



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	[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: 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

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	\$6.42	
CAMPBELL, PAUL E	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$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	
	ADD by Flat Amount	[REDACTED]	E	A	32.5	\$1.30	12/01-12/31/2023	CHG	\$1.30	\$103.83
	Life by Flat Amount	[REDACTED]	E	A	32.5	\$19.83	1/01-1/31/2024	CHG	\$1.30	
	Vision 100% ER PAID/	[REDACTED]	ES	A		\$13.48	12/01-12/31/2023	CHG	\$19.83	
							1/01-1/31/2024	CHG	\$13.48	
	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$116.76
	Life by Flat Amount	[REDACTED]	E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
	Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	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	

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Current Detail - 2/01-2/29/2024							Adjustment Detail				Totals
Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total	
SHEPERSON, GERALD B	ADD by Flat Amount		E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$68.01	
	Life by Flat Amount		E	A	25	\$15.25	12/01-12/31/2023	CHG	\$15.25		
	Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42		
SHEPERSON, GERALD B	ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$116.76	
	Life by Flat Amount		E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50		
	Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42		
SHEPERSON, GERALD B	ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$116.76	
	Life by Flat Amount		E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50		
	Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42		
							\$447.81		\$896.62	\$1,343.43	