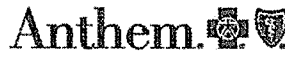


Group ID: 00232142

SubGroup ID: 0000

Invoice Number: 146676812



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

Billing for: North Mercer Water  
108 Main St  
District  
Salvisa, KY 40372-9766

Due Date: 03/01/2024  
Billing Date: 02/15/2024  
Coverage Period From: 03/01/2024  
Through: 03/31/2024

Group ID: 00232142  
SubGroup ID: 0000

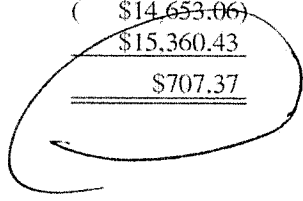
Invoice Number: 146676812

Account Summary

	Previous Total Due	\$25,276.40
01/24/2024	Payment	( \$14,653.06)
02/13/2024	Payment	( \$25,276.40)

Outstanding Balance as of 02/15/2024	( \$14,653.06)
Current Invoice	<u>\$15,360.43</u>
<b>Total Due</b>	<u><u>\$707.37</u></u>

Please Pay This Amount



*Handwritten signature*  
2-28-24  
ck#  
18747

For billing questions, please call 1-888-290-9159.

PLEASE NOTE: If your premium has changed, it could be due to an age change in one or more employee and/or spouse .

- + 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.

IMPORTANT NOTICE: If this bill reflects an outstanding premium balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right to automatically terminate your group's coverage for failure to timely pay premiums.

IMPORTANT NOTICE: Remember to audit your bill monthly to verify the information is correct. Anthem will not accept any requests for retroactive additions, changes or terms beyond 60 days.

20240215 000328 Env [12,160] 2 of 3 B 4

Current Subscriber Details

SubGroup ID: 0000

SubGroup Name: North Mercer Water

Subscriber	Subscriber ID	Plan	Volume	Subscriber	Dependent	Total
Darland, Brittany	709W19305	Health 1		\$819.67	\$642.27	\$1,461.94
Hazelwood, Charles H	396M56403	Health 1		\$1,007.43	\$1,007.43	\$2,014.86
Holliday, Tammy D	434M56201	Health 1		\$1,007.43	\$0.00	\$1,007.43
Hutchins, Lori D	324M56514	Health 1		\$1,007.43	\$0.00	\$1,007.43
Kelly, Jackson	672M91342	Health 1		\$312.07	\$0.00	\$312.07
Lee, Mischell H	834M61105	Health 1		\$1,007.43	\$330.20	\$1,337.63
Logue, Michael A	627M70766	Health 1		\$568.46	\$1,483.95	\$2,052.41
Preston, Michael	113W11543	Health 1		\$312.07	\$0.00	\$312.07
Sanford, Jason	926M64316	Health 1		\$568.46	\$1,777.25	\$2,345.71
Turner, Jeffrey C	629M70766	Health 1		\$454.51	\$786.65	\$1,241.16
Vanderhorst, Kie	140M56529	Health 1		\$1,007.43	\$0.00	\$1,007.43
<b>Subtotal for 0000</b>				<b>\$8,072.39</b>	<b>\$6,027.75</b>	<b>\$14,100.14</b>

*Add  
 Jake & Rachel*

OHBGG01 COMB 20240216601 JBBD  
 20240215 000328 Erv [12,160] 3 of 3 B 4



# 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: 02/14/2024  
 Billing Date: 02/15/2024

Billing Period: 03/01/2024 - 03/31/2024

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
VANDERHORST, KIE	406131323	SUBSCRIBER ONLY	20.90
Current Month Billing			\$433.10



### 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	BEST, WILLIAM T	ADD by Flat Amount	*****6305	E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$68.01		
0773287	BEST, WILLIAM T	Life by Flat Amount	*****6305	E	A	25	\$15.25	12/01-12/31/2023	CHG	\$15.25			
0773287	BEST, WILLIAM T	Vision 100% ER PAID/	*****6305	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42			
0773287	CAMPBELL, PAUL E	ADD by Flat Amount	*****3288	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$97.50		
0773287	CAMPBELL, PAUL E	Life by Flat Amount	*****3288	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50			
0773287	HAZELWOOD, CHARLES H	ADD by Flat Amount	*****3446	E	A	32.5	\$1.30	12/01-12/31/2023	CHG	\$1.30	\$103.83		
0773287	HAZELWOOD, CHARLES H	Life by Flat Amount	*****3446	E	A	32.5	\$19.83	12/01-12/31/2023	CHG	\$19.83			
0773287	HAZELWOOD, CHARLES H	Vision 100% ER PAID/	*****3446	ES	A		\$13.48	12/01-12/31/2023	CHG	\$13.48			
0773287	HAZELWOOD, LORI D	ADD by Flat Amount	*****0400	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$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			
0773287	HAZELWOOD, LORI D	Vision 100% ER PAID/	*****0400	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42			

### Coverage Type

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	

Questions?



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		\$137.94	
0773287	HOLLIDAY, TAMMY D	Life by Flat Amount	*****7733	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50			
0773287	HOLLIDAY, TAMMY D	Vision 100% ER PAID/	*****7733	ES	A		\$13.48	12/01-12/31/2023	CHG	\$13.48			
0773287	KELLY, JACKSON R	ADD by Flat Amount	*****1477	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00		\$116.76	
0773287	KELLY, JACKSON R	Life by Flat Amount	*****1477	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50			
0773287	KELLY, JACKSON R	Vision 100% ER PAID/	*****1477	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42			
0773287	LEE, MISCHELL H	ADD by Flat Amount	*****1792	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00		\$116.76	
0773287	LEE, MISCHELL H	Life by Flat Amount	*****1792	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50			
0773287	LEE, MISCHELL H	Vision 100% ER PAID/	*****1792	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42			
0773287	LOGUE, MICHAEL A	ADD by Flat Amount	*****7393	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$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			
0773287	LOGUE, MICHAEL A	Vision 100% ER PAID/	*****7393	ESC	A		\$23.36	12/01-12/31/2023	CHG	\$23.36			
0773287	SANFORD, JASON B	ADD by Flat Amount	*****3012	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00		\$116.76	
0773287	SANFORD, JASON B	Life by Flat Amount	*****3012	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50			
0773287	SANFORD, JASON B	Vision 100% ER PAID/	*****3012	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42			



Questions?

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 (00'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	\$68.01		
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	*****1488	E	A	50	\$2.00	1/01-1/31/2024	CHG	\$6.42			
0773287	TURNER, JEFFREY C	Life by Flat Amount	*****1488	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$2.00	\$116.76		
0773287	TURNER, JEFFREY C	Vision 100% ER PAID/	*****1488	E	A		\$6.42	1/01-1/31/2024	CHG	\$30.50			
0773287	VANDERHORST, KIE E	ADD by Flat Amount	*****2587	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42			
0773287	VANDERHORST, KIE E	Life by Flat Amount	*****2587	E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	\$116.76		
0773287	VANDERHORST, KIE E	Vision 100% ER PAID/	*****2587	E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50			
<b>Total</b>										<b>\$447.81</b>	<b>\$895.62</b>	<b>\$1,343.43</b>	



Questions?





# Premium Statement



North Mercer Water  
District  
Attn MS Mischell Lee  
PO Box 79  
Salvisa KY 40372-0079

## Get Help Now



### Register Online

More efficiently manage your account by registering in Aflac Business Services today. Through this tool you can save time, eliminate postage costs, obtain faster access to your invoice (print, view or adjust), manage participants and reduce your effort monthly with establishing recurring auto draft. Register today for Aflac Business services, at

[www.aflac.com/register](http://www.aflac.com/register)

## Account At-A-Glance

<b>Account Number:</b>	C1E13
<b>Billing Frequency:</b>	Monthly
<b>Invoice Number:</b>	127622
<b>Date Prepared:</b>	02/26/24
<b>Current Amount Billed</b>	1795.43
<b>Billing Period:</b>	February
<b>Payment Due Date:</b>	03/15/24

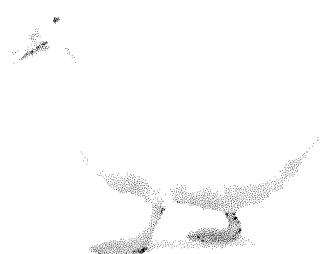
*Handwritten notes:*  
2-29-24  
Ch #  
187666

## Questions about your invoice? Contact:



### Customer Service

Chat or Email with us 24/7 from the Contact Us page of Aflac.com  
1932 Wynnton Rd  
Columbus, GA 31999-0797



Ensure your employees maintain their coverage. Payments are due no later than 30 days after the month end of the





# Premium Statement

Worldwide Headquarters  
 1932 Wynnton Road, Columbus, Georgia 31999  
 Chat or Email with us 24/7  
 from the Contact Us page of Aflac.com

Account At A Glance

North Mercer Water  
 District  
 Attn MS Mischell Lee  
 PO Box 79  
 Salvisa KY 403720079

Account Number: C1E13

Payment Due Date: 03/15/24

Invoice Number: 127622

Current Amount Billed: \$745.43

**To help you review this month's statement, please follow these steps:**

1. Refer to last month's statement to help with reconciliation.
2. Match each employee's premium amount due with the amount deducted from their payroll.
3. Mark through any mismatched deduction and write the correct amount in the adjusted premium column. Write the change request code in the CR column.
4. Total the adjusted premium and enter the Adjustments Total and the Amount Enclosed on the payment coupon on page 1 of the invoice.
5. Return the coupon portion on page 1 and copies of the pages with any adjustments shown. Make your check payable to Aflac and note your Account Number on the check.

NAME	DEPT	EMPLOYEE #	POLICY	POLICY TYPE	CT	PREMIUM DUE	EMPLOYEE SUB-TOTAL	ADJUSTED PREMIUM	CR	LINE NUMBER
Hazelwood Hutchins, Lori D			P0Z0B3E2	ACC	P	60.45	60.45			0000001
Hazelwood, Charles			PV885455	STD	I	50.70	50.70			0000002
Hazelwood, Lori			PV885471	STD	I	29.64				0000003
Hazelwood, Lori			PV885502	CANCER	I	33.02	62.66			0000004
Holliday, Tammy			PV885478	STD	I	34.58	34.58			0000005
Holliday, Tammy D			P0Z0B3S8	CANCER	P	57.64	57.64			0000006
Kelly, Jackson			P0R6A8H5	STD	I	28.08				0000007
Kelly, Jackson			P0R6A8H6	ACC	I	26.91	54.99			0000008
Lee, Mischell			PV885459	STD	I	66.69	66.69			0000009
Logue, Michael A			PZ701322	STD	I	23.40	23.40			0000010
Osburn, Jacob			P0T94112	STD	I	16.38				0000011
Osburn, Jacob			P0T94113	ACC	I	30.03	46.41			0000012
Preston, Michael C			P0Z07198	STD	I	35.10	35.10			0000013
Sanford, Jason B			P0Z07115	STD	I	79.56	79.56			0000014
Turner, Jeffrey C			P0A544P7	STD	I	35.10	35.10			0000015
Vanderhorst, Kie E			P1B4W629	ACC	I	37.96				0000016
Vanderhorst, Kie E			P1B4W630	CANCER	S	33.50				0000017
Vanderhorst, Kie E			P1B509V7	STD	I	66.69	138.15			0000018

*The District only pays for standard disability. Employees can elect to add other coverage and it is deducted from their pay.* ML

Thank you for your business.	PAGE AMOUNT BILLED	\$745.43	TOTAL AMOUNT BILLED	\$745.43
	PAGE ADJUSTMENTS (+/-)		TOTAL ADJUSTMENTS (+/-)	
	PAGE ADJUSTED TOTAL		TOTAL ADJUSTED TOTAL	

**Legend**

- |   |   |  |  |  |
|---|---|--|--|--|
| <p><b>COVERAGE TYPE (CT)</b></p> <ul style="list-style-type: none"> <li>I - Individual</li> <li>F - Family</li> <li>S - Single Parent Family</li> <li>P - Primary-Spouse</li> </ul> | <p><b>CHANGE REQUEST (CR)</b></p> <ul style="list-style-type: none"> <li>A - Add person to policy</li> <li>C - Cancel Coverage</li> <li>D - Deceased</li> <li>E - Not Our Employee</li> </ul> | <p><b>For a more detailed explanation of the codes, please see the second page of the invoice</b></p> <ul style="list-style-type: none"> <li>F - Family Medical Leave</li> <li>H - Name Change</li> <li>I - Delete person from policy</li> </ul> | <ul style="list-style-type: none"> <li>L - Non-Family Medical Leave</li> <li>M - Missed Deduction</li> <li>O - Other</li> <li>R - Retired</li> </ul> | <ul style="list-style-type: none"> <li>T - No longer employed here</li> <li>W - Transfer to another account</li> <li>Y - Military Leave</li> </ul> |
|---|---|--|--|--|

00000C1E13 1 004586 0  
PCE0515

