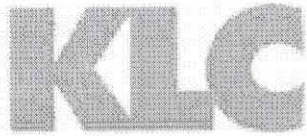


Location Premium Detail for Edmonson County Water District



Location	Prepared	Billing Period
TONY SANDERS Edmonson County Water District P.O. BOX 208 BROWNSVILLE, KY 42210	07/17/2024	August 2024 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	<i>upd 7/22/24</i> 08/01/2024 <i>✓ #51555 \$20,605.69</i>	<i>60470-3684.15 60431-2947.32</i> \$20,605.69 <i>60432-2210.44</i> <i>60480-2184.94 60450-9578.79</i>

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

August 2024 Final Invoice 1 07/17/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0185 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0185 Vision 150	EMP		\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28

[REDACTED] Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
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W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
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Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
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W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28
Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
August 2024 Final Invoice 2 07/17/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
W31781M001 HRAC01T1	EMP	\$0.00	\$0.00	\$0.00	\$711.28
Employee Totals		\$0.00	\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87

August 2024 Final Invoice 3 07/17/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals \$0.00 \$0.00 \$0.00 \$736.83

Delta 0185 Dental Option 2 EMP \$0.00 \$0.00 \$0.00 \$19.68
Delta 0185 Vision 150 EMP \$0.00 \$0.00 \$0.00 \$5.87
W31781M001 HRAC01T1 EMP \$0.00 \$0.00 \$0.00 \$711.28

Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
Active Current Total	\$0.00	\$0.00	\$0.00	\$19,894.41

August 2024 Final Invoice 4 07/17/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Salary

W31781M001 HRAC01T1	EMP		\$0.00	\$0.00	\$0.00	\$711.28
Employee Totals			\$0.00	\$0.00	\$0.00	\$711.28
Salary Current Total			\$0.00	\$0.00	\$0.00	\$711.28
Location Current Totals			\$0.00	\$0.00	\$0.00	\$20,605.69

ADJUSTMENTS
ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$20,605.69
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Previous Total Due	\$18,620.06
Total Payment Received	\$18,620.06
Unpaid Balance	\$0.00
Current Total Premium	\$20,605.69
Billing Fees	\$0.00
Adjustment Total	\$0.00
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$20,605.69

August 2024 Final Invoice 5 07/17/2024

Location Premium Summary

Client			Location			Billing Period			Prepared		
KLC			Edmonson County Water District			August 2024 Final Invoice			07/17/2024		
			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31781M001 HRAC01T1	EMP	28	\$0.00	\$19,915.84	0	\$0.00	\$0.00	28	\$0.00	\$19,915.84
		Benefit Totals	28	\$0.00	\$19,915.84	0	\$0.00	\$0.00	28	\$0.00	\$19,915.84
Dental	Delta 0185 Dental Option 2	EMP	27	\$0.00	\$531.36	0	\$0.00	\$0.00	27	\$0.00	\$531.36
		Benefit Totals	27	\$0.00	\$531.36	0	\$0.00	\$0.00	27	\$0.00	\$531.36
Vision	Delta 0185 Vision 150	EMP	27	\$0.00	\$158.49	0	\$0.00	\$0.00	27	\$0.00	\$158.49
		Benefit Totals	27	\$0.00	\$158.49	0	\$0.00	\$0.00	27	\$0.00	\$158.49
		Location Totals	82	\$0.00	\$20,605.69	0	\$0.00	\$0.00	82	\$0.00	\$20,605.69
										Misc Fees	\$0.00
										Location Adjustment	\$0.00
										Billing Fees	\$0.00
										Grand Total	\$20,605.69

Location Premium Summary

Client			Location			Billing Period			Prepared		
KLC			Edmonson County Water District			August 2024 Final Invoice			07/17/2024		
			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31781M001 HRAC01T1	EMP	28	\$0.00	\$19,915.84	0	\$0.00	\$0.00	28	\$0.00	\$19,915.84
		Benefit Totals	28	\$0.00	\$19,915.84	0	\$0.00	\$0.00	28	\$0.00	\$19,915.84
Dental	Delta 0185 Dental Option 2	EMP	27	\$0.00	\$531.36	0	\$0.00	\$0.00	27	\$0.00	\$531.36
		Benefit Totals	27	\$0.00	\$531.36	0	\$0.00	\$0.00	27	\$0.00	\$531.36
Vision	Delta 0185 Vision 150	EMP	27	\$0.00	\$158.49	0	\$0.00	\$0.00	27	\$0.00	\$158.49
		Benefit Totals	27	\$0.00	\$158.49	0	\$0.00	\$0.00	27	\$0.00	\$158.49
		Location Totals	82	\$0.00	\$20,605.69	0	\$0.00	\$0.00	82	\$0.00	\$20,605.69
										Misc Fees	\$0.00
										Location Adjustment	\$0.00
										Billing Fees	\$0.00
										Grand Total	\$20,605.69

**EDMONSON COUNTY WATER DISTRICT
OPERATING & MAINTENANCE**
P.O. BOX 208
BROWNSVILLE, KY 42210-0208

BANK OF EDMONSON COUNTY
BROWNSVILLE, KY 42210
73-756/839

51555

TWENTY THOUSAND SIX HUNDRED FIVE AND 69/100 US DOLLARS

DATE: 7/22/2024
AMOUNT: *****\$20,605.69

PAY TO THE ORDER OF: KY Local Gov't Health Trust
P.O. Box 34021
Lexington, KY 40588

Danner Danner

⑈051555⑈ ⑆083907560⑆ ⑈305 086 6⑈

EDMONSON COUNTY WATER DISTRICT OPERATING & MAINTENANCE		VENDOR	Ky Local	KY Local Gov't Health Trust/KY Local Gov't H	Check No	51555
DATE	INVOICE NUMBER			AMOUNT DUE	DISCOUNT TAKEN	NET AMOUNT DUE
7/22/2024	August 2024			20,605.69	0.00	20,605.69

7/22/2024 TOTAL 20,605.69 0.00 20,605.69

EDMONSON COUNTY WATER DISTRICT OPERATING & MAINTENANCE		VENDOR	Ky Local	KY Local Gov't Health Trust/KY Local Gov't H	Check No	51555
DATE	INVOICE NUMBER			AMOUNT DUE	DISCOUNT TAKEN	NET AMOUNT DUE
7/22/2024	August 2024			20,605.69	0.00	20,605.69

7/22/2024 TOTAL 20,605.69 0.00 20,605.69