

# Location Premium Detail for Western Mason County Water District - 182



Location	Prepared	Billing Period
David French Western Mason County Water District - 182 PO Box 49 Dover, KY 41034	07/19/2023	August 2023 Final Invoice

## CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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### Active - Female

#### MORAN, LINDA

00256524 Anthem ADD	Life Rate	\$25,000.00	\$0.00	\$0.00	\$1.00
00256524 Anthem Life	60 - 64	\$25,000.00	\$0.00	\$25.25	\$25.25
W31995M001 PPO 5 RXT1 - Age 55 and Over	FAM	\$0.00	\$0.00	\$0.00	\$2,682.35
<b>Employee Totals</b>		<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$25.25</b>	<b>\$2,708.60</b>

**Active - Female Current Total      \$50,000.00      \$0.00      \$25.25      \$2,708.60**

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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### Active - Male

#### FRENCH, DAVID

00256524 Anthem ADD	Life Rate	\$25,000.00	\$0.00	\$0.00	\$1.00
00256524 Anthem Life	55 - 59	\$25,000.00	\$0.00	\$29.75	\$29.75
W31995M001 PPO 5 RXT1 - Age 50-54	EMP	\$0.00	\$0.00	\$0.00	\$991.60
<b>Employee Totals</b>		<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$29.75</b>	<b>\$1,022.35</b>

#### SCOTT, CHRISTOPHER

00256524 Anthem ADD	Life Rate	\$25,000.00	\$0.00	\$0.00	\$1.00
00256524 Anthem Life	45 - 49	\$25,000.00	\$0.00	\$11.75	\$11.75
W31995M001 PPO 5 RXT1 - Age 45-49	FAM	\$0.00	\$0.00	\$0.00	\$2,352.51
<b>Employee Totals</b>		<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$11.75</b>	<b>\$2,365.26</b>

**Active - Male Current Total      \$100,000.00      \$0.00      \$41.50      \$3,387.61**

**Location Current Totals      \$150,000.00      \$0.00      \$66.75      \$6,096.21**

## ADJUSTMENTS

### ADJUSTED TOTALS

**Location Adjusted Totals      \$150,000.00      \$0.00      \$66.75      \$6,096.21**

Remit Payment to:	Previous Total Due	\$5,190.16
KACo Benefits Group PO Box 950159 Louisville, KY 40295-0159	Total Payment Received	\$5,190.16
	Unpaid Balance	\$0.00
	Current Total Premium	\$6,096.21
	Billing Fees	\$0.00
	Adjustment Total	\$0.00
<b>Payment Due Date</b> 08/01/2023	Misc Fees	\$0.00
	Location Adjustment	\$0.00
	<b>Current Total Due</b>	<b>\$6,096.21</b>

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07/19/2023

ANTHEM BLUE CROSS AND BLUE SHIELD  
PO BOX 659801  
SAN ANTONIO, TX 78265-9101



028054 1 AB 0.504 000537/028054/001094 113 02 VG2MXS  
WPT132 SMGRP 07/01/2023 07/07/2023  
WESTERN MASON CO WATER DI  
P O BOX 49  
DOVER, KY 41034-0049

Your Premium Statement Is Enclosed

**We are suspending the move to electronic billing in Kentucky.**

**Although you will continue to receive your paper invoice, we encourage you to take advantage of our online payment options within EmployerAccess for paying your premiums.**

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. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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**Billing Summary**

Invoice No.: 0202307302697	Group Name: WESTERN MASON CO WATER DI
	Group Number: D00938
Billing Period: 08/01/2023 to 09/01/2023	
Date Billed: 07/01/2023	
Due Date: 08/01/2023	

**Billing Summary**

	Net Amount Due	Amount Paid	Balance
Prior Billing	\$0.00	\$0.00	\$0.00
<b>SubTotal</b>			<b>\$0.00</b>
Current Billing			
ANTHEM	\$250.06	\$0.00	\$250.06
<b>SubTotal</b>			<b>\$250.06</b>
<b>Total Amount Due</b>			<b>\$250.06</b>

**Membership Detail**

ID#	Subscriber	Product	Volume	Contract Type	No Cov	Rate* Chg	Subscriber Amount	Dep Amount	Premium Amount
191M54386	FRENCH, DAVID A	CC KY-C12		EE/SP	02		\$57.72	\$0.00	\$57.72
099M56527	MORAN, LINDA D	CC KY-C12		EE/CH/	03		\$96.17	\$0.00	\$96.17
552M54394	SCOTT, CHRISTOPHER D	CC KY-C12		EE/CH/	05		\$96.17	\$0.00	\$96.17
<b>Membership Detail Subtotal</b>							<b>\$250.06</b>	<b>\$0.00</b>	<b>\$250.06</b>

\*Rate Change Legend:  
 B=New Age Rate C=New Area Category D=New Age Rate & Area Category  
 E=Next Bill Reflects New Age Rate F=New Area Category & Next Bill Reflects New Age Rate  
 T=Tobacco Use Premium Adjustment

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Invoice No.: 0202307302697

Group Name: WESTERN MASON CO WATER DI

Group Number: D00938

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Billing Period: 08/01/2023 to 09/01/2023

Date Billed: 07/01/2023

Due Date: 08/01/2023

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### **PAYMENT POLICY**

Remember to PAY AS BILLED - pay the total amount shown as due on the bill.

+ Do not add or delete members by writing on your bill - your payment goes to an automatic deposit box that cannot read your changes.

+ Submit membership changes to Anthem as they occur. We will adjust your premiums, when applicable, on a future bill.

### **IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM**

Please be advised that if Anthem does not receive the group premium payment within the 30 day grace period following the premium payment due date, the group health coverage will be terminated effective on the last date through which full premiums were paid. This notice serves as the 30-day notice of termination required by law.

For billing questions, please call (855) 886-6157