

A5 700C



#WBLG001MWOD#
007392
E DAVIESS CO WATER ASSOC
C/O AGNES H JOHNSON
9210 STATE ROUTE 144
PHILPOT KY 42366-9038

007392030101

Invoice Number : 000859430C

Billing Entity No.: SK1897M001

Prior Bill Amount	\$	8,454.36
Amount Paid		8,454.36 -
Prior Balance Due	\$	0.00
Eligibility Adjustment Subtotal		0.00
Manual Adjustment Subtotal		425.08 -
Membership Detail Subtotal		8,454.36
Total Amount Due	\$	8,029.28

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.

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.

PRODUCT SUMMARY



Billing Entity Name : E DAVIESS CO WATER ASSOC Invoice No. : 000859430C
 Billing Entity No. : SK1897M001 Page No. : 1
 Group Contact : AGNES H JOHNSON

Premium Specialist : MEWA BP BILL CC Desk No. : 3131 Telephone : (844) 348-6155

Billing Period: FROM 02-01-23 TO 03-01-23
 Date Billed: 02-04-23
 Payment Due Date: 02-01-23

007392030200

Group/Product Contract Type	Count	Current Charges	Retro	Total	Billing Rate
SK1897M001 KY BLUE ACCESS PPO		ACT			
Offered By :Anthem Blue Cross and Blue Shield					
S	4	2,284.96	0.00	2,284.96	571.24
2P	1	1,199.60	0.00	1,199.60	1,199.60
S+DEP	0	0.00	0.00	0.00	1,028.23
FAM	3	4,969.80	0.00	4,969.80	1,656.60
S+DEPS	0	0.00	0.00	0.00	1,028.23
Total	8	8,454.36	0.00	8,454.36	
Subtotal/All Products		8,454.36	0.00	8,454.36	

PRODUCT SUMMARY



Billing Entity Name : E DAVIESS CO WATER ASSOC Invoice No. : 000859430C

Billing Entity No. : SK1897M001 Page No. : 2

Group Contact : AGNES H JOHNSON

Premium Specialist : MEWA BP BILL CC Desk No. : 3131 Telephone : (844) 348-6155

Billing Period: FROM 02-01-23 TO 03-01-23

Date Billed: 02-04-23

Payment Due Date: 02-01-23

LEGEND

S = SUBSCRIBER ONLY, 2P = TWO PARTY CONTRACT
FAM = FAMILY CONTRACT, DEP = ONE DEPENDENT
DEPS = TWO OR MORE DEPENDENTS
S+DEP = SUBSCRIBER + 1 DEPENDENT (NO SPOUSE)
S+DEPS = SUBSCRIBER + 2 OR MORE DEPENDENTS (NO SPOUSE)

BILLING DETAIL



Billing Entity Name : E DAVIESS CO WATER ASSOC Invoice No. : 000859430C

Billing Entity No. : SK1897M001 Page No. : 3

Group Contact : AGNES H JOHNSON

Premium Specialist : MEWA BP BILL CC Desk No. : 3131 Telephone : (844) 348-6155

Billing Period: FROM 02-01-23 TO 03-01-23

Date Billed: 02-04-23

Payment Due Date: 02-01-23

007392030300

MANUAL ADJUSTMENT DETAIL

GRP/SUF	Reason	Description	From Date	To Date	Amount
SK1897M001	PREADJ	PREMIUM/PREM EQUIV ADJUSTMENT	02-01-23	03-01-23	425.08-
		NEW BORN CREDIT			

Manual Adjustment Subtotal 425.08-

Group Number identifies the Product and Carrier

BILLING DETAIL



Billing Entity Name : E DAVIESS CO WATER ASSOC	Invoice No. :	000859430C
Billing Entity No. : SK1897M001	Page No. :	4
Group Contact : AGNES H JOHNSON		
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Premium Specialist : MEWA BP BILL CC	Desk No. : 3131	Telephone : (844) 348-6155
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Billing Period:	FROM 02-01-23 TO 03-01-23	
Date Billed:	02-04-23	
Payment Due Date:	02-01-23	

MEMBERSHIP DETAIL

ID No.	Dept. No.	Emp. No.	Subscriber Name	COBRA End Date	Group No./ Suffix	Grp. Type	Prod. Type	Cont. Type	No. Cvd	Prem. Amt.	
787W06683			BELL JASON		SK1897M001	A	HYLX	FAM	3	1656.60	
836M56483			EDGE MARY		SK1897M001	A	HYLX	S	1	571.24	
267M56375			EMMICK KASEY		SK1897M001	A	HYLX	FAM	4	1656.60	
384W12707			GRAY ASHTYN M		SK1897M001	A	HYLX	S	1	571.24	
772M64674			JOHNSON AGNES		SK1897M001	A	HYLX	S	1	571.24	
647W09523			MAXEY ETHAN M		SK1897M001	A	HYLX	2P	2	1199.60	
823M66967			MILLS ADAM L		SK1897M001	A	HYLX	S	1	571.24	
742M56599			O BRYAN JASON L		SK1897M001	A	HYLX	FAM	4	1656.60	
Subtotal for the Group/Suffix					SK1897M001			8		8,454.36	
										8,454.36	
Total Subscribers		8								Membership detail Subtotal	8,454.36
										Total Amount Due	8,029.28

Group Number identifies the Product and Carrier