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BATH CO WATER DISTRICT  
P O BOX 369  
SALT LICK KY 40371



# Invoice

For coverage in December 2022

## BATH CO WATER DISTRICT

### Billing ID

660540-001

### Invoice number - Invoice date

781541708 - November 14, 2022

### Billing Contact

1-800-232-2006

GB EAST REGION

### Payment due

December 1, 2022

001368 1/2

## Invoice Summary

Amount due from last invoice	\$104.10
Total payments received	-\$104.10
Amount past due	\$0.00
Premiums this period	\$104.10
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
Please pay total amount due	\$104.10

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](https://www.humana.com/employer/ebilling).

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### 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](http://Humana.com), click "Register Today."

Through [Humana.com](http://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		\$104.10
Oct 27	Payment received (thank you)	-\$104.10	\$0.00
	Amount past due		\$0.00

## Premiums by Product Type

Product type	QTY	Employee		Family		Total
		(EMP)	QTY	(FAM)		
Specialty	18	\$104.10	0	\$0.00	\$104.10	
<b>Total</b>	<b>18</b>	<b>\$104.10</b>	<b>0</b>	<b>\$0.00</b>	<b>\$104.10</b>	

## Premiums by Plan Type

Plan type	QTY	Employee		Family		Total
		(EMP)	QTY	(FAM)		
LBE	9	\$98.25	0	\$0.00	\$98.25	
ABE	9	\$5.85	0	\$0.00	\$5.85	
<b>Total</b>	<b>18</b>	<b>\$104.10</b>	<b>0</b>	<b>\$0.00</b>	<b>\$104.10</b>	

### Plan Type Legend

ABE BASIC EMPLOYEE AD&D  
 LBE BASIC EMPLOYEE LIFE

**Employee Detail:**  
**BATH CO WATER DISTRICT**  
**660540-001**

BATH CO WATER DISTRICT

Member Name	Member ID Number	Plan	Type	Premium			Total Premium
				Medical	Dental	Specialty	
		LBE-\$15,000	EMP			\$3.00	
		ABE-\$15,000	EMP			\$0.45	
<b>Employee Total</b>							<b>\$3.45</b>
		LBE-\$15,000	EMP			\$35.55	
		ABE-\$15,000	EMP			\$0.75	
<b>Employee Total</b>							<b>\$36.30</b>
		LBE-\$15,000	EMP			\$5.10	
		ABE-\$15,000	EMP			\$0.75	
<b>Employee Total</b>							<b>\$5.85</b>
		LBE-\$15,000	EMP			\$16.35	
		ABE-\$15,000	EMP			\$0.75	
<b>Employee Total</b>							<b>\$17.10</b>
		LBE-\$15,000	EMP			\$7.35	
		ABE-\$15,000	EMP			\$0.75	
<b>Employee Total</b>							<b>\$8.10</b>
		LBE-\$15,000	EMP			\$3.00	
		ABE-\$15,000	EMP			\$0.45	
<b>Employee Total</b>							<b>\$3.45</b>
		LBE-\$15,000	EMP			\$4.80	
		ABE-\$15,000	EMP			\$0.75	
<b>Employee Total</b>							<b>\$5.55</b>
		LBE-\$15,000	EMP			\$18.30	
		ABE-\$15,000	EMP			\$0.45	
<b>Employee Total</b>							<b>\$18.75</b>
		LBE-\$15,000	EMP			\$4.80	
		ABE-\$15,000	EMP			\$0.75	
<b>Employee Total</b>							<b>\$5.55</b>

- Cobra Coverage
- State Continuation Coverage
- 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](http://Humana.com).

