

Invoice No: 221913587312
 Invoice Date: 11/15/2022
 Bill Group: 1
 Coverage Period: 12/01/2022 - 12/31/2022
 Due Date: 12/01/2022

Details

| Current Detail - 12/01-12/31/2022 | | | | | | | | | | Adjustment Detail | | | Totals |
|-----------------------------------|----------------------|----------------------|-----------|----------|--------|-------------|---------------|--------|------|-------------------|---------|--|--------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Total | | |
| 0773287 | BEST, WILLIAM T | ADD by Flat Amount | *****6305 | E | A | 25 | \$1.00 | | | | \$20.87 | | |
| 0773287 | BEST, WILLIAM T | Life by Flat Amount | *****6305 | E | A | 25 | \$13.25 | | | | | | |
| 0773287 | BEST, WILLIAM T | Vision 100% ER PAID! | *****6305 | E | A | | \$6.42 | | | | | | |
| 0773287 | CAMPBELL, PAUL E | ADD by Flat Amount | *****3268 | E | A | 50 | \$2.00 | | | | \$28.50 | | |
| 0773287 | CAMPBELL, PAUL E | Life by Flat Amount | *****3268 | E | A | 50 | \$28.50 | | | | | | |
| 0773287 | HAZELWOOD, CHARLES H | ADD by Flat Amount | *****3446 | E | A | 50 | \$2.00 | | | | \$41.98 | | |
| 0773287 | HAZELWOOD, CHARLES H | Life by Flat Amount | *****3446 | E | A | 50 | \$28.50 | | | | | | |
| 0773287 | HAZELWOOD, CHARLES H | Vision 100% ER PAID! | *****3446 | ES | A | | \$13.48 | | | | | | |
| 0773287 | HAZELWOOD, LORID | ADD by Flat Amount | *****0400 | E | A | 50 | \$2.00 | | | | \$34.92 | | |
| 0773287 | HAZELWOOD, LORID | Life by Flat Amount | *****0400 | E | A | 50 | \$28.50 | | | | | | |
| 0773287 | HAZELWOOD, LORID | Vision 100% ER PAID! | *****0400 | E | A | | \$6.42 | | | | | | |
| 0773287 | HOLLIDAY, TAMMY D | ADD by Flat Amount | *****7733 | E | A | 50 | \$2.00 | | | | \$41.98 | | |
| 0773287 | HOLLIDAY, TAMMY D | Life by Flat Amount | *****7733 | E | A | 50 | \$26.50 | | | | | | |
| 0773287 | HOLLIDAY, TAMMY D | Vision 100% ER PAID! | *****7733 | ES | A | | \$13.48 | | | | | | |
| 0773287 | KELLY, JACKSON R | ADD by Flat Amount | *****1477 | E | A | 50 | \$2.00 | | | | \$34.92 | | |
| 0773287 | KELLY, JACKSON R | Life by Flat Amount | *****1477 | E | A | 50 | \$26.50 | | | | | | |
| 0773287 | KELLY, JACKSON R | Vision 100% ER PAID! | *****1477 | E | A | | \$6.42 | | | | | | |
| 0773287 | LEE, MISCHELL H | ADD by Flat Amount | *****1792 | E | A | 50 | \$2.00 | | | | \$34.92 | | |
| 0773287 | LEE, MISCHELL H | Life by Flat Amount | *****1792 | E | A | 50 | \$26.50 | | | | | | |
| 0773287 | LEE, MISCHELL H | Vision 100% ER PAID! | *****1792 | E | A | | \$6.42 | | | | | | |
| 0773287 | LOGUE, MICHAEL A | ADD by Flat Amount | *****7393 | E | A | 50 | \$2.00 | | | | \$51.96 | | |

Commissioner
Commissioner

| Coverage Type | Status | Code |
|----------------------------|--------------|-----------------------------|
| E Employee Only | A Active | ADD Retroactive Addition |
| ES Employee and Spouse | C Cobra | TRM Retroactive Termination |
| ESC Employee and Family | R Retiree | CHG Retroactive Change |
| EC Employee and Child(ren) | T Terminated | |



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|-----------------------------------|----------------------|--|-----------|----------|--------|-------------|--------------------|--------|------|-------------------|----------|--|--------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Total | | |
| 0773287 | LOGUE, MICHAEL A | Life by Flat Amount Vision 100% ER PAID | *****7393 | E ESC | A A | 50 | \$26.50 \$23.96 | | | | | | |
| 0773287 | SANFORD, JASON B | ADD by Flat Amount | *****3012 | E | A | 50 | \$2.00 | | | | \$24.92 | | |
| 0773287 | SANFORD, JASON B | Life by Flat Amount | *****3012 | E | A | 50 | \$26.50 | | | | | | |
| 0773287 | SANFORD, JASON B | Vision 100% ER PAID | *****3012 | E | A | | \$6.42 | | | | | | |
| 0773287 | SHEPPERSON, GERALD B | ADD by Flat Amount | *****5947 | E | A | 25 | \$1.00 | | | | \$20.67 | | |
| 0773287 | SHEPPERSON, GERALD B | Life by Flat Amount | *****5947 | E | A | 25 | \$13.25 | | | | | | |
| 0773287 | SHEPPERSON, GERALD B | Vision 100% ER PAID | *****5947 | E | A | | \$6.42 | | | | | | |
| 0773287 | SHORT, ROY | ADD by Flat Amount | *****2396 | E | A | 25 | \$1.00 | | | | \$20.67 | | |
| 0773287 | SHORT, ROY | Life by Flat Amount | *****2396 | E | A | 25 | \$13.25 | | | | | | |
| 0773287 | SHORT, ROY | Vision 100% ER PAID | *****2396 | E | A | | \$6.42 | | | | | | |
| 0773287 | TURNER, JEFFREY C | ADD by Flat Amount | *****1488 | E | A | 50 | \$2.00 | | | | \$34.92 | | |
| 0773287 | TURNER, JEFFREY C | Life by Flat Amount | *****1488 | E | A | 50 | \$26.50 | | | | | | |
| 0773287 | TURNER, JEFFREY C | Vision 100% ER PAID | *****1488 | E | A | | \$6.42 | | | | | | |
| Total | | | | | | | \$400.93 | | | \$0.00 | \$400.93 | | |

Commissioner
Commissioner



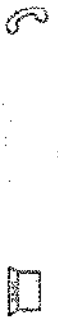
Invoice No: 221912454914
Invoice Date: 01/24/2024
Bill Group: 1
Coverage Period: 02/01/2024 - 02/29/2024
Due Date: 02/01/2024

Details

Current Detail - 2/01-2/29/2024

| Current Detail - 2/01-2/29/2024 | | | | | | | | | | Adjustment Detail | | | Totals |
|---------------------------------|----------------------|---------------------|------|----------|--------|-------------|---------------|------------------|------|-------------------|---------|----------|--------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Amount | Total | |
| 0773287 | BEST, WILLIAM T | ADD by Flat Amount | 6305 | E | A | 25 | \$1.00 | 12/01-12/31/2023 | CHG | \$1.00 | \$1.00 | \$88.01 | |
| 0773287 | BEST, WILLIAM T | Life by Flat Amount | 6305 | E | A | 25 | \$15.25 | 12/01-12/31/2023 | CHG | \$15.25 | \$15.25 | \$15.25 | |
| 0773287 | BEST, WILLIAM T | Vision 100% ER PAID | 6305 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$6.42 | \$6.42 | \$6.42 | |
| 0773287 | CAMPBELL, PAUL E | ADD by Flat Amount | 3266 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$97.50 | |
| 0773287 | CAMPBELL, PAUL E | Life by Flat Amount | 3266 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | \$32.50 | |
| 0773287 | HAZELWOOD, CHARLES H | ADD by Flat Amount | 3446 | E | A | 32.5 | \$1.30 | 12/01-12/31/2023 | CHG | \$1.30 | \$1.30 | \$103.58 | |
| 0773287 | HAZELWOOD, CHARLES H | Life by Flat Amount | 3446 | E | A | 32.5 | \$19.83 | 12/01-12/31/2023 | CHG | \$19.83 | \$19.83 | \$19.83 | |
| 0773287 | HAZELWOOD, CHARLES H | Vision 100% ER PAID | 3446 | E | A | | \$13.48 | 12/01-12/31/2023 | CHG | \$13.48 | \$13.48 | \$13.48 | |
| 0773287 | HAZELWOOD, LORI D | ADD by Flat Amount | 0400 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$116.76 | |
| 0773287 | HAZELWOOD, LORI D | Life by Flat Amount | 0400 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | \$30.50 | |
| 0773287 | HAZELWOOD, LORI D | Vision 100% ER PAID | 0400 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$6.42 | \$6.42 | \$6.42 | |

| Coverage Type | Status | Code |
|----------------------------|--------------|-----------------------------|
| E Employee Only | A Active | ADD Retroactive Addition |
| ES Employee and Spouse | C Cobra | TRM Retroactive Termination |
| ESC Employee and Family | R Retiree | CHG Retroactive Change |
| EC Employee and Child(ren) | T Terminated | |



Invoice No: 221912454914
 Invoice Date: 01/24/2024
 Bill Group: 1
 Coverage Period: 02/01/2024 - 02/29/2024
 Due Date: 02/01/2024

Details

| Current Detail - 2/01-2/29/2024 | | | | | | | | | | Adjustment Detail | | | Totals |
|---------------------------------|---------------------|----------------------|-----------|----------|--------|-------------|---------------|------------------|------|-------------------|-----------------|-------------------|--------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Total | | |
| 0773287 | SHEPERSON, GERALD B | ADD by Flat Amount | *****5947 | E | A | 25 | \$1.00 | 12/01-12/31/2023 | CHG | \$1.00 | \$69.01 | | |
| 0773287 | SHEPERSON, GERALD B | Life by Flat Amount | *****5947 | E | A | 25 | \$15.25 | 1/01-1/31/2024 | CHG | \$1.00 | | | |
| 0773287 | SHEPERSON, GERALD B | Vision 100% ER PAID/ | *****5947 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$15.25 | | | |
| 0773287 | TURNER, JEFFREY C | ADD by Flat Amount | *****1498 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$15.75 | | |
| 0773287 | TURNER, JEFFREY C | Life by Flat Amount | *****1498 | E | A | 50 | \$30.50 | 1/01-1/31/2024 | CHG | \$2.00 | | | |
| 0773287 | TURNER, JEFFREY C | Vision 100% ER PAID/ | *****1498 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$30.50 | | | |
| 0773287 | VANDERHORST, KIE E | ADD by Flat Amount | *****2587 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$15.75 | | |
| 0773287 | VANDERHORST, KIE E | Life by Flat Amount | *****2587 | E | A | 50 | \$30.50 | 1/01-1/31/2024 | CHG | \$2.00 | | | |
| 0773287 | VANDERHORST, KIE E | Vision 100% ER PAID/ | *****2587 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$30.50 | | | |
| Total | | | | | | | | | | \$447.81 | \$895.62 | \$1,343.43 | |

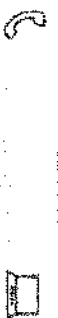
22.67



Invoice No: 221912454914
 Invoice Date: 01/24/2024
 Bill Group: 1
 Coverage Period: 02/01/2024 - 02/29/2024
 Due Date: 02/01/2024

Details

| Current Detail - 2/01-2/29/2024 | | | | | | | | | | Adjustment Detail | | | Totals |
|---------------------------------|-------------------|---------------------|-----------|----------|--------|-------------|---------------|------------------|------|-------------------|---------|----------|--------|
| Policy No. | Name | Plan | ID | Coverage | Status | Vol (000's) | Charge Amount | Period | Code | Amount | Amount | Total | |
| 0773287 | HOLLIDAY, TAMMY D | ADD by Flat Amount | *****7733 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$137.94 | |
| 0773287 | HOLLIDAY, TAMMY D | Life by Flat Amount | *****7733 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | | |
| 0773287 | HOLLIDAY, TAMMY D | Vision 100% ER PAID | *****7733 | ES | A | | \$13.48 | 12/01-12/31/2023 | CHG | \$13.48 | \$13.48 | | |
| 0773287 | KELLY, JACKSON R | ADD by Flat Amount | *****1477 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$115.76 | |
| 0773287 | KELLY, JACKSON R | Life by Flat Amount | *****1477 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | | |
| 0773287 | KELLY, JACKSON R | Vision 100% ER PAID | *****1477 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$6.42 | \$6.42 | | |
| 0773287 | LEE, MISCHELL H | ADD by Flat Amount | *****1792 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$115.76 | |
| 0773287 | LEE, MISCHELL H | Life by Flat Amount | *****1792 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | | |
| 0773287 | LEE, MISCHELL H | Vision 100% ER PAID | *****1792 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$6.42 | \$6.42 | | |
| 0773287 | LOGUE, MICHAEL A | ADD by Flat Amount | *****7393 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$167.58 | |
| 0773287 | LOGUE, MICHAEL A | Life by Flat Amount | *****7393 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | | |
| 0773287 | LOGUE, MICHAEL A | Vision 100% ER PAID | *****7393 | ESC | A | | \$23.36 | 12/01-12/31/2023 | CHG | \$23.36 | \$23.36 | | |
| 0773287 | SANFORD, JASON B | ADD by Flat Amount | *****3012 | E | A | 50 | \$2.00 | 12/01-12/31/2023 | CHG | \$2.00 | \$2.00 | \$116.75 | |
| 0773287 | SANFORD, JASON B | Life by Flat Amount | *****3012 | E | A | 50 | \$30.50 | 12/01-12/31/2023 | CHG | \$30.50 | \$30.50 | | |
| 0773287 | SANFORD, JASON B | Vision 100% ER PAID | *****3012 | E | A | | \$6.42 | 12/01-12/31/2023 | CHG | \$6.42 | \$6.42 | | |





SUBSCRIBER LISTING

NORTH MERCER
 ATTN: BILLING DEPARTMENT
 PO BOX 79
 SALVISA KY 40372-0079

Client No.: M00043
 Subclient No.: 0030
 Contract ID: 1980938
 Product: DELTA DENTAL PREMIER
 Eligibility:
 Closing Date: 12/18/2022
 Billing Date: 12/19/2022

Billing Period: 01/01/2023 - 01/31/2023

| Name of Subscriber | Subscriber ID | Coverage Type | Total Due |
|-----------------------|---------------|------------------------------|-----------|
| BEST, WILLIAM | 404566364 | SUBSCRIBER ONLY | 20.90 |
| DENNIS, ANDREW | 407747449 | SUBSCRIBER, SPOUSE, CHILDREN | 62.92 |
| HAZELWOOD, CHARLES | 403866872 | SUBSCRIBER ONLY | 20.90 |
| HOLLIDAY, TAMMY | 400191646 | SUBSCRIBER AND SPOUSE | 40.24 |
| HUTCHINS, LORI | 405849637 | SUBSCRIBER AND SPOUSE | 40.24 |
| KELLY, JACKSON | 402533936 | SUBSCRIBER ONLY | 20.90 |
| LEE, MISCHELL | 400864059 | SUBSCRIBER AND 1 CHILD | 40.24 |
| LOGUE, MICHAEL | 401152814 | SUBSCRIBER, SPOUSE, CHILDREN | 62.92 |
| PRESTON, MICHAEL | 402496794 | SUBSCRIBER ONLY | 20.90 |
| SANFORD, JASON | 406331241 | SUBSCRIBER ONLY | 20.90 |
| SHORT, ROY | 403603507 | SUBSCRIBER AND SPOUSE | 40.24 |
| TURNER, JEFFREY | 407275574 | SUBSCRIBER ONLY | 20.90 |
| Current Month Billing | | | \$412.20 |



SUBSCRIBER LISTING

NORTH MERCER
 ATTN: BILLING DEPARTMENT
 PO BOX 79
 SALVISA KY 40372-0079

Client No.: M00043
 Subclient No.: 0030
 Contract ID: 2042668
 Product: DELTA DENTAL PREMIER
 Eligibility:
 Closing Date: 12/17/2023
 Billing Date: 12/18/2023

Billing Period: 01/01/2024 - 01/31/2024

| Name of Subscriber | Subscriber ID | Coverage Type | Total Due |
|-----------------------------|---------------|------------------------------|-----------|
| BEST, WILLIAM <i>C</i> | 404566364 | SUBSCRIBER ONLY | 20.90 |
| DENNIS, ANDREW <i>C</i> | 407747449 | SUBSCRIBER, SPOUSE, CHILDREN | 62.92 |
| HAZELWOOD, CHARLES | 403866872 | SUBSCRIBER ONLY | 20.90 |
| HOLLIDAY, TAMMY | 400191646 | SUBSCRIBER AND SPOUSE | 40.24 |
| HUTCHINS, LORI | 405849637 | SUBSCRIBER AND SPOUSE | 40.24 |
| KELLY, JACKSON | 402533936 | SUBSCRIBER ONLY | 20.90 |
| LEE, MISCHELL | 400864059 | SUBSCRIBER AND 1 CHILD | 40.24 |
| LOGUE, MICHAEL | 401152814 | SUBSCRIBER, SPOUSE, CHILDREN | 62.92 |
| PRESTON, MICHAEL | 402496794 | SUBSCRIBER ONLY | 20.90 |
| SANFORD, JASON | 406331241 | SUBSCRIBER ONLY | 20.90 |
| SHORT, ROY <i>C</i> | 403603507 | SUBSCRIBER AND SPOUSE | 40.24 |
| TURNER, JEFFREY | 407275574 | SUBSCRIBER ONLY | 20.90 |
| VANDERHORST, KIE | 406131323 | SUBSCRIBER ONLY | 20.90 |
| <i>PAYS for his Yearly.</i> | | | |
| Current Month Billing | | | \$433.10 |