Location	Prepared
TONY SANDERS	
Edmonson County Water	
District	07/17/2024

Location Premium Detail for Edmonson County Water District

07/17/2024

August 2024 Final Invoice

Billing Period

Remit Payment to:

Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588

Payment Due Date

BROWNSVILLE, KY 42210

P.O. BOX 208

08/01/2024

60431-2947.32

Company

Current Total Premiums Due

\$20,605.69 60432-2210

CURRENT

Employee

Employee/Plan	Tier	Coverage	Premium	Premium	Total Premium
Active					
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
V31781M001 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
Dalla 2425 Daniel Calling C					
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
Polto 0195 Pontal Ontion 3	540	***	**	22.22	
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

August 2024 Final Invoice

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07/17/2024

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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
D. H. OLOS D. L. L. Outlier C.	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Dental Option 2		\$0.00	\$0.00	\$0.00	\$5.87
Delta 0185 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$711.28
W31781M001 HRAC01T1	EMP Employee Totals	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	\$736.83
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	_
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
Patte 0405 Parket Outline 0	EIID.	#0.00	eo oo	60.00	240.00
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 Employee Totals	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$711.28 \$736.83
		40.00	******	40.00	0,00,00
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	CONTROL CONTROL AND CONTROL CO	2	nployee C		07/17/2024
Employee/Plan	Tier C	overage P		ompany To remium	tal 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
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	Employee Totale	\$0.00	\$0.00	\$0.00	\$736.83
,	Employee Totals	\$0.00	\$0.00	\$0.00	\$7.00.00
Daile 0425 Daniel Online 2	, EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0185 Dental Option 2		\$0.00	\$0.00	\$0.00	\$5.87
Delta 0185 Vision 150	EMP EMP	\$0.00	\$0.00	\$0.00	\$711.28
W31781M001 HRAC01T1	Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
	Employee Totals	ψ0.00	Ψοίοο	ψυ,υυ	0100.00
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
VVOITOURIUST INCOUTET	Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
			*****	40.00	V. 00.00
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
11011011110011111100111	Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
		40.00	70.00	45,05	
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
110170111100111111100111	Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
	Employee rotals	40.00	40.00	Ψ0.00	4100.00
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
			*****	40.00	4.55.55
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
		,	,	¥	<u> </u>
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 C	overage Er		ompany 🖭 📆	lai Premium
	NAME AND A STATE OF THE PARTY AND A	entransminister in the second of the second		, or month	
W31781M001 HRAC01T1	EMP	\$0.00	\$0.00	\$0.00	\$711.28
	Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
The state Production of	T14D	00.00	***	60.00	040.00
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
<u> </u>	Employee Totals	\$0.00	\$0.00	\$0.00	\$736.83
Dalla DARE Daniel California	275 AM	60.00	ድ ለ ለድ	#A #A	#40 OC
Delta 0185 Dental Option 2	EMP	\$0.00 #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

4	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		ompany Premium	Total Premium	
Salary	<u></u>					
	-					
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	
ENERGY CHARLEST CHARLES AND	ADJUSTME	NTS				
	ADJUSTED TO	OTALS				
	Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$20,605.69	
		Previou	s Total Due		\$18,620.06	
		Total Payme	nt Received		\$18,620.06	
		Unp	aid Balance	\$0 \$20,605 \$0		
		Current Tot	al Premium			
			Billing Fees			
		Adjus	tment Total		\$0.00	
			Misc Fees		\$0.00	
		Location	Adjustment	t		
		Curren	Total Due		\$20,605.69	
August 2024 Final Invoice	• • • • • • • • • • • • • • • • • • •	5			07/17/2024	

Location Premium Summary

	Client			Location			Billing Per	lod		Prepared	
_ KLC			Edi	monson County V	Vater District		August 2024 Fin	al Invoice		07/17/202	4
				Current	and the second		Adjustme	nt		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	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
									L	ocation 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				
	A. A	-		Current	A 1		Adjustment			Total	
Benefit	Plan III	Tier	Count	Volume	Premium	Count	Volume Pre	mium	Count	Volume	Premium
Medical	W31781M001 HRAC01T1	ЕМР	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	\$531.3 6	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
									l.	ocation Adjustment	\$0.00
										Billing Fees	\$0.00
										Grand Total	\$20,605.69

TWENTY THOUSAND SIX HUNDRED FIVE AND 69/100 US DOLLARS

DATE

AMOUNT

7/22/2024

*\$20,605,69

TO THE ORDER KY-Lcoal Gov't Health Trust SP O Box 34021 Lexington, KY 40588

#051555# **#**083907560# #305 086 6#

EDMONSON COUNTY WATER DISTRICT OPERATING & MAINTENANCE

VENDOR Ky Local

KY Local Gov't Health Trust/KY Lcoal Gov't H AMOUNT DUE

DISCOUNT TAKEN

51555 Check No **NET AMOUNT DUE**

DATE . 7/22/2024 INVOICE NUMBER August 2024

20,605.69

0.00

20,605.69

7/22/2024

TOTAL

20,605.69

0.00

0.00

20,605.69

EDMONSON COUNTY WATER DISTRICT OPERATING & MAINTENANCE

VENDOR

Ky Local

AMOUNT DUE

KY Local Gov't Health Trust/KY Lcoal Gov't H **DISCOUNT TAKEN**

51555 51555 Check No **NET AMOUNT DUE**

DATE 7/22/2024 **INVOICE NUMBER**

August 2024

20,605.69

0.00

20,605.69