

Group Name: Harrison County Water Assn. Inc
 Association ID: 46 Kentucky Association of Counties and Libraries
 WGS Group Number: W31820

Group's Most Recent Renewal Date: July 1, 2023
 Contract Code: 71W9

String: HSAE01T5-2023 Calendar Year
 Product: Blue Access HSA 2023 with MHP



	In Network	Out of Network
Deductible	\$3000/\$6000	\$9000/\$18000
Out of Pocket	\$3500/\$7000	\$10500/\$21000
Office Visit	Ded/0%	30%
Inpatient Facility	Ded/0%	30%
Outpatient Facility	Ded/0%	30%
Urgent Care	Ded/0%	30%
ER	Ded/0%	Ded/0%
Lifetime max	Unlimited	
Rx Retail	Level 1: \$10/\$35/\$75/25% with \$350 max Level 2: \$20/\$45/\$85/25% with \$450 max Medical Ded Applies	
Rx Mail order	\$25 tier 1/\$105 tier 2/\$225 tier 3 Specialty Rx tier 3 or tier 4 25% with \$350 max Medical Ded Applies	

* For Lumenos Plan Strings, P = Plan year benefits; E = Calendar year benefits with an embedded deductible; A = Plan year benefits with an embedded deductible

Demo	Employee		Employee/Sps		Employee/Dep		Employee/Fam	
	Male	Female	Male	Female	Male	Female	Male	Female
<=24	\$268.27	\$628.03	\$883.01	\$883.01	\$731.75	\$1,091.51	\$1,444.80	\$1,444.80
25-29	\$282.15	\$718.87	\$987.73	\$987.73	\$745.63	\$1,182.35	\$1,549.52	\$1,549.52
30-34	\$324.84	\$703.27	\$1,014.82	\$1,014.82	\$788.32	\$1,166.75	\$1,576.61	\$1,576.61
35-39	\$404.54	\$690.45	\$1,081.70	\$1,081.70	\$868.02	\$1,153.93	\$1,643.49	\$1,643.49
40-44	\$502.63	\$722.22	\$1,211.56	\$1,211.56	\$988.34	\$1,207.93	\$1,800.32	\$1,800.32
45-49	\$654.22	\$819.19	\$1,460.13	\$1,460.13	\$1,139.94	\$1,304.91	\$2,048.89	\$2,048.89
50-54	\$864.62	\$864.62	\$1,715.94	\$1,715.94	\$1,350.33	\$1,350.33	\$2,304.71	\$2,304.71
55-59	\$880.22	\$880.22	\$1,747.15	\$1,747.15	\$1,365.94	\$1,365.94	\$2,335.92	\$2,335.92
60-64	\$880.22	\$880.22	\$1,747.15	\$1,747.15	\$1,365.94	\$1,365.94	\$2,335.92	\$2,335.92
65+	\$880.22	\$880.22	\$1,747.15	\$1,747.15	\$1,365.94	\$1,365.94	\$2,335.92	\$2,335.92

Projected Total Monthly Premium \$16,011.27

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$628.22	Composite Rated
Employee/Spouse	\$1,304.64	Yes
Employee/Child	\$1,120.16	
Family	\$1,981.07	

PROPOSAL ASSUMPTIONS

The Projected Total Monthly Premium shown here is based on the group census information provided at the time of the group's most recent review date. The actual billing may vary as it will be based on the current group census at the time of billing. All rates are contingent upon the following:

Coverage replaces all other. No other group health plans are offered to the employees.

Employer's contribution meets Anthem's standard guidelines of at least 50% of the cost of single coverage.

Seventy-five percent of all eligible employees must maintain health insurance coverage with the group.

Current COBRA or State Continuation demographic information was included with the census data.

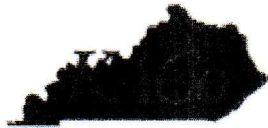
The Affordable Care Act (ACA or health care reform law) requires health insurers and plan administrators with fully insured plans to provide consumers with an easy-to-understand Summary of Benefits and Coverage (SBC).

Employers must send this SBC electronically or in a paper format to their employees as part of their open enrollment process beginning on or after 9/23/2012. New hires and special enrollees are also entitled to an SBC after the renewal date. In order to access the SBC for your benefit plan(s) please go to www.find-sbc.com.

In addition, any changes made outside of the renewal month will be subject to the 60-Day Material Modification rule. For answers to many questions regarding SBC and 60-Day Material Modification please access our Employer Health Care Reform Portal at www.anthem.com under Library > HCR Provisions > Summary of Benefits and coverage.

X

Location Premium Detail for Harrison County Water Assn Inc - 167 1E-2 of 6
1E-2 of 6



Location	Prepared	Billing Period
Cindy Traylor Harrison County Water Assn Inc - 167 P.O. Box 215 Cynthiana, KY 41031	05/16/2023	June 2023 Final Invoice

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

BECKETT, GAYLE R

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	FAM		\$0.00	\$0.00	\$0.00	\$1,836.63
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,842.63

BRINKMEYER, TRACY

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	ESP		\$0.00	\$0.00	\$0.00	\$1,209.75
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,215.75

DENNISTON, JASON L

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	FAM		\$0.00	\$0.00	\$0.00	\$1,836.63
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,842.63

FIELDS, NATHAN K

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	EMP		\$0.00	\$0.00	\$0.00	\$582.87
Employee Totals			\$0.00	\$0.00	\$6.00	\$588.87

FOWLER, CHARLES M

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	EMP		\$0.00	\$0.00	\$0.00	\$582.87
Employee Totals			\$0.00	\$0.00	\$6.00	\$588.87

MOORE, AUSTIN A

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	FAM		\$0.00	\$0.00	\$0.00	\$1,836.63
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,842.63

MOORE, MATTHEW D

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	FAM		\$0.00	\$0.00	\$0.00	\$1,836.63
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,842.63

NOBLE, DANIEL R

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	ESP		\$0.00	\$0.00	\$0.00	\$1,209.75
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,215.75

RUSSELL, HEATHER E

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	FAM		\$0.00	\$0.00	\$0.00	\$1,836.63
Employee Totals			\$0.00	\$0.00	\$6.00	\$1,842.63

June 2023 Final Invoice

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05/17/2023

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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TOLLE, KENNETH J

FEBCO Admin Fee	EMP		\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	ECH		\$0.00	\$0.00	\$0.00	\$1,038.78

1 E-3 of 6	Employee Totals	\$0.00	\$0.00	\$6.00	\$1,044.78
TRAYLOR, CINDY L					
FEBCO Admin Fee	EMP	\$0.00	\$0.00	\$6.00	\$6.00
W31820M001 HSA E2 RXT5	ECH	\$0.00	\$0.00	\$0.00	\$1,038.78
	Employee Totals	\$0.00	\$0.00	\$6.00	\$1,044.78
	Active Current Total	\$0.00	\$0.00	\$66.00	\$14,911.95
	Location Current Totals	\$0.00	\$0.00	\$66.00	\$14,911.95

ADJUSTMENTS					
ADJUSTED TOTALS					

	Location Adjusted Totals	\$0.00	\$0.00	\$66.00	\$14,911.95
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Remit Payment to:		Previous Total Due	\$14,941.95
KACo Benefits Group PO Box 950159 Louisville, KY 40295-0159		Total Payment Received	\$14,941.95
		Unpaid Balance	\$0.00
		Current Total Premium	\$14,911.95
		FEBCO Document Fee	\$30.00
		Adjustment Total	\$0.00
Payment Due Date	06/01/2023	Misc Fees	\$0.00
		Location Adjustment	\$0.00
		Current Total Due	\$14,941.95

INVOICE**Kentucky Association of Counties Workers Compensation Fund**

400 Englewood Drive
 Frankfort, KY 40601
 Tel: 1-502-223-7667
 Fax: 1-502-234-5055

Invoice Number: W230499
 Invoice Date: 06/01/2023

Member Name and Address:**Member ID:** 1137

Harrison County Water
 PO Box 215
 Cynthiana, KY 41031

Item	Amount
Workers Compensation Insurance Premium - Policy WC2023-1137	\$11,088.00
Special Fund Tax	\$770.00
Total Due	\$11,858.00

* You may elect to use one of the following payment options:

- (1) Full payment by 8/1/2023. 1% discount applied = \$11,739.42
 or
 (2) 50% payment by 8/1/2023 and 3 subsequent equal monthly pmts. on balance.
 50% = \$5,929.01 Plus 3 monthly payments of \$1,976.33

Please Note: Effective January 1, 2024 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2023

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
 (800) 264-5226

For claims service please call:

(866) 367-5226

KACo WORKERS COMPENSATION FUND

400 Englewood Drive
 Frankfort, KY 40601
 1-800-264-5226

CERTIFICATE OF WORKERS COMPENSATION COVERAGE

KACO W/C-4

ITEM 1 -	Name and Address of Insured:	
	Harrison County Water	
	PO Box 215	
	Cynthiana, KY 41031	
ITEM 2 -	Certificate Number:	WC2023-1137
ITEM 3 -	Effective Date:	Saturday, July 01, 2023
	Expiration Date:	Monday, July 01, 2024
	12:01 A.M., standard time at the address of the Insured as stated herein.	
	Cancellation Notice: 60 Days - Pursuant to KRS 304.50	
ITEM 4 -	Coverage under this Certificate applies to the Kentucky Workers Compensation Law. (KRS 342)	
ITEM 5 -	Company's Limit of Indemnity Each Occurrence:	
	(a) For Workers Compensation:	Statutory
	(b) For Employers Liability:	\$2,500,000
ITEM 6 -	Workers Compensation Premium:	\$11,088.00
ITEM 7 -	Special Fund Tax:	\$770.00
ITEM 8 -	TOTAL PREMIUM:*	\$11,858.00
ITEM 9 -	Payment Options:	
	(1) Full payment by 8/1/2023. 1% discount applied = \$11,739.42	
	(2) 50% payment by 8/1/2023 and 3 subsequent equal monthly payments on balance.	
	50% = \$5,929.01 Plus 3 monthly payments of \$1,976.33	

Please Note: Effective January 1, 2024 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2023.

* An invoice accompanies this declaration for the total amount due.

This Certificate of Coverage shall not be binding of the KACo Workers Compensation Fund unless countersigned by a duly authorized representative of the Fund.

THIS COVERAGE HAS BEEN PLACED WITH A WORKERS COMPENSATION SELF-INSURED GROUP WHICH HAS RECEIVED A CERTIFICATE OF FILING FROM THE COMMONWEALTH OF KENTUCKY. CLAIMS AGAINST GROUP MEMBERS ARE NOT COVERED BY THE KENTUCKY INSURANCE GUARANTY ASSOCIATION.

Dated at Frankfort, Kentucky this 1st day of June, 2023


 Kris Dunn, Associate Director of Insurance

KACo
 Making Workers Comp Work in Kentucky

INVOICE**Kentucky Association of Counties Workers Compensation Fund**

400 Englewood Drive
 Frankfort, KY 40601
 Tel: 1-502-223-7667
 Fax: 1-502-234-5055

Invoice Number: W220362
 Invoice Date: 05/26/2022

Member Name and Address:**Member ID:** 1137

Harrison County Water
 PO Box 215
 Cynthiana, KY 41031

Item	Amount
Workers Compensation Insurance Premium - Policy WC2022-1137	\$11,516.00
Special Fund Tax	\$799.00
Total Due	\$12,315.00

* You may elect to use one of the following payment options

(1) Full payment by 8/1/2022. 1% discount applied = \$12,191.85
 or

(2) 50% payment by 8/1/2022 and 3 subsequent equal monthly pmts. on balance
 50% = \$6,157.50 Plus 3 monthly payments of \$2,012.50

Please Note: Effective January 1, 2023 any outstanding balance due on this premium will accrue a compounding monthly interest charge of 0.5%. To make certain no interest is charged, be sure to make full payment postmarked no later than December 31, 2022

Please return a copy of this invoice with your payment

Servicing Agency:

Kentucky Association of Counties Workers Compensation Fund
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