

NORTH MERCER WATER DISTRICT
 Customer No: 0773287

Invoice No: 221912454914
 Invoice Date: 01/24/2024
 Bill Group :
 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
		ADD by Flat Amount		E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$09.01
		Life by Flat Amount		E	A	25	\$15.25	1/01-1/31/2024	CHG	\$1.00	
		Vision 100% ER PAID		E	A		\$6.42	12/01-12/31/2023	CHG	\$15.25	
								1/01-1/31/2024	CHG	\$15.25	
								12/01-12/31/2023	CHG	\$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	\$97.50
		Life by Flat Amount		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		E	A	32.5	\$1.30	12/01-12/31/2023	CHG	\$1.30	\$102.83
		Life by Flat Amount		E	A	32.5	\$19.83	1/01-1/31/2024	CHG	\$1.30	
		Vision 100% ER PAID		ES	A		\$13.48	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	
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$116.75
		Life by Flat Amount		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	
		Vision 100% ER PAID		E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42	
								1/01-1/31/2024	CHG	\$6.42	

22.67
 32.50

Coverage Type	Status	Code
E Employee Only	A Active	ADD Retroactive Addition
ES Employee and Spouse	C Cobra	TRM Retroactive Termination
ISC Employee and Family	R Retiree	CHG Retroactive Change
IC 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
		ADD by Flat Amount		E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$1.00
		Life by Flat Amount		E	A	25	\$15.25	1/01-1/31/2024	CHG	\$1.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$15.25	
				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	\$11.00
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50	
				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	\$11.00
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50	
				E	A		\$6.42	1/01-1/31/2024	CHG	\$6.42	
Total							\$447.81			\$896.62	\$1.34

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Policy No.	Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$137.94
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		ES	A		\$13.48	12/01-12/31/2023	CHG	\$30.50	
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$13.48	\$115.76
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50	
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42	\$115.76
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50	
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42	\$167.98
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		ESC	A		\$23.36	12/01-12/31/2023	CHG	\$30.50	
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$23.36	\$116.76
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50	
		ADD by Flat Amount		E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42	\$116.76
		Life by Flat Amount		E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00	
		Vision 100% ER PAID/		E	A		\$6.42	12/01-12/31/2023	CHG	\$30.50	



SUBSCRIBER LISTING

NORTH MERCER
ATTN: BILLING DEPARTMENT
PO BOX 79
SALVISA KY 40372-0979

Client No.: M86043
Subscriber No.: 0030
Contract ID: 1980938
Product: DELTA DENTAL PREMIER
Eligibility:
Cleansing 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
		SUBSCRIBER ONLY	20.50
		SUBSCRIBER - SPOUSE, CHILDREN	62.92
		SUBSCRIBER ONLY	20.90
		SUBSCRIBER AND SPOUSE	40.24
		SUBSCRIBER ONLY	40.50
		SUBSCRIBER AND SPOUSE	40.24
		SUBSCRIBER AND 1 CHIL'D	62.92
		SUBSCRIBER - SPOUSE, CHILDREN	20.90
		SUBSCRIBER ONLY	20.90
		SUBSCRIBER AND SPOUSE	40.24
		SUBSCRIBER ONLY	20.50
Current Month Billing			\$417.26

