shall provide General Counsel copies of all communications, memoranda, briefs, notices, motions, and other documents prepared, filed, received, or sent by Special Counsel. General Counsel shall review and recommend approval to the CEO of all invoices from Special Counsel.

POLICY 204

- C. **Board Counsel.** As determined by the Board, it may retain, employ, direct, and discharge an Attorney or law firm to continually or periodically provide legal services to the Board ("Board Counsel"), with the Board Counsel representing the Board as his or her client. If Board Counsel is not otherwise reasonably compensated by SKRECC, the Board shall pay Board Counsel a reasonable fee and reasonable expenses. To the extent practical, Board Counsel's representation of the Board must be governed in a manner similar to the manner in which an Attorney's representation of the Cooperative is governed under this policy.
- D. **Competent Legal Representation and Conflicts of Interest.** An Attorney shall provide competent legal representation to the Cooperative and shall have or acquire the appropriate knowledge, skills, time, and qualifications necessary to provide competent legal representation. No Attorney, however, guarantees, promises, or warrants a successful or favorable outcome regarding legal services provided to the Cooperative. An Attorney shall comply with conflict of interest requirements prescribed in applicable local, state, and federal law and rules of professional conduct. An Attorney may provide legal services to an entity in which the Cooperative owns an interest ("Affiliated Entity") only if the Attorney complies with applicable conflict of interest requirements. When a legal or ethical conflict arises, an Attorney shall inform SKRECC's CEO (or other person authorized by the CEO) in writing of any other entity engaged in generating, transmitting, distributing, marketing, or selling electric energy for which the Attorney provides legal services.
- E. **Retaining, Employing, and Discharging Attorney.** The Board, following consultation with the CEO, shall make decisions regarding retaining, employing, compensating, and discharging the General Counsel. The Board and CEO shall annually evaluate the performance of the General Counsel. Following consultation with the General Counsel, the CEO shall make decisions regarding the retention, employment, and discharge of any other Attorney. By providing written notice to an Attorney, the Cooperative may discharge the Attorney and terminate any Attorney engagement agreement, at any time for any reason. By providing written notice to the Cooperative, and as required or allowed by applicable law and rules of professional conduct, an Attorney shall or may withdraw from representing the Cooperative and terminate any Attorney engagement agreement.
- F. **Third Party.** As part of providing legal services to the Cooperative, and with the CEO's prior consent, an Attorney may retain another attorney or may use an attorney or paraprofessional associated with the Attorney in a law firm. As reasonably necessary or helpful in providing legal services to the Cooperative, and subject to any limitations stated in an Attorney engagement agreement, an Attorney may contract for a non-attorney and/or non-paraprofessional third party to provide goods or services.
- G. **Directing Attorney.** Only the Board, Board Chairperson, or the CEO may request that an Attorney provide legal services to the Cooperative. The CEO may delegate this authority to the General Counsel. As requested by an Attorney, and as reasonably

POLICY 204

necessary or helpful in providing legal services to SKRECC, the Cooperative shall provide the Attorney reasonable access to its directors, officers, employees, consultants, agents, representatives, records, and documents. The CEO and an Attorney shall keep the Board reasonably informed regarding any matter for which the Attorney is providing legal services to the Cooperative. In providing legal services to the Cooperative, and subject to the direction of the Board, CEO, and/or General Counsel, an Attorney may act on the Cooperative's behalf in any manner reasonably believed to be in the Cooperative's best interest. Unless the CEO gives his or her prior consent, an Attorney may not make a statement outside of a tribunal regarding the Attorney's provision of legal services to the Cooperative, which statement the Attorney knows or reasonably should know will be disseminated by means of public communication.

- H. **Attorney Fees and Expenses.** The Cooperative shall pay an Attorney a reasonable fee and reasonable expenses for his/her performance of legal services. An Attorney shall provide legal services to the Cooperative in a cost-effective and efficient manner. The fees and expenses for an Attorney retained by the Cooperative must be specified in an Attorney engagement agreement. The General Counsel will recommend and the CEO shall authorize payment of fees and expenses to Special Counsel in accordance with the terms of the Attorney engagement agreement without prior Board approval if such payment falls within procurement authority delegated to the CEO in other Board policies. Also, the CEO shall authorize payment of fees and expenses to General Counsel (if General Counsel is retained, not employed) without Board approval if such payment falls within procurement authority delegated to the CEO in other Board policies. The Secretary/Treasurer shall review General Counsel fees and expenses on a quarterly basis. The fees and expenses of Board Counsel shall not be paid without prior review and approval of the Secretary/Treasurer.
- I. **Unauthorized Practice of Law.** No SKRECC director, officer, employee, consultant, agent, or representative may provide legal services to the Cooperative unless the individual is an attorney admitted to practice law in an appropriate jurisdiction.
- J. **Cooperative as Client.** In providing legal services to SKRECC, an Attorney represents the Cooperative, as his or her client, acting through its authorized directors, officers, employees, and members. In representing SKRECC, an Attorney does not represent the Cooperative's directors, officers, or employees except to the extent said individuals may be acting within their course of employment or within their scope of duties at SKRECC. An Attorney does not represent the Cooperative's members. An Attorney may represent an Affiliated Entity as long as the Attorney complies with applicable conflict of interest requirements.
- K. **Attorney-Client Privilege.** Confidential communications between SKRECC, or its agent or representative, and the Attorney, or his or her agent or representative, made to facilitate the Attorney's provision of legal services to the Cooperative are protected by the attorney-client privilege. SKRECC directors, officers, employees, consultants, agents, and representatives shall not disclose these communications to third persons,

POLICY 204

other than those to whom disclosure is made in furtherance of this provision of legal services, or those reasonably necessary for transmitting the communications. To the extent these communications are disclosed to SKRECC employees, consultants, agents, or representatives, they must only be disclosed to individuals who reasonably need to know of the communications and in a manner that does not otherwise waive the attorney-client privilege.

- L. **Attorney's Duty to Inform and Consult.** An Attorney shall keep the Board and the CEO reasonably informed regarding a matter for which the attorney is providing legal services to the Cooperative. For decisions regarding the matter to be made by the Cooperative, the Attorney shall explain the matter to the Board and the CEO to the extent reasonably necessary to permit the Cooperative to make an informed decision. An Attorney shall promptly comply with the Cooperative's reasonable request for information.
- M. **Reliance.** In providing legal services to the Cooperative, an Attorney may rely upon information provided by the Cooperative, unless the Attorney knows that the reliance is unwarranted. In performing his or her duties, a SKRECC director, officer, or employee may rely upon information, opinions, reports, and statements prepared or presented by an Attorney. A director, officer, or employee's reliance, however, is only permitted regarding matters involving skills or expertise that he or she reasonably believes are within the Attorney's professional or expert competence. Further, this reliance is only permitted if the director, officer, or employee acts in good faith and reasonably believes that the reliance is warranted and that the Attorney merits confidence.
- N. **Evidence of Violation of Law or Breach of Duty.** If an Attorney knows or reasonably should know of any evidence of an actual or intended material violation of law or material breach of duty, or evidence of an actual or intended violation of law or breach of duty likely to result in substantial injury to SKRECC, by the Cooperative or by any director, officer, employee, consultant, agent, or representative ("Evidence"), then the Attorney shall report the Evidence in accordance with the Whistleblower Reporting Procedure and Anti-Retaliation Policy (Policy 304) of these Board policies.
- O. **Legal Programs, Publications, and Memberships.** The Cooperative may require the General Counsel to: (1) attend legal programs sponsored by, and to subscribe to legal publications published by, the American Bar Association, National Rural Electric Cooperative Association, and any national, state, or local bar association or association of electric cooperatives; and (2) be a member of, and attend programs sponsored by, the Electric Cooperative Bar Association and any association of attorneys representing electric cooperatives.

POLICY 204

III. RESPONSIBILITY

- A. The Board and CEO are responsible for ensuring compliance with this policy.
- B. The CEO is responsible for communicating with an Attorney regarding the Attorney's provision of legal services to the Cooperative.

APPROVED BY THE BOARD OF DIRECTORS


BOARD CHAIRPERSON

DATE APPROVED: 5-13-04

DATE(S) REVIEWED: _____

DATE(S) REVISED: 7-10-14

Executive Search Services

South Kentucky RECC

Somerset, Kentucky

Leigh Taylor
Director, NRECA Executive Search
Leigh.Taylor@nreca.coop
(571) 326-9547



NRECA's Executive Search

The leading executive search resource for cooperative utilities

Providing the best return on your investment

- Owned by you, our members...our success depends on yours
- The Board makes the decisions; we objectively facilitate the process
 - We work for the Board, not the candidate; we won't push perceived "favorite" individuals through the process
- Trusted, confidential and validated process
 - The preferred search provider for both candidates and our members
- We leverage our tools and unequalled network of relationships within the cooperative family to:
 - Personally communicate your opening directly to all of our members
 - Bring you the best pool of qualified candidates
 - Find and engage candidates that are not actively out looking
- Largest comprehensive national database of qualified candidates:
 - Cooperative community
 - Utility industry (IOU, Municipal, Public Utilities)
- Over 35 years of CEO and Senior staff Search services to Cooperatives, PPDs and PUDs
- Placed over 600 CEOs, General Managers, and other cooperative leaders
- Experienced team of professionals with deep roots in electric cooperatives and the utility industry
- Our searches are guaranteed
- First year performance evaluation is included
- Other services for the success of your new hire and your cooperative

Your Success is our Success!

Mr. Greg Redmon, Board Chairperson:

Thank you for inquiring about the Executive Search services of NRECA. We welcome the opportunity to help you identify the best individual to become South Kentucky RECC's next President and CEO.

Every Executive Search is different. As such, our search process is tailored to fit the needs of the Board and your Cooperative, including conducting searches for your unplanned, immediate needs. We provide executive search services on a retained basis. We work for the Board of Directors, not the officers of the cooperative or individual candidates. Our process focuses on **identifying the expectations of the Board and defining the position requirements and essential leadership qualities needed for success that are specific to your cooperative.**

First and foremost, we understand your business and work for you, our member-owners. We facilitate your decision-making process and help manage the inherent risk associated with the responsibility of hiring a new President and CEO. We work hand in hand with the Board and the Search Committee to develop a process that meets your expectations and timeframe. We then consult with the Board and staff to make certain we have a full understanding of how the organization works and the issues that your new President and CEO will need to address. Ensuring that your new President and CEO is the best fit for your cooperative is our job and we guarantee it.

Before we even bring any candidates to the Board and/or Search Committee for consideration, the candidates go through our extensive vetting process. To meet the qualifications needed by the Board, Candidates we conduct our own screening interviews and check references. For candidates selected for in-person interviews with the Board, we run the formal background checks, credit, criminal, education, work and driver license before the interview is conducted.

NRECA Executive Search provides a comprehensive, confidential approach to ensuring that your next leader is the best fit for your cooperative. As we want both the candidate and your cooperative to be successful, we also offer the following services:

- Leadership Transition Workshops
- Strategic Planning
- Organizational Assessments
- Compensation and Benefit Analysis
- Board Governance Workshops
- Leadership Goal Setting and Performance Management

Scope of Work

NRECA's search process typically involves the following steps working in partnership with the Board of Directors.

Leadership Profile preparation/Information gathering

To begin immediately after the Search engagement is awarded

- Consultant gathers and reviews relevant documents:
 - Job description
 - Job specifications
 - Search and Selection policy
 - Delegation of Authority policy
 - Strategic plan
 - Organizational chart
 - Benefits summary
 - Other documents as needed

- Discussion with South Kentucky RECC employees and Board members, as necessary, for Consultant to develop an informed understanding of the Cooperative's existing and future operational challenges.
- Board Members complete a Leadership Profile Questionnaire to identify specific Cooperative issues, desired leadership qualities, skill sets, and applicant qualification criteria.
- Consultant interviews individual Board members and staff, as needed, to help identify the culture, leadership style, qualities and needs as directed by the Board to supplement the survey.
- Consultant works with the current President and CEO, if appropriate, discussing numerous specific issues and possible areas of interest to potential candidates.

Preparation of Compensation Market Analysis

Completed in preparation of the Kick-off meeting

- A Compensation Market Analysis is provided for consideration by the Board. This will not be a recommendation of compensation, but rather a resource available to help establish the market value of the position and the compensation range to be communicated to prospective applicants.

Search Kick-Off Meeting

Typically within the first 30 days

In-person meeting

- Consultant facilitates discussion to arrive at consensus among the Board of Directors on Search and Selection topics including:
 - Confidentiality of the process and the Confidentiality and Non-Disclosure Acknowledgment document
 - Review the overall search process
 - Re-confirm specific schedule dates
 - Discuss the notice to staff and members announcement
 - Review the interview process
 - Discuss location for interviews, receptions and other logistics
 - Review the Leadership Profile survey results
 - Build a consensus of the specific criteria to be utilized in the identification and screening of potential candidates
 - Review compensation market analysis
 - Identify the Board's hiring range
 - Approve job posting strategy
- A draft document is created for review and approval by the Board highlighting the initial consensus opinion regarding the screening protocol to be used based on the Leadership Profile Survey results and information gathering sessions with the Board and Staff as noted above.
- Consultant will draft and review with the Board a job posting suitable for publication that will align with the qualifications needed in the next President and CEO as well as descriptive information regarding the specifics of the Cooperative.
 - Once approved, the job posting will immediately be placed on various applicable industry websites and in other industry publications as appropriate and as the timeline allows.
 - NRECA and cooperative.com
 - Statewide Association websites
 - IEEE.org
 - PublicPower.org
 - RE magazine
- A personalized letter will be sent via emails to all cooperative GM/CEOs in the state, region, and nationally including the job posting to notify them of the opportunity, as appropriate.

Candidate Identification

Begins immediately after the Kick-Off Meeting

Consultant will:

- Conduct outreach and recruitment to identify qualified candidates that will represent a strong overall fit between the organization and the candidate
- Use NRECA's database of utility executives and the Executive Search team's extensive range of contacts within the electric utility industry to identify qualified candidates who are not active job seekers.
- Request input from the Board and other stakeholders to help identify potential qualified candidates
- Conduct phone screen interviews with candidates that meet the qualification guidelines
- Interview and coach all internal candidates
- Provide progress reports to the Board's designated contact person, as appropriate
- Consultant develops a customized screening matrix based on the selection criteria set by the Board.
- Consultant screens resumes against the matrix to ensure that they meet the Board's requirements.
- Identify the top 8-10 candidates to be presented to the Board at the Screening Meeting as noted below

Reference Checks and Background Information

Throughout vetting process

- Consultant makes confidential inquiries regarding the qualifications and other pertinent personal information of applicants, including, but not limited to, communications with applicant designated references.

Information/Data Request

After the Kick-off meeting

Consultant provides Cooperative with a sample Information/Data request listing of items that could be made available to those selected for in-person interviews.

- The Cooperative will include such data and background material concerning the Cooperative and its operations that Consultant and the Board determine is appropriate to assist applicants in understanding the current and future challenges faced by Cooperative.
- The Cooperative information/data Dropbox folder will be compiled in conjunction with the Cooperative staff. Upon return of the confidentiality/non-disclosure form, candidates will be provided a link to the Dropbox.

Assessment Tools:

- If interested, Consultant will discuss with the Cooperative the option of leadership assessment tools and provide as appropriate at a separate cost.

Screening Meeting

After the cut-off date for resumes and the completion of candidate research

In-person meeting

At the Screening Meeting, the Board reviews information on the top candidates with the Consultant and then votes for who they would like to bring in for interviews. Based upon the criteria outlined by the Board in the Kickoff meeting, the Consultant presents the most qualified applicants (including all internal applicants). Typically, 8-10 candidates are presented.

- Prior to the Screening Meeting, Consultant will provide each Board member a confidential screening notebook that contains the resumes and any additional background information of the applicants that meet the qualifications set by the Board.
- Consultant facilitates the Screening Meeting with the Board or the Search Committee of the Cooperative to:
 - Review confidentiality of the process and the non-disclosure confidentiality statement
 - Discuss the applicants' qualifications, references and background information
 - Facilitate the development of a consensus/vote by the Board to invite the finalist candidates for an in-person interview
 - Discuss interview logistics and process
 - Develop interview schedule and confirm dates
 - Work with the Board and staff to set the location for interviews
 - Coordinate with the candidates and staff regarding social events related to interviews
 - Develop interview questions that are tailored to the qualifications determined to be necessary in the next President and CEO.
 - Provide the Board with examples of legal and illegal questions that can or cannot be asked of applicants as a matter of law

Background Checks and Confidentiality/Non-disclosure Agreements

Immediately after the screening meeting

Applicants selected for interviews by the Board will be required to sign and return to the Consultant a background check release and disclosure form and a Confidentiality/non-disclosure Agreement regarding information that will be made available to the applicant containing Cooperative data and information.

Interviews

As indicated in the schedule

Consultant coordinates and facilitates the interview process by:

- Contacting applicants to be interviewed (confirming commitment)
- Notifying applicants that are no longer under consideration
- Establishing an interview schedule that accommodates the needs of the applicants and Board members
- Coordinating with designated Cooperative staff contact person regarding:
 - Facility tours
 - Hotel, restaurant, airline and other logistical details
 - Social activity details (individual candidate receptions)
- Facilitate receptions and interviews

Deliberations and Negotiations

Consultant will facilitate the deliberations, selection, offer and negotiations processes as follows:

- Consultant will facilitate the Finalist Selection process
- Once the Board has identified its desired applicant, the Consultant will personalize a draft offer letter to reflect the specific terms of the offer to the successful applicant. If the Board selects a secondary applicant to whom an offer will be made if the primary applicant does not accept the offer, the Consultant will prepare a secondary personalized offer letter.
- The terms of the offer will be communicated and transmitted to the successful applicant by the Consultant or by such other person as is designated by the Board.
- The Consultant will facilitate the negotiations between the applicant(s) and Cooperative, if needed.
- Consultant will prepare final offer letter and provide to the Board.

Transition, Onboarding, and Performance Appraisal

- Consult on a public announcement and transition strategy/ logistics.
- Work with President and CEO and Board to establish expectations and first year goals as part of the onboarding process and in preparation of the performance appraisal.
- Professional fee includes facilitating a thorough performance appraisal of the new executive. The appraisal will be conducted near the end of the first year of employment unless the Board requests an alternate timeframe. Consultant will use a specially-designed format that is customized for the Cooperative.

Schedule

A list of key steps and milestones is set forth below. Specific dates will be selected based upon the Board's timeline and Consultant's availability. Typically, a complete search process averages 6 months. The scope of this contract for services includes up to three (3) on-site visits to South Kentucky RECC's office in Somerset, KY or other designated location(s) to conduct the kick-off meeting, screening meeting, and interviews. Additional on-site visits may be added as appropriate.

2019	Search Launched (contract signed) Start initial formal research and data gathering
TBD	Leadership Profile Questionnaire completed by Board members/ Compensation market analysis completed. Interview President and CEO.
TBD	Board - Search Strategic Planning/ Kick-off Meeting (Profile/Compensation/Ad/Process Review) <i>Location; South Kentucky RECC offices</i> Job Posting, candidate identification, initial screening of candidates and reference checks
TBD	Cut-off date for receipt of resumes; final consultant level interviews
TBD	Board - Screening meeting (Review top 8-10 including any internal applicants) <i>Location; South Kentucky RECC offices</i>
TBD	Board Interviews/Selection/Employment Offer/ Negotiations/ Transition <i>Location; off-site</i>
TBD	New President and CEO starts

Fees and Expenses

Our fee includes a professional fee equal to 25% of the Employee's first year projected (W-2) compensation; to include all types of "sign on" bonuses and incremental first year pay adjustments plus a charge for incurred expenses (e.g., travel, advertising, background checks and other miscellaneous search related items) less the paid retainer of \$5,000. Upon the signing of an Executive Search Agreement, NRECA will issue an invoice in the amount of \$5,000, which must be paid within 20 days of receipt.

Additional Information

Guarantee

NRECA guarantees this Search up to 365 days after the 1st day of work for the selected candidate.

Appraisal

Included in the fee above is the 1st year Performance Appraisal of the selected candidate.

Contacts

Cooperative designates Mr. Greg Redmon, Board Chairperson as primary contact.

Terms and Conditions

Pricing and Fees

Contract for Services:

President and CEO Search and Selection

This Agreement is a contract for services to be rendered by the Executive Search Division of the National Rural Electric Cooperative Association (“NRECA”) on a retained basis to recruit applicants for the position of President and CEO (“Employee”) of South Kentucky RECC (“Cooperative”). By signing this agreement NRECA and Cooperative agree to the scope of work and other terms set forth herein.

Upon signing of this Agreement, NRECA will issue a retainer invoice in the amount of \$5,000, which must be paid within 20 days of receipt. The final invoice will include a professional fee equal to 25% of the Employee’s first year projected (W-2) compensation; to include all types of “sign on” bonuses and incremental first year pay adjustments (collectively “Projected Compensation Amount”), plus a charge for incurred expenses (e.g., travel, advertising, background checks and other miscellaneous search related items) less the paid retainer. Projected Compensation Amount shall be agreed to by Cooperative and NRECA in writing; however, in the event the parties cannot agree to a Projected Compensation Amount, then it shall be determined based on the midpoint of the compensation market analysis (provided through NRECA National Consulting Group Consultant). In the event that the Board of Cooperative should terminate this executive search contract prior to the hiring of the Employee, Cooperative will be issued a final invoice due upon receipt which shall consist of the NRECA’s actual incurred expenses, plus a percentage of the professional fee based on Projected Compensation as follows: 20% upon signing of this contract, 75% after screening and reference checks, and 90% after the screening meeting. Upon the date of hire, NRECA shall issue a final invoice which shall be due upon receipt.

Guarantee

Should the new Employee fail to remain employed by Cooperative for three hundred and sixty-five (365) days following the initial date of employment and provided that during this time there has been no significant change in the make-up of the governing Board and the Cooperative has fulfilled its obligations to communicate expectations, goals and provide timely feedback and documentation as to his/her performance to the new President and CEO and that same documentation is provided to NRECA, then for any reason other than Employee or immediate family member disability, illness, incapacitation or death, a new search will be conducted at no cost to Cooperative other than NRECA’s actual travel and search related expenses, provided that the circumstances and parameters of the search and the position to be filled are substantially comparable to the original search.

Cooperative Understanding:

NRECA will make referrals with the following understanding:

- NRECA will conduct a national search
- If NRECA refers a candidate that is already on file with Cooperative, but the candidate had been ruled out or otherwise not contacted regarding the position, and interest is generated in the candidate as a result of NRECA's submission, resulting in an accepted offer, the search fee agreed to above will be due to NRECA
- All information and candidate identities provided to the Cooperative will be kept confidential
- No representative of Cooperative shall directly contact references of candidates without specific authorization from Consultant
- Candidates submitted by NRECA may not be referred by the Cooperative to other employers or Cooperative will owe full placement fee on the candidate
- The candidate's current employer will not be contacted without the candidate's explicit permission
- NRECA makes no warranties or guarantees regarding a candidate's honesty, integrity, or performance however, NRECA will perform a thorough background check on the candidates selected for interviews to include verification of all personal data, employment history, education credentials, credit history, criminal background screening at both federal and state levels for felony or misdemeanor arrest or convictions, any sexual offender register listings and personal litigation history. All such information will be shared with the Cooperative Board.
- NRECA, including Consultant, shall not be liable for any actions of potential or actual candidates or current or former employees of Cooperative; Cooperative will indemnify NRECA and Consultant against claims asserted by potential or actual candidates, current or former employees of the Cooperative, provided the claim is not ultimately determined by a court of competent jurisdiction to arise as a result of the Consultant's gross negligence or willful misconduct
- Notwithstanding any other provision set forth herein, NRECA or Consultant shall not be liable for any indirect, special, and/or consequential damages, arising out of or in connection with this Agreement; provided, however, that the foregoing exculpation of liability shall not apply with respect to damages incurred as a result of the gross negligence or willful misconduct of NRECA or Consultant. A party shall be liable to the other for any direct damages arising out of or relating to its performance or failure to perform under this agreement; provided, however, that the liability of a party, whether based on an action or claim in contract, equity, negligence, tort, or otherwise for all events, acts, or omissions under this agreement shall not exceed the amount paid by Cooperative for services under the terms of the agreement, and provided, further, that the foregoing limitation shall not apply to: (a) indemnification by Cooperative, as further described in this agreement; or (b) damages caused by a party's gross negligence or willful misconduct.
- Neither party shall be liable for delays or any failure to perform under this Agreement due to causes beyond its reasonable control. Such delays include, but are not limited to, fire, explosion, flood or other natural catastrophe, governmental

legislation, acts, orders, or regulation, strikes or labor difficulties, to the extent not occasioned by the fault or negligence of the delayed party. Any such excuse for delay shall last only as long as the event remains beyond the reasonable control of the delayed party. However, the delayed party shall use its best efforts to minimize the delays caused by any such event beyond its reasonable control. The delayed party must notify the other party promptly upon the occurrence of any such event, or performance by the delayed party will not be considered excused pursuant to this Section, and inform the other party of its plans to resume performance.

- If NRECA's candidate is hired for any position, or retained as an independent contractor by the Cooperative, or any parent subsidiary or affiliate within one year of the referral, our normal professional fee shall be due
- NRECA is an Equal Employment Opportunity Employer
- All other terms, conditions and responsibilities as set forth in NRECA's written "Proposal for Services: Executive Search" provided to Cooperative shall be incorporated herein by reference except as otherwise amended by this Contract.
- NRECA shall notify all candidates selected for interviews that a condition of employment will be a pre-employment drug screening and physical. Cooperative shall coordinate and schedule both requirements with the candidate selected for hiring.
- NRECA and/or its Consultant will provide Cooperative Board ongoing status reports on at least a monthly basis during the President and CEO search process to keep the Board updated on the progress of the search and the status of the search schedule.

Contacts

Cooperative will notify NRECA in writing the individuals who shall be the contacts for Cooperative for purposes of this agreement.

Cooperative designates Mr. Greg Redmon, Board Chairperson as primary contact.

Agreements

Applicable Law. The parties hereby consent and submit to the jurisdiction and forum of the Commonwealth of Virginia and its laws in all questions and controversies arising out of this Agreement.

Authority. The parties and their signatories acknowledge and agree that they have the requisite power, financial capacity, and authority to execute, deliver, and perform its obligations under this Agreement.

Notices. Any notice given pursuant to this Agreement shall be in writing and shall be given by personal service or by United States certified mail, return receipt requested, postage prepaid to the addresses appearing herein, or as changed through written notice to the other party.

Legal Advice. It is understood and agreed that the services do not include and NRECA will not provide tax or legal advice. If Cooperative requires legal or other expert advice, Cooperative should consult its own legal counsel.

Entire Agreement; Amendment. This Agreement and its attached exhibits, if any, constitute the entire agreement between the parties with respect to the services and supersedes any and all previous representations, understandings, discussions, or agreements between NRECA, Cooperative and the Consultant to the subject matter hereof. This Agreement may only be amended by an instrument in writing signed by NRECA and the Cooperative. NRECA and Cooperative each acknowledge that it has had the opportunity to review this Agreement with its legal counsel.

Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement. The parties agree that an electronic signature shall have the same force and effect as an original signature.

BY:

NATIONAL RURAL
ELECTRIC COOPERATIVE
ASSOCIATION

BY:

South Kentucky RECC

Leigh Taylor, NRECA
Director, Executive Search

Greg Redmon
Board Chairperson

ADDRESSES FOR NOTICE:

NRECA
Attn: Leigh Taylor
4833 Front St. Unit B #462
Castle Rock, CO 80104

South Kentucky RECC
Attn: Mr. Greg Redmon
PO Box 910
Somerset, KY 42502-0910

Agreements

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Legal Advice. It is understood and agreed that the services do not include and NRECA will not provide tax or legal advice. If Cooperative requires legal or other expert advice, Cooperative should consult its own legal counsel.

Entire Agreement; Amendment. This Agreement and its attached exhibits, if any, constitute the entire agreement between the parties with respect to the services and supersedes any and all previous representations, understandings, discussions, or agreements between NRECA, Cooperative and the Consultant to the subject matter hereof. This Agreement may only be amended by an instrument in writing signed by NRECA and the Cooperative. NRECA and Cooperative each acknowledge that it has had the opportunity to review this Agreement with its legal counsel.

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BY:

NATIONAL RURAL
ELECTRIC COOPERATIVE
ASSOCIATION

Leigh Taylor, NRECA
Director, Executive Search

ADDRESSES FOR NOTICE:

NRECA

Attn: Leigh Taylor
4833 Front St. Unit B-462
Castle Rock, CO 80104

BY:

South Kentucky RECC



Greg Redmon
Board Chairperson

South Kentucky RECC

Attn: Mr. Greg Redmon
PO Box 910
Somerset, KY 42502-0910

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 49**

**RESPONSIBLE PERSON: Michelle Herrman
COMPANY: South Kentucky RECC**

Request 49. Provide the utility's policies specifying the compensation of directors and a schedule of standard directors' fees, per diems, and other compensation in effect during the test year. If changes occurred during the test year, indicate the effective date and the reason for the changes.

Response 49.

Please see attached Exhibit 49- Board Policy 103- Compensation and Expense Reimbursement of Directors.

No changes occurred during the test year.

SOUTH KENTUCKY RURAL ELECTRIC COOPERATIVE CORPORATION

POLICY 103

COMPENSATION AND EXPENSE REIMBURSEMENT OF DIRECTORS

I. OBJECTIVE

To provide fair and equitable compensation for members of the Board of Directors ("Board") of South Kentucky Rural Electric Cooperative Corporation ("SKRECC") for preparation and attendance at Board, committee, member, and other approved meetings.

II. POLICY

A. Compensation

1. All Directors shall receive a retainer of \$1,000 per month. An additional retainer of \$200 per month shall be paid to the Board Chairperson. The retainer shall compensate Directors for the considerable time and effort spent outside of meetings fulfilling their oversight and governance roles including, but not limited to, reviewing material and preparing for Board and committee meetings, conference calls, travel time to and from Board and committee meetings and miscellaneous expenses.
2. A per diem of \$350 per day, or for each fraction thereof, will be paid to Directors when attending Board, committee, training, conferences or other preapproved meetings as representatives of SKRECC. Although two (2) or more meetings or activities, or a combination of travel and one or more meetings or activities, may occur on a single day, the Director will only receive \$350 for that day.
3. A per diem of \$350 per day, or for each fraction thereof, will be paid for travel during the day preceding the meeting(s) and the day following the meeting(s) if such travel is preapproved by the Board and required due to the meeting schedule and location, except that said per diem will not be paid for travel during the day preceding or the day following any Board and committee meetings.
4. Any unusual situations resulting in travel delays, such as inclement weather conditions, technical problems with the air carrier, etc., may also be subject to per diem. A per diem for such additional time shall be allowed provided adequate explanation of the circumstances is given on the Director's travel expense report.

B. Allowable Expenses and Reporting Requirements

Any Director authorized by the Board to attend a conference or training program will be paid meeting attendance fees, travel and reasonable out-of-pocket expenses. All arrangements shall be made through the office of the President/Chief Executive Officer

POLICY 103

("CEO"). Whenever such travel is arranged, the CEO will attempt to have no more than three (3) Board members travel together at any one time. This policy in no way limits the number of Directors attending a particular meeting and/or conference.

Reimbursement for travel from the Director's home and eligible out-of-pocket expenses incurred while attending Board, committee, or other meetings as representatives of SKRECC will be paid to Directors. Whenever possible, travel arrangements should be made far enough in advance to secure the best rates. Expenses eligible for reimbursement include:

1. Transportation Expenses

Includes actual costs of travel by airplane, bus, train, automobile (including taxis) or other ground transportation, all of which should be computed by using the most direct route.

a. Air Travel

- i. If commercial air travel is available, then without regard to the mode of transportation actually used, reimbursement shall be for the expenses actually incurred in an amount not to exceed round trip air coach fare plus cost of transportation to and from airport and other expenses related to air travel such as baggage fees.
- ii. Non-cancellable (penalty) fares are encouraged unless the travel schedule is very tenuous. In the event the non-cancellable fare is booked and a penalty is incurred due to an unavoidable change in travel plans, SKRECC will pay the penalty plus the new fare.
- iii. If commercial air travel is not available, then the Director shall select the means of travel which, in his or her judgment, is the most satisfactory under the circumstances, giving due consideration to factors of time and cost. Reimbursement shall be for actual expenses incurred.

b. Personal Automobile

- i. Mileage reimbursement for use of a personal automobile shall be based upon the current IRS standard mileage rate in effect at the time of travel on record at SKRECC. Parking fees and road toll charges incurred during travel will also be reimbursed. In those instances where Directors travel with others, only the Director actually using his/her automobile shall receive reimbursement for mileage, parking and toll fees.

POLICY 103

c. Car Rentals

- i. Reimbursement for car rentals is not normally allowed; however, if deemed necessary, an appropriate explanation should be included in the Director's travel expense report.

2. Lodging Expenses

- a. When a block of rooms has been reserved as part of a meeting or conference, such as the NRECA Director Conference, Directors will be reimbursed at the single published rate for the meeting or conference.
- b. A Director may stay in a hotel other than that contracted by SKRECC for a particular Board function, but SKRECC will only reimburse the Director for the amount equal to the lower of the actual cost of the hotel room or the contract single rate. In the event a Director chooses to stay in a hotel other than that contracted by SKRECC, or in the event there is no particular hotel contracted by SKRECC, the hotel selected by the Director should be recognized as reputable and reasonably priced for the area.
- c. If accompanied by family or personal guest, a Director should determine the single room rate plus tax and use that rate on the Director's travel expense report for purposes of reimbursement. Expenses incurred by family or guests must be paid by the Director and are non-reimbursable by SKRECC.
- d. Other hotel related services reimbursable as indicated:
 - i. Parking or valet parking
 - ii. Internet Access
 - iii. Room service (including gratuity and taxes) must include an original detailed/itemized receipt
 - iv. Hotel safes (for valuables)

3. Meals

- a. Reasonable costs of meals are reimbursable. The cost of meals for spouses and personal guests are not allowable expenses and must be deducted from the total cost of the meal. Any meal reimbursement (including gratuity and taxes) must include an original detailed/itemized receipt. A signed credit card receipt or credit card billing statement does not detail such information and is unacceptable for reimbursement of meals.

POLICY 103

- b. When Directors choose to eat together, one (1) Director can pay for the entire group, however, only that Director can expense the meal. The names of all the Directors who partook in the meal must be included on the receipt and the Director's travel expense report.
- c. All alcohol expenses, with or without a meal, will be disallowed and will not be reimbursed.

4. Technology

- a. SKRECC will provide a computer tablet, printer and internet service to Directors. Minimum equipment specifications, maintenance requirements and replacement schedules will be set by the SKRECC Information Technology department and reviewed by the Board annually.
- b. SKRECC will also provide Directors with training on the use of email, Cooperative.com and other useful applications.
- c. Directors are required to regularly check and use email to communicate with SKRECC.

5. Business Travel Accident Insurance

- a. When traveling on SKRECC business, Directors are covered by a blanket Travel Accident Insurance Policy in the amount of \$100,000 for accidental death. Directors are also covered under SKRECC's 24 Hour Accident Policy in the amount of \$40,000. These coverages are subject to change, provided notice is given to the Board.
- b. SKRECC will not reimburse a Director for self-obtained travel insurance.
- c. SKRECC assumes no responsibility or liability for family or guests traveling with the Director.

C. Non-Reimbursed Expense Items

- 1. Any expenses which are being reimbursed from another source will not be reimbursed by SKRECC.
- 2. When meals are provided as part of the meeting function or conference registration, Directors are expected to partake in these meals. If a Director chooses not to participate in these meal functions, SKRECC will not reimburse the expenses for the same meal.

POLICY 103

3. Apart from guidelines and limitations on reimbursement of expenses as set forth above, the following types of expenses are considered personal and non-reimbursable:

- i. Spouse's or any other person's expenses other than Director's own
- ii. Bar/Alcohol
- iii. Entertainment, including movies in the hotel room
- iv. Laundry
- v. Health Club/Gym access fees
- vi. Haircut, manicure, shoeshine, massage, spa services
- vii. Personal reading material, including newspapers
- viii. Snacks
- ix. Personal hygiene items

D. When a Director combines a SKRECC business meeting with a personal trip, he or she shall be responsible to pay any costs incurred with respect to the personal trip. This applies to both travel time and mode of travel for per diem and expense computation.

E. Directors shall complete appropriate expense forms designated by SKRECC and submit within sixty (60) days from the date the travel and/or meeting is completed. Reimbursement will be made within fifteen (15) working days after receipt by SKRECC of the expense forms supported by the appropriate receipts and explanations. Itemized receipts are required for all items for which reimbursement is being requested. In the event of a lost or misplaced receipt, an exception to this requirement can be made upon approval by the Board Secretary/Treasurer.

F. Annually, all retainer and per diem payments to Directors will be reported by SKRECC to the Internal Revenue Service on Form 1099 and Form 990.

III. RESPONSIBILITY

A. It shall be the responsibility of the Board Chairperson to see that the provisions of this policy are carried out.

B. It shall be the responsibility of the Secretary-Treasurer to review Director expenses on a monthly basis and report results to the Board. The Chairperson and/or Vice Chairperson shall review the expenses of the Secretary-Treasurer on a monthly basis and report results to the Board. On a quarterly basis, a spreadsheet of individual Director expenses, retainer and per diems will be provided for review by the Board and returned back to the Secretary-Treasurer after review.

C. The Board shall formally review the total amount of fees and reimbursed travel expenses paid to all Directors on an annual basis. Directors should be prepared to explain fees and expenses to members seeking information.

POLICY 103

D. It shall be the responsibility of the CEO to provide regional or national Director fee data to the Board on a periodic basis. A summary of the meeting attendance fees and other expenses of Directors will be itemized and published annually and presented to the Board for its review.

APPROVED BY THE BOARD OF DIRECTORS


BOARD CHAIRPERSON

DATE APPROVED: 5/23/04

DATE(S) REVIEWED: _____

DATE(S) REVISED: 4/21/14

This policy replaced former Policy D, the same having been approved May 23, 2004, and revised November 8, 2012, and December 9, 2013.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 50**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 50. Provide the date, time, and a general description of the activities at the most recent annual members' meeting. Indicate the number of new board members elected. For the most recent meeting and the five previous annual members' meetings, provide the number of members in attendance, the number of members voting for new board members, and the total cost of the meeting.

Response 50.

2021 – Annual Meeting Canceled Due to COVID.

The director election was held by mail-in and electronic ballots from April 16, 2021, through May 7, 2021. District 1 was uncontested, and Cathy Crew Epperson automatically retained that seat for another four-year term. For District 5, members elected Tommy Nelson, Jr., who defeated incumbent Greg Beard for the seat. In all, 7,242 members voted in the election. Total cost of the election was: \$64,330.74

2020 – Annual Meeting canceled due to COVID.

No Director Election held this year. Cost incurred \$17,357.25.

2019 – Member events were held the week of June 10, 2019 – June 13, 2019. One day observed at each district office with the annual business meeting held on Thursday, June 13, 2019 at the Somerset headquarters facility. Registration began at 4 p.m. ET; musical entertainment began at 6 p.m.; business meeting began at 7 p.m.; meeting adjourn @ 8:30 pm, after prizes awarded. There was a total of 3,372 registering members. Total cost: \$172,543.

There was no official election since Districts 2, 3, and 6 were uncontested. Greg Redmon, District 2; Rick Halloran, District 3; and Boris Haynes, District 6; retained their seats. Costs incurred: \$7,088.96

2018 – The Annual Meeting was held on June 7, 2018 at the Somerset headquarters facility with 1,729 registering members. Registration began at 4 p.m. ET; Opening musical entertainment (local gospel group) began at 6 p.m.; business meeting began at 7 p.m.; concert began @ 8:30 pm after prizes awarded (Musical group-Parmalee); meeting adjourn @ 10:00 pm. Total cost: \$173,456.

No Director Election held this year.

2017 – The Annual Meeting was held on June 8, 2017 at the Somerset headquarters facility with 2,053 registering members. Registration began at 4 p.m. ET; Opening musical entertainment (local gospel group) began at 6 p.m.; business meeting began at 7 p.m.; concert began @ 8:30 pm after prizes awarded (Musical group-Scotty McCreery); meeting adjourn @ 10:00 pm. Total cost: \$184,770.

The director election was held by mail-in and electronic ballots for Districts 1 and 5. District 1 was uncontested, and Cathy Epperson retained her seat. District 5 incumbent, Greg Beard, defeated Tommy Nelson, Jr., and retained his seat. In all, 6,668 members voted in the election. Total cost: \$53,499.89.

2016 – The Annual Meeting was held on June 9th at the South Kentucky RECC farm. There was a total of 1,886 registering members. Registration began at 4 p.m. ET; Opening musical entertainment (local gospel group) began at 6 p.m.; business meeting began at 7 p.m.; concert began @ 8:30 pm after prizes awarded (Musical group-Joe Nichols); meeting adjourn @ 10:00 pm. Total cost: \$206,723

The director election was held by mail-in and electronic ballots for Districts 4 and 7. District 4 was uncontested, and Billy Gene Hurd retained his seat. District 7 saw the election of a new director, Brent Tackett, who defeated incumbent Lee Coffee. In all, 6,035 members voted in the election. Total cost: \$53,821.04.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 51**

RESPONSIBLE PERSON: **Michelle Herrman**
COMPANY: **South Kentucky RECC**

Request 51. Provide any information, when known, that would have a material effect on net operating income, rate base, or cost of capital that have occurred after the test year but were not incorporated in the filed testimony and exhibits.

Response 51.

The test year was chosen to end with March 2020, due to the onset of the COVID-19 pandemic. Until this time operations were not affected by the pandemic and the efforts to mitigate the spread of the virus. After March 2020, operations were impacted by those efforts. The impact of the COVID 19 mitigation efforts have not been incorporated into the filed testimony or exhibits as those efforts have been eased.

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 52**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 52. For the test year 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;
- d. Number of times the charge was assessed; and
- e. Support for the non-recurring charge.

Response 52. Please see attached schedules.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 53**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

REQUEST 53. 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 53. Please see attached spreadsheets.

ATTACHMENTS
ARE EXCEL
SPREADSHEETS
AND UPLOADED
SEPARATELY

**SOUTH KENTUCKY RECC
PSC CASE NO. 2021-00407
FIRST REQUEST FOR INFORMATION RESPONSE**

**COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION—11/29/21
REQUEST 54**

RESPONSIBLE PERSON: Michelle Herrman

COMPANY: South Kentucky RECC

Request 54. To the extent not already provided, provide all workpapers, calculations, and assumptions the utility used to develop its test year financial information in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response 54. Please see attached.

SOUTH KENTUCKY RECC
PRG. OPERBSHT (OBSA)

FINANCIAL AND STATISTICAL REPORT
FROM 04/19 THRU 03/20

PAGE 1
RUN DATE 12/21/21 12:25 PM

PART A. STATEMENT OF OPERATIONS

LINE NO	YEAR TO DATE			THIS MONTH	% FROM BUDGET	% CHANGE FROM LAST YEAR
	LAST YEAR A	THIS YEAR B	BUDGET C			
1.0	128,164,529.75	122,343,019.13	130,026,499.00	8,631,348.34	5.9-	4.5-
2.0	.00	.00	.00	.00	.0	.0
3.0	90,076,000.00-	86,818,667.00-	92,776,805.00-	6,134,598.00-	6.4-	3.6-
4.0	.00	.00	.00	.00	.0	.0
5.0	.00	.00	.00	.00	.0	.0
6.0	4,254,151.44-	4,259,472.98-	4,128,670.98-	375,567.09-	3.2	.1
7.0	8,007,274.70-	8,410,346.52-	8,649,418.32-	637,340.19-	2.8-	5.0
8.0	3,920,980.58-	2,419,747.47-	3,974,659.45-	1,145,879.50	39.1-	38.3-
9.0	377,349.04-	689,609.20-	623,215.32-	55,653.31-	10.7	82.8
10.0	19,621.89-	12,303.73-	15,186.03-	3,522.58-	19.0-	37.3-
11.0	4,378,358.23-	4,083,259.75-	4,508,959.99-	336,766.44-	9.4-	6.7-
12.0	111,033,735.88-	106,693,406.65-	114,676,915.09-	6,397,568.11-	7.0-	3.9-
13.0	8,747,245.79-	9,078,214.39-	8,942,554.98-	767,244.42-	1.5	3.8
14.0	156,774.38-	167,723.58-	167,250.00-	14,500.00-	.3	7.0
15.0	.00	181,483.87-	.00	.00	100.0-	100.0-
16.0	5,488,415.24-	5,529,181.19-	5,584,264.98-	455,622.18-	1.0-	.7
17.0	.00	.00	.00	.00	.0	.0
18.0	22,562.65-	45,452.92-	29,118.00-	116.89-	56.1	101.5
19.0	31,027.19-	31,996.45-	67,114.98-	1,311.82-	52.3-	3.1
20.0	125,479,761.13-	121,727,459.05-	129,467,218.03-	7,636,363.42-	6.0-	3.0-
21.0	2,684,768.62	615,560.08	559,280.97	994,984.92	10.1	77.1-
22.0	1,542,425.02	1,683,735.98	1,517,179.00	136,749.13	11.0	9.2
23.0	.00	.00	.00	.00	.0	.0
24.0	.00	.00	.00	.00	.0	.0
25.0	86,750.61	115,205.94	32,460.00	179.91	254.9	32.8
26.0	4,712,752.51	5,088,852.65	4,329,000.00	.00	17.6	8.0
27.0	124,394.63	135,552.25	170,000.00	76,383.62	20.3-	9.0
28.0	.00	.00	.00	.00	.0	.0
29.0	9,151,091.39	7,638,906.90	6,607,919.97	1,208,297.58	15.6	16.5-

RATIOS

TIER	2.667	2.382	2.183	3.652
MARGINS TO REVENUE	.071	.062	.051	.140
POWER COST TO REVENUE	.703	.710	.714	.711
INTEREST EXPENSE TO REVENUE	.043	.045	.043	.053
CURRENT ASSETS : CURRENT LIABILITIES	1.2429			
MARGINS & EQUITIES AS % OF ASSETS	.4723			
LONG TERM DEBT AS % OF PLANT	.4848			
GENERAL FUNDS TO TOTAL PLANT	3.7819			
QUICK ASSET RATIO	1.1712			

SOUTH KENTUCKY RECC
PRG. OPERBSHT (OBSA)

FINANCIAL AND STATISTICAL REPORT
FROM 01/20 THRU 03/20

Witness: Michele Herrman
RUN DATE 12/21/21 12:26 PM

PART C. BALANCE SHEET

LINE NO	ASSETS AND OTHER DEBITS		LIABILITIES AND OTHER CREDITS		
1.0	TOTAL UTILITY PLANT IN SERVICE	278,199,515.78	30.0	MEMBERSHIPS	1,158,415.00-
2.0	CONSTRUCTION WORK IN PROGRESS	911,505.39	31.0	PATRONAGE CAPITAL	123,397,989.36-
3.0	TOTAL UTILITY PLANT	279,111,021.17	32.0	OPERATING MARGINS - PRIOR YEAR	11,776,870.61-
4.0	ACCUM PROV FOR DEP & AMORT	81,648,135.01-	33.0	OPERATING MARGINS-CURRENT YEAR	6,787,027.98-
5.0	NET UTILITY PLANT	197,462,886.16	34.0	NON-OPERATING MARGINS	2,193,919.12-
			35.0	OTHER MARGINS & EQUITIES	3,781,429.37-
6.0	NON-UTILITY PROPERTY (NET)	24,793.32	36.0	TOTAL MARGINS & EQUITIES	149,095,651.44-
7.0	INVEST IN SUBSIDIARY COMPANIES	.00			
8.0	INV IN ASSOC ORG - PAT CAPITAL	81,622,422.22	37.0	LONG TERM DEBT - RUS (NET)	25,854,777.94
9.0	INV IN ASSOC ORG OTHR GEN FND	1,572,735.99		(PAYMENTS-UNAPPLIED 29,163,812.92-)	
10.0	INV IN ASSOC ORG - NON GEN FND	.00	38.0	LNG-TERM DEBT-FFB-RUS GUAR	113,030,806.78-
11.0	INV IN ECON DEVEL PROJECTS	5,354,932.99	39.0	LONG-TERM DEBT OTHER-RUS GUAR	.00
12.0	OTHER INVESTMENTS	367.64	40.0	LONG TERM DEBT - OTHER (NET)	53,960,893.13-
13.0	SPECIAL FUNDS	.00	41.0	LNG-TERM DEBT-RUS-ECON DEV NET	4,394,613.24-
14.0	TOT OTHER PROP & INVESTMENTS	88,575,252.16	42.0	PAYMENTS - UNAPPLIED	.00
			43.0	TOTAL LONG TERM DEBT	145,531,535.21-
15.0	CASH - GENERAL FUNDS	2,243,592.05			
16.0	CASH - CONSTRUCTION FUND TRUST	.00	44.0	OBLIGATION UNDER CAPITAL LEASE	.00
17.0	SPECIAL DEPOSITS	.00	45.0	ACCUM OPERATING PROVISIONS	8,554,141.19-
18.0	TEMPORARY INVESTMENTS	17,444,066.10	46.0	TOTAL OTHER NONCURR LIABILITY	8,554,141.19-
19.0	NOTES RECEIVABLE (NET)	.00			
20.0	ACCTS RECV - SALES ENERGY (NET)	2,606,263.92	47.0	NOTES PAYABLE	.00
21.0	ACCTS RECV - OTHER (NET)	2,142,992.39	48.0	ACCOUNTS PAYABLE	7,338,543.69-
22.0	RENEWABLE ENERGY CREDITS	.00	49.0	CONSUMER DEPOSITS	1,686,943.08-
23.0	MATERIAL & SUPPLIES-ELEC & OTH	1,511,119.56	50.0	CURR MATURITIES LONG-TERM DEBT	6,757,287.20-
24.0	PREPAYMENTS	387,266.41	51.0	CURR MATURIT LT DEBT ECON DEV	565,435.14-
25.0	OTHER CURRENT & ACCR ASSETS	6,736,519.69	52.0	CURR MATURITIES CAPITAL LEASES	.00
26.0	TOTAL CURRENT & ACCR ASSETS	33,071,820.12	53.0	OTHER CURRENT & ACCRUED LIAB	2,690,756.47-
			54.0	TOTAL CURRENT & ACCRUED LIAB	19,038,965.58-
27.0	REGULATORY ASSETS	1,451,024.12			
28.0	OTHER DEFERRED DEBITS	2,068,704.89	55.0	REGULATORY LIABILITIES	.00
			56.0	OTHER DEFERRED CREDITS	409,394.03-
29.0	TOTAL ASSETS & OTHER DEBITS	322,629,687.45	57.0	TOTAL LIABILITIES & OTH CREDIT	322,629,687.45-

ESTIMATED CONTRIBUTIONS IN AID OF CONSTRUCTION		
58.0	BALANCE BEGINNING OF YEAR	.00
59.0	AMOUNT RECEIVED THIS YEAR (NET)	8,981.01
60.0	TOTAL CONTRIBUTIONS IN AID OF CONST	8,981.01

C E R T I F I C A T I O N

WE HEREBY CERTIFY THAT THE ENTRIES IN THIS REPORT ARE IN ACCORDANCE WITH THE ACCOUNTS AND OTHER RECORDS OF THE SYSTEM AND REFLECT THE STATUS OF THE SYSTEM TO THE BEST OF OUR KNOWLEDGE AND BELIEF. ALL INSURANCE REQUIRED BY PART 1788 OF 7 CFR CHAPTER XVII, REA, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.

SIGNATURE OF OFFICE MANAGER OR ACCOUNTANT

DATE

SIGNATURE OF MANAGER

DATE