

Group ID:
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. A Registered mark of 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:
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	\$15,360.43
Total Due	<u>\$707.37</u>

Please Pay This Amount

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 112,180] 2 of 3 B 4

pd 2-28-24
ch #
1874



SUBSCRIBER LISTING

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

Client No.: [REDACTED]
Subclient No.: [REDACTED]
Contract ID: [REDACTED]
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
[REDACTED]	[REDACTED]	SUBSCRIBER ONLY	20.90
[REDACTED]	[REDACTED]	SUBSCRIBER, SPOUSE, CHILDREN	62.92
[REDACTED]	[REDACTED]	SUBSCRIBER ONLY	20.90
[REDACTED]	[REDACTED]	SUBSCRIBER AND SPOUSE	40.24
[REDACTED]	[REDACTED]	SUBSCRIBER AND SPOUSE	40.24
[REDACTED]	[REDACTED]	SUBSCRIBER ONLY	20.90
[REDACTED]	[REDACTED]	SUBSCRIBER AND 1 CHILD	40.24
[REDACTED]	[REDACTED]	SUBSCRIBER, SPOUSE, CHILDREN	62.92
[REDACTED]	[REDACTED]	SUBSCRIBER ONLY	20.90
[REDACTED]	[REDACTED]	SUBSCRIBER ONLY	20.90
[REDACTED]	[REDACTED]	SUBSCRIBER AND SPOUSE	40.24
[REDACTED]	[REDACTED]	SUBSCRIBER ONLY	20.90
[REDACTED]	[REDACTED]	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

Name	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Adjustment Detail			Totals
							Period	Code	Amount	Total
[REDACTED]	ADD by Flat Amount	[REDACTED]	E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$68.01
[REDACTED]	Life by Flat Amount	[REDACTED]	E	A	25	\$15.25	12/01-12/31/2023	CHG	\$15.25	
[REDACTED]	Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42	
[REDACTED]	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$97.50
[REDACTED]	Life by Flat Amount	[REDACTED]	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50	
[REDACTED]	ADD by Flat Amount	[REDACTED]	E	A	32.5	\$1.30	12/01-12/31/2023	CHG	\$1.30	\$103.83
[REDACTED]	Life by Flat Amount	[REDACTED]	E	A	32.5	\$19.83	12/01-12/31/2023	CHG	\$19.83	
[REDACTED]	Vision 100% ER PAID/	[REDACTED]	ES	A		\$13.48	12/01-12/31/2023	CHG	\$13.48	
[REDACTED]	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$116.76
[REDACTED]	Life by Flat Amount	[REDACTED]	E	A	50	\$30.50	12/01-12/31/2023	CHG	\$30.50	
[REDACTED]	Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42	

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

MERCER WATER DISTRICT
No.

Invoice No: 221912454914
 Invoice Date: 01/24/2024
 Bill Group: 1
 Coverage Period: 02/01/2024 - 02/29/2024
 Due Date: 02/01/2024

Name	Current Detail - 2/01-2/29/2024						Adjustment Detail				Totals
	Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total	
	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$2.00	\$137.94	
	Life by Flat Amount	[REDACTED]	E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00		
	Vision 100% ER PAID/	[REDACTED]	ES	A		\$13.48	12/01-12/31/2023	CHG	\$30.50		
		[REDACTED]					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		
		[REDACTED]					1/01-1/31/2024	CHG	\$30.50		
	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42	\$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		
		[REDACTED]					1/01-1/31/2024	CHG	\$30.50		
	ADD by Flat Amount	[REDACTED]	E	A	50	\$2.00	12/01-12/31/2023	CHG	\$6.42	\$167.58	
	Life by Flat Amount	[REDACTED]	E	A	50	\$30.50	1/01-1/31/2024	CHG	\$2.00		
	Vision 100% ER PAID/	[REDACTED]	ESC	A		\$23.36	12/01-12/31/2023	CHG	\$30.50		
		[REDACTED]					1/01-1/31/2024	CHG	\$23.36		
	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		
		[REDACTED]					1/01-1/31/2024	CHG	\$30.50		

Questions?



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

Name		Current Detail - 2/01-2/29/2024							Adjustment Detail			Totals
Plan	ID	Coverage	Status	Vol (000's)	Charge Amount	Period	Code	Amount	Total			
ADD by Flat Amount	[REDACTED]	E	A	25	\$1.00	12/01-12/31/2023	CHG	\$1.00	\$68.01			
Life by Flat Amount	[REDACTED]	E	A	25	\$15.25	12/01-12/31/2023	CHG	\$15.25				
Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42				
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	12/01-12/31/2023	CHG	\$30.50				
Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42				
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	12/01-12/31/2023	CHG	\$30.50				
Vision 100% ER PAID/	[REDACTED]	E	A		\$6.42	12/01-12/31/2023	CHG	\$6.42				
					\$447.81				\$895.62	\$1,343.43		



Premium Statement



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

Get Business



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](#)

Account At-A-Glance

Account Number:	
Billing Frequency:	Monthly
Invoice Number:	127622
Date Prepared:	02/26/24
Current Amount Billed	1745.43
Billing Period:	February
Payment Due Date:	03/15/24

Handwritten notes:
2-29-24
CW#
187666

Get Service



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 invoice issue date.





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: [REDACTED]

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
[REDACTED]			ACC	P		60.45	60.45			0000001
[REDACTED]			STD	I		50.70	50.70			0000002
[REDACTED]			STD	I		29.64				0000003
[REDACTED]			CANCER	I		33.02	62.66			0000004
[REDACTED]			STD	I		34.58	34.58			0000005
[REDACTED]			CANCER	P		57.64	57.64			0000006
[REDACTED]			STD	I		28.08				0000007
[REDACTED]			ACC	I		26.91	54.99			0000008
[REDACTED]			STD	I		66.69	66.69			0000009
[REDACTED]			STD	I		23.40	23.40			0000010
[REDACTED]			STD	I		16.38				0000011
[REDACTED]			ACC	I		30.03	46.41			0000012
[REDACTED]			STD	I		35.10	35.10			0000013
[REDACTED]			STD	I		79.56	79.56			0000014
[REDACTED]			STD	I		35.10	35.10			0000015
[REDACTED]			ACC	I		37.96				0000016
[REDACTED]			CANCER	S		33.50				0000017
[REDACTED]			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.

000001E131004566 0
 PCEX0515

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

COVERAGE TYPE (CT)	CHANGE REQUEST (CR)	For a more detailed explanation of the codes, please see the second page of the invoice	
I - Individual	A - Add person to policy	F - Family Medical Leave	L - Non-Family Medical Leave
F - Family	C - Cancel Coverage	H - Name Change	M - Missed Deduction
S - Single Parent Family	D - Dependent	W - Transfer to another account	