



INVOICE

Client Name: NORTH SHELBY

Invoice No.: RIS0004536633

Client No.: M000430002

Invoice Date: 11/01/2022

Billing Period: 11/01/2022 Thru 11/30/2022

Line	Identifier	Description	Quantity	UOM	Amount Due
		Balance Forward			0.00
1		Subscriber Only	4	23.92	95.68
2		Subscriber, Spouse, Children	5	79.28	396.40
3		Subscriber and 2+ Children	2	79.28	158.56
Current Monthly Total:			11		\$650.64
Total Amount Due:					\$650.64

Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site "First Time Login" page.

For inquiries please call: 1-800-955-2030

Changes made after 10/20/2022 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3317

Order # 3248393-1

650.64

650.64

56594

A5 700C

*****ALL FOR AADC 400
12672 1 AB 0.491 38
NORTH SHELBY WATER CO.
C/O TARA PEYTON
4596 BAGDAD RD
BAGDAD KY 40003-8015

Invoice Number : 001499456H

Billing Entity No.: SK0157M001

Prior Bill Amount
Amount Paid
Prior Balance Due
Eligibility Adjustment Subtotal
Manual Adjustment Subtotal
Membership Detail Subtotal
Total Amount Due

\$ 13,958.29
13,958.29 -

\$ 0.00
0.00
0.00
13,958.29

\$ 13,958.29

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

health

THIS STATEMENT IS FOR YOUR RECORDS ONLY AND REFLECTS PREMIUM EQUIVALENTS DEDUCTED VIA YOUR AUTOMATED ACH ENROLLMENT.

Membership changes can be submitted by logging onto the Employer Access portal on www.anthem.com

IMPORTANT NOTICE: If this bill reflects an outstanding balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right as Claims Administrator in your Participation Agreement with your Benefit Plan Trust to automatically terminate your group's Participation Agreement and, therefore, your medical benefits through your Benefit Plan Trust for failure to timely pay your premium equivalent rate.

IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM EQUIVALENT RATE: Please be advised that if Anthem does not receive your medical premium equivalent rate payment by the due date, the group health coverage for medical policies will be terminated effective on the last day through which the full medical premium equivalent was paid. This notice serves as the 15 day notice of termination required by law.

T010506006T0

202211180A JD1E



WGBLG001 MEWA

PRODUCT SUMMARY

61584



Billing Entity Name : NORTH SHELBY WATER CO.

Invoice No. : 001499456H

Billing Entity No. : SK0157M001

Page No. : 1

Group Contact : TARA PEYTON

Premium Specialist : MEWA BP BILL CC

Desk No. : 3131 Telephone : (844) 348-6155

Billing Period: FROM 12-01-22 TO 01-01-23

Date Billed: 11-12-22

Payment Due Date: 12-01-22

01909030200

Group/Product Contract Type	Count	Current Charges	Retro	Total	Billing Rate
SK0157M001 KY BLUE ACCESS PPO		ACT			
Offered By :Anthem Blue Cross and Blue Shield					
S	3	1,984.59	0.00	1,984.59	661.53
2P	0	0.00	0.00	0.00	1,389.21
S+DEP	0	0.00	0.00	0.00	1,190.75
FAM	5	9,592.20	0.00	9,592.20	1,918.44
S+DEPS	2	2,381.50	0.00	2,381.50	1,190.75
Total	10	13,958.29	0.00	13,958.29	
Subtotal/All Products		13,958.29	0.00	13,958.29	

WGBLG001 MEWA 20221111B0AJD1E





Billing Entity Name : NORTH SHELBY WATER CO. Invoice No. : 001499456H
 Billing Entity No. : SK0157M001 Page No. : 3
 Group Contact : TARA PEYTON

Premium Specialist : MEWA BP BILL CC Desk No. : 3131 Telephone : (844) 348-6155
 Billing Period: FROM 12-01-22 TO 01-01-23
 Date Billed: 11-12-22
 Payment Due Date: 12-01-22

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MEMBERSHIP DETAIL

D No.	Dept. No.	Emp. No.	Subscriber Name	COBRA End Date	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.	
324W05955			ALDRIDGE BILLY W		SK0157M001	A	HYLX	S	1	661.53	
240M56365			CARMACK JEREMY		SK0157M001	A	HYLX	FAM	3	1918.44	
964M54261			COX CHRISTOPHER		SK0157M001	A	HYLX	FAM	4	1918.44	
198M54473			HEDGES DAVID		SK0157M001	A	HYLX	FAM	3	1918.44	
326M54387			HILL RONDA		SK0157M001	A	HYLX	S	1	661.53	
920W05955			LARA GUSTAVO A		SK0157M001	A	HYLX	S	1	661.53	
40M62427			LEWIS ROY		SK0157M001	A	HYLX	S+DEPS	3	1190.75	
767M54394			MASTERS FRANKIE		SK0157M001	A	HYLX	FAM	6	1918.44	
110M63223			MOORE AUDRA		SK0157M001	A	HYLX	S+DEPS	3	1190.75	
987M56626			PEYTON TARA		SK0157M001	A	HYLX	FAM	4	1918.44	
Subtotal for the Group/Suffix					SK0157M001			10		13,958.29	
Total Subscribers		10	Membership detail Subtotal								13,958.29
					Total Amount Due						13,958.29

WGBLG001 MEWA 20221111B0A JD1E

Group Number identifies the Product and Carrier



A5 700C

*****ALL FOR AADC 400 3B
12671 1 AB 0.491
NORTH SHELBY WATER CO.
C/O TARA PEYTON
4596 BAGDAD RD
BAGDAD KY 40003-8015

101616030101

Invoice Number : 001414415G

Billing Entity No.: SK0157V001

Prior Bill Amount
Amount Paid
Prior Balance Due
Eligibility Adjustment Subtotal
Manual Adjustment Subtotal
Membership Detail Subtotal
Total Amount Due

\$ 164.69
164.69 -
\$ 0.00
0.00
0.00
164.69
\$ 164.69

20221111B0A JD1E
WGBLG001 MEWA

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Vision

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PRODUCT SUMMARY

45941



Billing Entity Name : NORTH SHELBY WATER CO.

Invoice No. : 001414415G

Billing Entity No. : SK0157V001

Page No. : 1

Group Contact : TARA PEYTON

Premium Specialist : MEWA BP BILL CC

Desk No. : 3131 Telephone : (844) 348-6155

Billing Period: FROM 12-01-22 TO 01-01-23

Date Billed: 11-12-22

Payment Due Date: 12-01-22

014164030200

Group/Product Contract Type	Count	Current Charges	Retro	Total	Billing Rate
SK0157V001 BLUE VIEW ACT					
Offered By :Anthem Blue Cross and Blue Shield					
S	3	23.34	0.00	23.34	7.78
2P	0	0.00	0.00	0.00	15.55
S+DEP	0	0.00	0.00	0.00	14.35
FAM	5	112.65	0.00	112.65	22.53
S+DEPS	2	28.70	0.00	28.70	14.35
Total	10	164.69	0.00	164.69	
Subtotal/All Products		164.69	0.00	164.69	

WGBLG001 MEWA 2022111BOA JD1E



Billing Entity Name : NORTH SHELBY WATER CO.	Invoice No. :	001414415G
Billing Entity No. : SK0157V001	Page No. :	3
Group Contact : TARA PEYTON		
Premium Specialist : MEWA BP BILL CC	Desk No. : 3131	Telephone : (844) 348-6155
Billing Period:	FROM 12-01-22 TO 01-01-23	
Date Billed:	11-12-22	
Payment Due Date:	12-01-22	

014164030300

MEMBERSHIP DETAIL

D No.	Dept. No.	Emp. No.	Subscriber Name	COBRA End Date	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.	
324W05955			ALDRIDGE BILLY W		SK0157V001	A	ABVV	S	1	7.78	
240M56365			CARMACK JEREMY		SK0157V001	A	ABVV	FAM	3	22.53	
964M54261			COX CHRISTOPHER		SK0157V001	A	ABVV	FAM	4	22.53	
498M54473			HEDGES DAVID		SK0157V001	A	ABVV	FAM	3	22.53	
326M54387			HILL RONDA		SK0157V001	A	ABVV	S	1	7.78	
920W05955			LARA GUSTAVO A		SK0157V001	A	ABVV	S	1	7.78	
140M62427			LEWIS ROY		SK0157V001	A	ABVV	S+DEPS	3	14.35	
767M54394			MASTERS FRANKIE		SK0157V001	A	ABVV	FAM	6	22.53	
410M63223			MOORE AUDRA		SK0157V001	A	ABVV	S+DEPS	3	14.35	
987M56626			PEYTON TARA		SK0157V001	A	ABVV	FAM	4	22.53	
Subtotal for the Group/Suffix					SK0157V001				10	164.69	
Total Subscribers		10	Membership detail Subtotal								164.69
Total Amount Due										164.69	

20221111BOA JD1E
WGBLG001 MEWA

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