



## SUBSCRIBER LISTING

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

Client No.: [REDACTED]  
 Subclient No.: [REDACTED]  
 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	[REDACTED]	SUBSCRIBER ONLY	20.90
DENNIS, ANDREW		SUBSCRIBER, SPOUSE, CHILDREN	62.92
		SUBSCRIBER ONLY	20.90
		SUBSCRIBER AND SPOUSE	40.24
		SUBSCRIBER AND SPOUSE	40.24
		SUBSCRIBER ONLY	20.90
		SUBSCRIBER AND 1 CHILD	40.24
		SUBSCRIBER, SPOUSE, CHILDREN	62.92
		SUBSCRIBER ONLY	20.90
		SUBSCRIBER ONLY	20.90
SHORT, ROY		SUBSCRIBER AND SPOUSE	40.24
		SUBSCRIBER ONLY	20.90
		SUBSCRIBER ONLY	20.90
Current Month Billing			\$433.10

MERCER WATER DISTRICT

No: [REDACTED]

Invoice No: 221912454914

Invoice Date: 01/24/2024

Bill Group: 1

Coverage Period: 02/01/2024 - 02/29/2024

Due Date: 02/01/2024

Current Detail - 2/01-2/29/2024						Adjustment Detail				Totals
Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total
BEST, WILLIAM T	ADD by Flat Amount	[REDACTED]	E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$68.01
BEST, WILLIAM T	Life by Flat Amount	[REDACTED]	E	A	25	\$15.25	1/01-1/31/2024	CHG	\$1.00	
BEST, WILLIAM T	Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	12/01-12/31/2023	CHG	\$15.25	
							1/01-1/31/2024	CHG	\$15.25	
CAMPBELL, PAUL E	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42	\$97.50
CAMPBELL, PAUL E	Life by Flat Amount	[REDACTED]	E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
							12/01-12/31/2023	CHG	\$30.50	
							1/01-1/31/2024	CHG	\$30.50	
							12/01-12/31/2023	CHG	\$1.30	\$103.83
							1/01-1/31/2024	CHG	\$1.30	
							12/01-12/31/2023	CHG	\$19.83	
							1/01-1/31/2024	CHG	\$19.83	
							12/01-12/31/2023	CHG	\$13.48	
							1/01-1/31/2024	CHG	\$13.48	
							12/01-12/31/2023	CHG	\$2.00	\$116.76
							1/01-1/31/2024	CHG	\$2.00	
							12/01-12/31/2023	CHG	\$30.50	
							1/01-1/31/2024	CHG	\$30.50	
							12/01-12/31/2023	CHG	\$6.42	
							1/01-1/31/2024	CHG	\$6.42	

Type	Status	Code
Employee Only	A	ADD
Employee and Spouse	C	TRM
Employee and Family	R	CHG
Employee and Child(ren)	T	
	Active	Retroactive Addition
	Cobra	Retroactive Termination
	Retiree	Retroactive Change
	Terminated	

