



Invoice
For coverage in January 2023

BULLOCK PEN WATER DIST

Billing ID
794595-001

Invoice number - Invoice date
227804515 - December 19, 2022

Billing Contact
1-800-232-2006
GB EAST REGION MEDICAL

Payment due
January 1, 2023

HBSGAFPLETHBSG165A1220202202550011369
BULLOCK PEN WATER DIST
ASHLEY DYER
ONE FARRELL DRIVE
CRITTENDEN, KY 41030

Invoice Summary

Amount due from last invoice	\$27,214.55
Total payments received	-\$27,214.55
Amount past due	\$0.00
Premiums this period	\$31,880.04
Member adjustments	\$0.00
Fees and other adjustments	-\$3,884.80
- Other	\$0.00
- Wellness Engagement Incentive	-\$3,884.80
<small>*availability varies by state</small>	
Please pay total amount due	\$27,995.24

New in early 2023: You'll see a redesigned Employer self-service website that makes it easier for you to find what you need and accomplish your daily tasks. Additionally, with the redesigned Employer Benefits Center (EBC) you'll have an in-depth view of your current insurance plans, full or individual rate detail explanations and your current census.

Do you need to make a quick payment? Are you short on time? Use Express Pay! It's a quick and easy way to make a secure one-time payment without having to sign into your account. If you need to check your balance, review your invoice or move to an online only invoice then sign in or register on the Employer Portal where you can also make a one-time payment or set up recurring payments! All of these great features and more are available at Humana.com/employer/ebilling.

continued ▶



RETURN THIS PORTION WITH YOUR PAYMENT

Payment Coupon


Billing ID: 794595-001
Invoice number: 227804515

Payment due date: January 1, 2023
Amount due: \$27,995.24
Amount enclosed:

227804383 001 0002799524 01012023 89710 3

HBSGAFPLETHBSG165A1220202202550011369
BULLOCK PEN WATER DIST
ASHLEY DYER
ONE FARRELL DRIVE
CRITTENDEN, KY 41030

Please remit to:


HUMANA HEALTH PLAN INC
PO BOX 4608
CAROL STREAM, IL 60197-4608

Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

1. Write your Billing ID on your check.
2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

Payments received after the end of your grace period will cause the account to automatically terminate and result in a disruption of coverage for your employees. If your policy terminates, request for reinstatement may be made. Reinstatements are at our discretion. Reinstatement fees may apply.

Humana's Employer Self-Service Center

You can log in anytime to your Self-Service Center to receive personalized information and tools to help you manage your employees' benefits. To register, go to the "Employers" section on [Humana.com](https://www.humana.com), click "Register Today."

Through Humana.com you can:

- View your monthly statement and make a premium payment;
- Complete daily enrollment maintenance tasks like adding a new employee, changing coverage, and terminating an employee's benefits;
- Enjoy features that simplify plan administration, such as links to eligibility information.

Paper Enrollment Submissions

Please ensure that all paper enrollment submissions are completed thoroughly, including group names and numbers associated with your account. Mail your enrollment forms to the following address:

Humana Inc.
P.O. Box 14209
Lexington, Kentucky 40512-4209

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.

Group Summary

Payments

Date	Description	Amount	Balance
	Amount due from last invoice		\$27,214.55
Dec 1	Payment received (thank you)	-\$27,214.55	\$0.00
	Amount past due		\$0.00

Premiums by Product Type

Product type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
Medical	8	\$8,558.40	0	\$0.00	1	\$1,979.13	7	\$21,342.51	\$31,880.04
Total	8	\$8,558.40	0	\$0.00	1	\$1,979.13	7	\$21,342.51	\$31,880.04

Premiums by Plan Type

Plan type	QTY	Employee (EMP)	QTY	Employee Plus Spouse (ESP)	QTY	Employee Plus Children (ECH)	QTY	Family (FAM)	Total
NGN	8	\$8,558.40	0	\$0.00	1	\$1,979.13	7	\$21,342.51	\$31,880.04
Total	8	\$8,558.40	0	\$0.00	1	\$1,979.13	7	\$21,342.51	\$31,880.04

Plan Type Legend	
NGN	NPOS - GOLD - NON-SHOP



Questions about your invoice? Call your Billing Representative at 1-800-232-2006. Don't forget, you can pay your invoice online at Humana.com.

Employee Detail:

BULLOCK PEN WATER DIST

794595-001

BULLOCK PEN WATER DIST

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
CALDWELL, AARON	110654809	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93
CLIFTON, MELISSA	116541808	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
COOK, DIANNE	110654815	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
HARP, PAUL	110654811	NGN	ECH	\$1,979.13			
Employee Total							\$1,979.13
KINMAN, CASEY	110654819	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93
LITTLE, AMY	116543613	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93
MASON, AARON	121833119	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
MASON, JAMES	110654808	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
PLUNKETT, HUNTER	121583687	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
RUARK, AMY	110654820	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93
RYAN, ERNEST	110654810	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93
SETH, O NAN	121908811	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
THOMAS, REBECCA	110654806	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80
WILSON, NAOMI	110654812	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93



BULLOCK PEN WATER DIST (Continued)

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
WORKMAN, JOSHUA	110683644	NGN	FAM	\$3,048.93			
Employee Total							\$3,048.93
YORK, GREGORY	110654799	NGN	EMP	\$1,069.80			
Employee Total							\$1,069.80

Fees & Other Adjustments:	
Wellness Adjustment	-\$3,884.80
Total Fees	-\$3,884.80

± Cobra Coverage ° State Continuation Coverage ž State Continuation with Subsidy



Questions about your invoice? Call your Billing Representative at 1-800-232-2006. Don't forget, you can pay your invoice online at Humana.com.



Humana.



INVOICE

Client Name: BULLOCK PEN WATER DISTRICT

Invoice No.: RIS0004589663

Client No.: 5096400000

Invoice Date: 12/01/2022

Billing Period: 12/01/2022 Thru 12/31/2022

Line	Identifier	Description	Quantity	UOM	Amount Due
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.					
		Balance Forward			0.00
1		Subscriber Only	9	24.51	220.59
2		Subscriber and Spouse	1	48.64	48.64
3		Subscriber, Spouse, Children	4	89.95	359.80
4		Subscriber and 1 Child	1	55.20	55.20
5		Subscriber and 2+ Children	1	55.20	55.20
Current Monthly Total:			16		\$739.43
Total Amount Due:					\$739.43

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

Changes made after 11/16/2022 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

REMITTANCE



Invoice No.: RIS0004589663

Invoice Date: 12/01/2022

PO Number:

Client No.: 5096400000

Due Date: 12/05/2022

Billing Period: 12/01/2022 Thru 12/31/2022

AMOUNT DUE: \$739.43

BULLOCK PEN WATER DISTRICT
 ATTN: Ashley Dyer
 PO Box 188
 Crittenden KY 41030-0188

Amount Remitted:

PLEASE SEND PAYMENT TO:
 DELTA DENTAL OF KENTUCKY
 P O Box 950199
 Louisville KY 40295-0199



SUBSCRIBER LISTING

BULLOCK PEN WATER DISTRICT
 ATTN: ASHLEY DYER
 PO BOX 188
 CRITTENDEN KY 41030-0188

Client No.: 509640
 Subclient No.: 0000
 Contract ID: 1921673
 Product: DELTA DENTAL PPO PLUS PREMIER
 Eligibility:
 Closing Date: 11/16/2022
 Billing Date: 11/17/2022

Billing Period: 12/01/2022 - 12/31/2022

Name of Subscriber	Subscriber ID	Coverage Type	Total Due
CALDWELL, AARON	404026057	SUBSCRIBER AND SPOUSE	48.64
CLIFTON, MELISSA	407296052	SUBSCRIBER ONLY	24.51
COOK, DIANNE	406863724	SUBSCRIBER ONLY	24.51
HARP, PAUL	403433565	SUBSCRIBER AND 1 CHILD	55.20
KINMAN, CASEY	405319984	SUBSCRIBER, SPOUSE, CHILDREN	89.95
LITTLE, AMY	404316718	SUBSCRIBER, SPOUSE, CHILDREN	89.95
MASON, AARON	400530278	SUBSCRIBER ONLY	24.51
MASON, MICHAEL	400063760	SUBSCRIBER ONLY	24.51
O NAN, SETH	402572715	SUBSCRIBER ONLY	24.51
PLUNKETT, HUNTER	407559713	SUBSCRIBER ONLY	24.51
RUARK, AMY	407134531	SUBSCRIBER AND 2+ CHILDREN	55.20
RYAN, ERNEST	401374891	SUBSCRIBER, SPOUSE, CHILDREN	89.95
THOMAS, REBECCA	400232305	SUBSCRIBER ONLY	24.51
WILSON, NAOMI	401154765	SUBSCRIBER ONLY	24.51
WORKMAN, JOSHUA	406136799	SUBSCRIBER, SPOUSE, CHILDREN	89.95
YORK, GREGORY	400152909	SUBSCRIBER ONLY	24.51
Current Month Billing			\$739.43



Your invoice

Customer name: BULLOCK PEN WATER DISTRICT
 Due date: Feb 01 2023

Total premium
\$30.56

BULLOCK PEN WATER DISTRICT

Billing Number: 0600710-001 5 **Coverage Period:** Feb 01 2023 - Feb 28 2023
Generation Date: Jan 16 2023

\$30.56

BENEFIT	# PEOPLE	COVERED AMOUNT	PREMIUM
Group Life Insurance - Employee	16	\$240,000.00	\$28.16
Group Accidental Death & Dismemberment Insurance - Employee	16	\$240,000.00	\$2.40

Covered Employees

	Covered amount	Premium	Total premium
CALDWELL, AARON (**-**-6057)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
CLIFTON, MELISSA (**-**-6052)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
COOK, DIANNE (**-**-3724)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
HARP, PAUL (**-**-3565)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
KINMAN, CASEY (**-**-9984)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
LITTLE, AMY (**-**-6718)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
MASON, AARON (**-**-0278)			
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	

MASON, JAMES (**-**-3760)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
PLUNKETT, HUNTER (**-**-9713)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
RUARK, AMY (**-**-4531)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
RYAN, ERNEST (**-**-4891)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
SETH, O'NAN (**-**-2715)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
THOMAS, REBECCA (**-**-2305)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
WILSON, NAOMI (**-**-4765)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
WORKMAN, JOSHUA (**-**-6799)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	
YORK, GREG (**-**-2909)	Covered amount	Premium	Total premium
Group Accidental Death & Dismemberment Insurance - Employee	\$15,000.00	\$0.15	\$1.91
Group Life Insurance - Employee	\$15,000.00	\$1.76	