

IERCER WATER DISTRICT
No: 0773287

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

Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Adjustment Detail			Totals
							Period	Code	Amount	
BEST, WILLIAM T	ADD by Flat Amount	.....	E	A	25	\$1.00				\$20.67
BEST, WILLIAM T	Life by Flat Amount	.....	E	A	25	\$13.25				
BEST, WILLIAM T	Vision 100% ER PAID/	.....	E	A		\$6.42				
CAMPBELL, PAUL E	ADD by Flat Amount	.....	E	A	50	\$2.00		COMMISSION		\$26.50
CAMPBELL, PAUL E	Life by Flat Amount	.....	E	A	50	\$26.50		COMMISSION		\$41.98
	Vision 100% ER PAID/	.....	ES	A		\$13.48				
	ADD by Flat Amount	.....	E	A	50	\$2.00				\$34.92
	Life by Flat Amount	.....	E	A	50	\$26.50				
	Vision 100% ER PAID/	.....	E	A		\$6.42				
	ADD by Flat Amount	.....	E	A	50	\$2.00				\$41.98
	Life by Flat Amount	.....	E	A	50	\$26.50				
	Vision 100% ER PAID/	.....	ES	A		\$13.48				
	ADD by Flat Amount	.....	E	A	50	\$2.00				\$34.92
	Life by Flat Amount	.....	E	A	50	\$26.50				
	Vision 100% ER PAID/	.....	E	A		\$6.42				
	ADD by Flat Amount	.....	E	A	50	\$2.00				\$34.92
	Life by Flat Amount	.....	E	A	50	\$26.50				
	Vision 100% ER PAID/	.....	E	A		\$6.42				
	ADD by Flat Amount	.....	E	A	50	\$2.00				\$51.86

e 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	

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Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total	Code	Amount	Total
	Life by Flat Amount Vision 100% ER PAID/		E	A	50	\$26.50							
			ESC	A		\$23.36							
	ADD by Flat Amount Life by Flat Amount Vision 100% ER PAID/		E	A	50	\$2.00				\$34.92			
			E	A	50	\$26.50							
			E	A		\$6.42							
SHEPHERSON, GERALD B	ADD by Flat Amount Life by Flat Amount Vision 100% ER PAID/		E	A	25	\$1.00				\$20.67			
SHEPHERSON, GERALD B			E	A	25	\$13.25			Commissioner				
SHEPHERSON, GERALD B			E	A		\$6.42							
SHORT, ROY	ADD by Flat Amount Life by Flat Amount Vision 100% ER PAID/		E	A	25	\$1.00				\$20.67			
SHORT, ROY			E	A	25	\$13.25			Commissioner				
SHORT, ROY			E	A		\$6.42							
	ADD by Flat Amount Life by Flat Amount Vision 100% ER PAID/		E	A	50	\$2.00				\$34.92			
			E	A	50	\$26.50							
			E	A		\$6.42							
										\$400.93		\$0.00	\$400.93



RTH MERCER WATER DISTRICT
former No: 0773287

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

Policy No.	Name	Plan	ID	Coverage	Status	Vol (000's)	Adjustment Detail			Totals	
							Charge Amount	Period	Code		Amount	Total
	BEST, WILLIAM T	ADD by Flat Amount	...	E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$69.01
	BEST, WILLIAM T	Life by Flat Amount	...	E	A	25	\$15.25	1/01-1/31/2024	CHG	\$1.00	
	BEST, WILLIAM T	Vision 100% ER PAID	...	E	A		\$6.42	12/01-12/31/2023	CHG	\$15.25	
	CAMPBELL, PAULE	ADD by Flat Amount	...	E	A	50	\$2.00	1/01-1/31/2024	CHG	\$15.25	22.67
	CAMPBELL, PAULE	Life by Flat Amount	...	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$6.42	
		ADD by Flat Amount	...	E	A	32.5	\$1.30	12/01-12/31/2023	CHG	\$2.00	\$97.50
		Life by Flat Amount	...	E	A	32.5	\$19.83	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID	...	ES	A		\$13.48	12/01-12/31/2023	CHG	\$30.50	32.50
		ADD by Flat Amount	...	E	A	50	\$2.00	1/01-1/31/2024	CHG	\$13.48	
		Life by Flat Amount	...	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$13.48	\$116.75
		Vision 100% ER PAID	...	E	A		\$6.42	1/01-1/31/2024	CHG	\$2.00	

Coverage 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	



Customer Name: SHEPHERSON, GERALD B
 Customer No: 0773287

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 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	Total	Total	
	SHEPHERSON, GERALD B	ADD by Flat Amount		E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$68.01			
	SHEPHERSON, GERALD B	Life by Flat Amount		E	A	25	\$15.25	1/01-1/31/2024	CHG	\$1.00				
	SHEPHERSON, GERALD B	Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$15.25				
		ADD by Flat Amount		E	A	50	\$2.00	1/01-1/31/2024	CHG	\$6.42				
		Life by Flat Amount		E	A	50	\$30.50	12/01-12/31/2023	CHG	\$2.00	\$116.75			
		Vision 100% ER PAID/		E	A		\$6.42	1/01-1/31/2024	CHG	\$30.50				
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42				
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	\$116.76			
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50				
							\$447.81			\$896.62	\$1,343.43			

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NORTH MERCER WATER DISTRICT
 Customer No: 0773287

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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	
[REDACTED]	ADD by Flat Amount			E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$1	
				E	A	50	\$2.00	1/01-1/31/2024	CHG	\$2.00		
	Life by Flat Amount			E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50		
					E	A	50	\$30.50	1/01-1/31/2024	CHG	\$30.50	
	Vision 100% ER PAID/			ES	A		\$13.48	12/01-12/31/2023	CHG	\$13.48	\$13.48	
					E	A		\$13.48	1/01-1/31/2024	CHG		\$13.48
	ADD by Flat Amount				E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$1
					E	A	50	\$2.00	1/01-1/31/2024	CHG	\$2.00	
	Life by Flat Amount				E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50	
				E	A	50	\$30.50	1/01-1/31/2024	CHG	\$30.50		
Vision 100% ER PAID/				E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42	\$6.42	
				E	A		\$6.42	1/01-1/31/2024	CHG	\$6.42		
ADD by Flat Amount				E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$1	
				E	A	50	\$2.00	1/01-1/31/2024	CHG	\$2.00		
Life by Flat Amount				E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50		
				E	A	50	\$30.50	1/01-1/31/2024	CHG	\$30.50		
Vision 100% ER PAID/				ESC	A		\$23.36	12/01-12/31/2023	CHG	\$23.36	\$23.36	
					A		\$23.36	1/01-1/31/2024	CHG	\$23.36		
ADD by Flat Amount				E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$1	
				E	A	50	\$2.00	1/01-1/31/2024	CHG	\$2.00		
Life by Flat Amount				E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50		
				E	A	50	\$30.50	1/01-1/31/2024	CHG	\$30.50		
Vision 100% ER PAID/				E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42	\$6.42	
				E	A		\$6.42	1/01-1/31/2024	CHG	\$6.42		



SUBSCRIBER LISTING

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

Client No.: M80043
 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	[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	
		SUBSCRIBER AND SPOUSE	40.24	
		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 DENNIS, ANDREW		SUBSCRIBER ONLY SUBSCRIBER, SPOUSE, CHILDREN SUBSCRIBER ONLY SUBSCRIBER AND SPOUSE SUBSCRIBER AND SPOUSE SUBSCRIBER ONLY SUBSCRIBER AND 1 CHILD SUBSCRIBER, SPOUSE, CHILDREN SUBSCRIBER ONLY SUBSCRIBER ONLY SUBSCRIBER AND SPOUSE SUBSCRIBER ONLY SUBSCRIBER ONLY	20.90 62.92 20.90 40.24 40.24 20.90 40.24 62.92 20.90 20.90 40.24 20.90 20.90
SHORT, ROY <i>PAYS for his Yearly.</i>			
Current Month Billing			\$433.10