



*****ALL FOR AADC 403 79
23122 1 AB 0.547
POWELL S VALLEY WATER DIS
PO BOX 550
CLAY CITY KY 40312-0550

017753020101

Your Premium Statement is Enclosed

To help you better manage your plan, we use online payments as our standard. If you'd no longer like an online statement, send an email with "Opt-Out" in the subject line to small.group@anthem.com. Include your group number, contact name, email address, phone number, and reason for opting out.

EmployerAccess offers online payment options for convenience and flexibility. Make a one-time monthly payment, schedule an automatic monthly payment, or manage your payment information all in one place. Register or log in to employer.anthem.com. You will need your group number, tax ID number, and recent invoice number.

Use **EasyPay** if you don't have an EmployerAccess account and want to make a guest payment. To get started, visit easypay.anthem.com. You'll need a valid tax ID and case or group number to use this option. Customer service representatives can also use EasyPay to make payments on behalf of your group.

The **EmployerAccess** app is ready! Pay your bill, find ID cards, and look up subscribers, all on the go. Available for download in the App Store® or Google Play™.

20240202B08 J361
Env [23,122] 1 of 2 B 4
ISBBOE03 COM1
20240201 017753

RETURN THIS PORTION WITH PAYMENT

Quick one-time payment

DUE DATE:

03/01/2024

DO NOT SEND CASH



AMOUNT DUE:

\$10,527.59

Amount Enclosed

\$

Scan to pay

Group Name: POWELL S VALLEY WATER DIS
Group Number: D21381

Please make check payable to ANTHEM BLUE CROSS AND BLUE SHIELD
Write your Group # on your check and remit to:



ANTHEM BLUE CROSS AND BLUE SHIELD
PO BOX 6406
CAROL STREAM, IL 60197-6406

0000000000001219018D2138100000000000620240240288303012400000000010527593



Billing Summary

Invoice No: [REDACTED]	Group Name: POWELL S VALLEY WATER DIS
	Group Number: D21381
Billing Period:	03/01/2024 to 04/01/2024
Date Billed:	02/01/2024
Due Date:	03/01/2024


Billing Summary			
	Net Amount Due	Amount Paid	Balance
Prior Billing			
Details	\$10,527.59	\$10,527.59	\$0.00
Sub Total			\$0.00
Current Billing			
Details	\$10,527.59	\$0.00	\$10,527.59
Sub Total			\$10,527.59
Total Amount Due			\$10,527.59

Membership Detail									
ID#	Subscriber	Product	Volume	Contract Type	No Cov	Rate* Chg	Subscriber Amount	Dep Amount	Premium Amount
093M56303	[REDACTED]	PT 6UEE		EE/CH/	03		\$1,622.94	\$2,154.56	\$3,777.50
812M62696	[REDACTED]	PT 6UEE		EE/CH/	04		\$730.74	\$1,655.23	\$2,385.97
268M54313	[REDACTED]	PT 6UEE		EE	01		\$1,622.94	\$0.00	\$1,622.94
714M57248	[REDACTED]	PT 6UEE		EE/CH/	04		\$977.71	\$1,763.47	\$2,741.18
Membership Detail Subtotal							\$4,954.33	\$5,573.26	\$10,527.59

*Rate Change Legend:
 B=New Age Rate; C=New Area Category; D=New Age Rate & Area Category
 E=Next Bill Reflects New Age Rate; F=New Area Category & Next Bill Reflects New Age Rate
 T=Tobacco Use Premium Adjustment

20240202B08.1361
 20240201.012753
 ISBROE03.COM1

Billing Summary

Invoice No: 	Group Name: POWELL S VALLEY WATER DIS
	Group Number: D21381
Billing Period:	03/01/2024 to 04/01/2024
Date Billed:	02/01/2024
Due Date:	03/01/2024

PAYMENT POLICY

- * 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.

For billing questions, please call (855) 886-6157.