Location Premium Detail for Webster County Water District - 125

Dixon, KY 42409



Location
Kristi Alexander
Webster County Water
District - 125
478 US Hwy 41A South PO
Box 320

11/18/2024

Prepared

December 2024 Final Invoice

11/18/2024

Billing Period

CURRENT Employee Company Employee/Plan **Total Premium** Tier Coverage Premium Premium **Active - Female** ALEXANDER, KRISTI E. 624720 OneAmerica Life and ADD AD&D Rate \$15,000.00 \$0.00 \$0.00 \$0.75 624720 OneAmerica Life and ADD \$0.00 \$8.85 Life Rate \$15,000.00 \$0.00 919911700233 Dental DHO 6 FAM \$0.00 \$0.00 \$0.00 \$86.37 W31304M001 PPO 5 RXT1 - Age 45-49 **FAM** \$0.00 \$0.00 \$0.00 \$2,934.00 **Employee Totals** \$30,000.00 \$0.00 \$0.00 \$3,029.97 HARKINS, TAMMY G 624720 OneAmerica Life and ADD AD&D Rate \$0.75 \$15,000.00 \$0.00 \$0.00 624720 OneAmerica Life and ADD Life Rate \$15,000.00 \$0.00 \$8.85 \$0.00 919911700233 Dental DHO 6 **FAM** \$0.00 \$0.00 \$0.00 \$86.37 W31304M001 PPO 5 RXT1 - Age 50-54 **FAM** \$0.00 \$0.00 \$0.00 \$3,301.05 **Employee Totals** \$30,000.00 \$0.00 \$0.00 \$3,397.02 MARTIN, BEVERLY D. 624720 OneAmerica Life and ADD AD&D Rate \$15,000.00 \$0.00 \$0.00 \$0.75 624720 OneAmerica Life and ADD Life Rate \$15,000.00 \$0.00 \$8.85 \$0.00 919911700233 Dental DHO 6 \$0.00 \$86.37 FAM \$0.00 \$0.00 W31304M001 PPO 5 RXT1 - Age 55 and Over **FAM** \$0.00 \$0.00 \$0.00 \$3,345.83 **Employee Totals** \$30,000.00 \$0.00 \$0.00 \$3,441.80 **Active - Female Current Total** \$90,000.00 \$0.00 \$0.00 \$9,868.79

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Active - Male					
BALDWIN, TREVOR J					
624720 OneAmerica Life and ADD	AD&D Rate	\$15,000.00	\$0.00	\$0.00	\$0.75
624720 OneAmerica Life and ADD	Life Rate	\$15,000.00	\$0.00	\$0.00	\$8.85
919911700233 Dental DHO 6	FAM	\$0.00	\$0.00	\$0.00	\$86.37
W31304M001 PPO 5 RXT1 - Age 35-39	FAM	\$0.00	\$0.00	\$0.00	\$2,352.32
	Employee Totals	\$30,000.00	\$0.00	\$0.00	\$2,448.29
BROWN, WILLIAM W					
624720 OneAmerica Life and ADD	AD&D Rate	\$15,000.00	\$0.00	\$0.00	\$0.75
624720 OneAmerica Life and ADD	Life Rate	\$15,000.00	\$0.00	\$0.00	\$8.85
919911700233 Dental DHO 6	EMP	\$0.00	\$0.00	\$0.00	\$23.92
W31304M001 PPO 5 RXT1 - Age 40-44	EMP	\$0.00	\$0.00	\$0.00	\$715.40
	Employee Totals	\$30,000.00	\$0.00	\$0.00	\$748.92
FISHER, ROBERT BLAKE					
624720 OneAmerica Life and ADD	AD&D Rate	\$15,000.00	\$0.00	\$0.00	\$0.75
624720 OneAmerica Life and ADD	Life Rate	\$15,000.00	\$0.00	\$0.00	\$8.85
919911700233 Dental DHO 6	FAM	\$0.00	\$0.00	\$0.00	\$86.37
W31304M001 PPO 5 RXT1 - Age 30-34	FAM	\$0.00	\$0.00	\$0.00	\$2,256.36
	Employee Totals	\$30,000.00	\$0.00	\$0.00	\$2,352.33

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December 2024 Final Invoice

624720 OneAmerica Life and ADD	AD&D Rate	\$15,000.00	\$0.00	\$0.00	\$0.75	
624720 OneAmerica Life and ADD	Life Rate	\$15,000.00	\$0.00	\$0.00	\$8.85	
919911700233 Dental DHO 6	FAM	\$0.00	\$0.00	\$0.00	\$86.37	
W31304M001 PPO 5 RXT1 - Age 50-54	FAM	\$0.00	\$0.00	\$0.00	\$3,301.05	
WALL COLORS	Employee Totals	\$30,000.00	\$0.00	\$0.00	\$3,397.02	
JONES, JASON B					**************************************	
624720 OneAmerica Life and ADD	AD&D Rate	\$15,000.00	\$0.00	\$0.00	\$0.75	
624720 OneAmerica Life and ADD	Life Rate	\$15,000.00	\$0.00	\$0.00	\$8.85	
919911700233 Dental DHO 6	EMP	\$0.00	\$0.00	\$0.00	\$23.92	
W31304M001 PPO 5 RXT1 - Age 35-39	EMP	\$0.00	\$0.00	\$0.00	\$574.66	
	Employee Totals	\$30,000.00	\$0.00	\$0.00	\$608.18	
STRADER, DUSTIN R						
624720 OneAmerica Life and ADD	AD&D Rate	\$15,000.00	\$0.00	\$0.00	\$0.75	
624720 OneAmerica Life and ADD	Life Rate	\$15,000.00	\$0.00	\$0.00	\$8.85	
919911700233 Dental DHO 6	FAM	\$0.00	\$0.00	\$0.00	\$86.37	
W31304M001 PPO 5 RXT1 - Age 25-29	FAM	\$0.00	\$0.00	\$0.00	\$2,217.50	
	Employee Totals	\$30,000.00	\$0.00	\$0.00	\$2,313.47	
Activ	ve - Male Current Total	\$180,000.00	\$0.00	\$0.00	\$11,868.21	
L	ocation Current Totals	\$270,000.00	\$0.00	\$0.00	\$21,737.00	
	ADJUSTME	NTS				
December 2024 Final Invoice		2			11/18/2024	
and the second s	ADJUSTED TO	OTALS				
Lo	cation Adjusted Totals	\$270,000.00	\$0.00	\$0.00	\$21,737.00	
Remit Payment to:		Previous 7	Total Due		\$21,737.00	
KACa Banasita Craus		Total Payment Received			\$21,737.00	
KACo Benefits Group PO Box 950159		Unpaid Balance			\$0.00	
Louisville, KY 40295-0159		Current Total Premium			\$21,737.00	
200001000, 101 10200 0 100		Billing Fees			\$0.00	
Payment Due Date 12/01	/2024	Adjustment Total		\$0.00		
		Misc Fees			\$0.00	
		Location Adjustment		\$0.00		
		Current Total Due			\$21,737.00	