



RECEIVED SEP 25 2023

CONSOLIDATED INVOICE

Client Name: Southern Water & Sewer District

Invoice No.: CNS0001356439

Client No.: See Below

Invoice Date: 10/01/2023

Billing Period: 10/01/2023 Thru 10/31/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
682690	2001	Southern Water & Sewer	0.00	15	Premium	RIS0005209742	489.15	489.15
	<b>Total:</b>		<b>0.00</b>	<b>15</b>			<b>489.15</b>	<b>489.15</b>
68269V	V130	Southern Water & Sewer	0.00	14	Premium	RIS0005209743	119.42	119.42
	<b>Total:</b>		<b>0.00</b>	<b>14</b>			<b>119.42</b>	<b>119.42</b>
<b>Total:</b>			<b>\$0.00</b>	<b>29</b>			<b>\$608.57</b>	<b>\$608.57</b>

For inquiries please call: 1-800-955-2030

Changes made after 9/13/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

REMITTANCE



Invoice No.: CNS0001356439  
 Invoice Date: 10/01/2023  
 PO Number:  
 Client No: 682690  
 Due Date: 10/05/2023  
 Billing Period: 10/01/2023 Thru 10/31/2023  
 AMOUNT DUE: \$608.57

Amount Remitted: DO NOT PAY/AUTODEDUCTED

Southern Water & Sewer District  
 ATTN: Paula Burke  
 PO Box 610  
 Mc Dowell, KY 41647-0610

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



## INVOICE

Client Name: Southern Water &amp; Sewer District

Invoice No.: RIS0005209742

Client No.: 6826902001

Invoice Date: 10/01/2023

Billing Period: 10/01/2023 Thru 10/31/2023

Line	Identifier	Description	Quantity	UOM	Amount Due
Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site ""First Time Login"" page.					
		Balance Forward			0.00
1		Subscriber Only	8	21.71	173.68
2		Subscriber and Spouse	5	43.35	216.75
3		Subscriber and 1 Child	2	49.36	98.72
<b>Current Monthly Total:</b>			<b>15</b>		<b>\$489.15</b>
<b>Total Amount Due:</b>					<b>\$489.15</b>

For inquiries please call: 1-800-955-2030

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PLEASE RETURN BOTTOM PORTION WITH PAYMENT

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## REMITTANCE



Invoice No.: RIS0005209742

Invoice Date: 10/01/2023

PO Number:

Client No.: 6826902001

Due Date: 10/05/2023

Billing Period: 10/01/2023 Thru 10/31/2023

AMOUNT DUE: \$489.15

Amount Remitted: 

Southern Water & Sewer District  
 ATTN: Paula Burke  
 PO Box 610  
 Mc Dowell KY 41647-0610

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



# INVOICE

Client Name: Southern Water & Sewer District Vision  
 Client No.: 68269VV130

Invoice No.: RIS0005209743  
 Invoice Date: 10/01/2023  
 Billing Period: 10/01/2023 Thru 10/31/2023

Line	Identifier	Description	Quantity	UOM	Amount Due
Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site "First Time Login" page.					
		Balance Forward			0.00
1		Subscriber Only	6	5.36	32.16
2		Subscriber and Spouse	6	10.72	64.32
3		Subscriber and 1 Child	1	11.47	11.47
4		Subscriber and 2+ Children	1	11.47	11.47
<b>Current Monthly Total:</b>			<b>14</b>		<b>\$119.42</b>
<b>Total Amount Due:</b>					<b>\$119.42</b>

For inquiries please call: 1-800-955-2030

Changes made after 9/13/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: RIS0005209743  
 Invoice Date: 10/01/2023  
 PO Number:  
 Client No.: 68269VV130  
 Due Date: 10/05/2023  
 Billing Period: 10/01/2023 Thru 10/31/2023  
 AMOUNT DUE: \$119.42

Southern Water & Sewer District Vision  
 ATTN: Paula Burke  
 PO Box 610  
 1c Dowell KY 41647-0610

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



# CONSOLIDATED INVOICE

Client Name: Southern Water & Sewer District

Invoice No.: CNS0001461201

Client No.: See Below

Invoice Date: 02/01/2024

Billing Period: 02/01/2024 Thru 02/29/2024

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
682690	2001	Southern Water & Sewer	0.00	16	Premium	RIS0005497327	568.13	568.13
	<b>Total:</b>		<b>0.00</b>	<b>16</b>			<b>568.13</b>	<b>568.13</b>
68269V	V130	Southern Water & Sewer	0.00	15	Premium	RIS0005497328	137.75	137.75
	<b>Total:</b>		<b>0.00</b>	<b>15</b>			<b>137.75</b>	<b>137.75</b>
<b>Total:</b>			<b>\$0.00</b>	<b>31</b>			<b>\$705.88</b>	<b>\$705.88</b>

For inquiries please call: 1-800-955-2030

Changes made after 1/21/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: CNS0001461201

Invoice Date: 02/01/2024

PO Number:

Client No: 682690

Due Date: 02/05/2024

Billing Period: 02/01/2024 Thru 02/29/2024

AMOUNT DUE: \$705.88

Amount Remitted:

Southern Water & Sewer District  
 ATTN: Paula Burke  
 245 Ky Route 680  
 Mc Dowell, KY 41647-6012

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



RECEIVED JAN 26 2024

INVOICE

Client Name: Southern Water & Sewer District Vision

Invoice No.: RIS0005497328

Client No.: 68269VV130

Invoice Date: 02/01/2024

Billing Period: 02/01/2024 Thru 02/29/2024

Line	Identifier	Description	Quantity	UOM	Amount Due
Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site ""First Time Login"" page.					
		Balance Forward			0.00
1		Subscriber Only	6	5.36	32.16
2		Subscriber and Spouse	6	10.72	64.32
3		Subscriber, Spouse, Children	1	18.33	18.33
4		Subscriber and 1 Child	1	11.47	11.47
5		Subscriber and 2+ Children	1	11.47	11.47
<b>Current Monthly Total:</b>			<b>15</b>		<b>\$137.75</b>
<b>Total Amount Due:</b>					<b>\$137.75</b>

For inquiries please call: 1-800-955-2030

Changes made after 1/21/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

REMITTANCE



Invoice No.: RIS0005497328  
 Invoice Date: 02/01/2024  
 PO Number:  
 Client No.: 68269VV130  
 Due Date: 02/05/2024  
 Billing Period: 02/01/2024 Thru 02/29/2024  
 AMOUNT DUE: \$137.75

Southern Water & Sewer District Vision  
 ATTN: Paula Burke  
 PO Box 610  
 Mc Dowell KY 41647-0610

Amount Remitted: DO NOT PAY/AUTODEDUCTED

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



## INVOICE

Client Name: Southern Water &amp; Sewer District

Invoice No.: RIS0005497327

Client No.: 6826902001

Invoice Date: 02/01/2024

Billing Period: 02/01/2024 Thru 02/29/2024

Line	Identifier	Description	Quantity	UOM	Amount Due
Reminder: Billing details are only available online on Benefit Manager Toolkit (www.benefitmanagertoolkit.com). If you do not yet have access, update your security settings via the site ""First Time Login"" page.					
		Balance Forward			0.00
1		Subscriber Only	8	21.71	173.68
2		Subscriber and Spouse	5	43.35	216.75
3		Subscriber, Spouse, Children	1	78.98	78.98
4		Subscriber and 1 Child	2	49.36	98.72
<b>Current Monthly Total:</b>			<b>16</b>		<b>\$568.13</b>
<b>Total Amount Due:</b>					<b>\$568.13</b>

For inquiries please call: 1-800-955-2030

Changes made after 1/21/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

3319

## REMITTANCE



Invoice No.: RIS0005497327

Invoice Date: 02/01/2024

PO Number:

Client No.: 6826902001

Due Date: 02/05/2024

Billing Period: 02/01/2024 Thru 02/29/2024

AMOUNT DUE: \$568.13

Amount Remitted: 

Southern Water & Sewer District  
 ATTN: Paula Burke  
 245 Ky Route 680  
 Mc Dowell KY 41647-6012

PLEASE SEND PAYMENT TO:  
 DELTA DENTAL OF KENTUCKY  
 P O Box 950199  
 Louisville KY 40295-0199



Delta Dental of Kentucky, Inc.

PO Box 950199

Louisville, KY 40295-0199

Bill To:

Southern Water & Sewer District

Lucy Howell  
245 Ky Route 680  
Mc Dowell, KY 41647

Invoice Date 03/20/2025  
Coverage Period 04/01/2025 - 04/30/2025  
Invoice number 20250320001883  
Due Date Due upon receipt

Group	Southern Water & Sewer District	Premium Group Number	682690-2001
Plan	Period	Coverage Type	Count Total
Dental	04/01/2025	Subscriber and 1 Child	2 \$101.68
Dental	04/01/2025	Subscriber and Spouse	4 \$178.60
Dental	04/01/2025	Subscriber Only	4 \$89.44
Dental	04/01/2025	Subscriber, Spouse, Children	2 \$162.70
Vision	04/01/2025	Subscriber and Spouse	4 \$42.88
Vision	04/01/2025	Subscriber Only	4 \$21.44
Vision	04/01/2025	Subscriber, Spouse, Children	2 \$36.66
Vision	04/01/2025	Subscriber and 1 Child	1 \$11.47
Vision	04/01/2025	Subscriber and 2+ Children	1 \$11.47
			<u>24</u> <u>\$656.34</u>
<b>Current Premiums</b>			\$656.34
Prior Period Adjustments			\$ .00
Manual Invoice Adjustments			\$ .00
<b>Current Period Billing</b>			<u>\$656.34</u>

\* If total amount due is negative, then no payment required at this time.

\* Confirmed EFT groups will have payment auto deducted.

Current Billing Detail

<b>Group</b>	Southern Water & Sewer District		<b>Group Number</b>	682690-2001	
<b>Plan</b>	DeltaVision 130				
<b>Name</b>	<b>Subscriber</b>	<b>Period</b>	<b>Premium Type</b>	<b>Amount</b>	
██████████	76599997	04/01/2025	Subscriber and Spouse	\$10.72	
██████████	59599238	04/01/2025	Subscriber and Spouse	\$10.72	
██████████	59599254	04/01/2025	Subscriber and 2+ Children	\$11.47	
██████████	59599273	04/01/2025	Subscriber and 1 Child	\$11.47	
██████████	77400462	04/01/2025	Subscriber, Spouse, Children	\$18.33	
██████████	661261565	04/01/2025	Subscriber, Spouse, Children	\$18.33	
██████████	347238510	04/01/2025	Subscriber and Spouse	\$10.72	
██████████	59599283	04/01/2025	Subscriber Only	\$5.36	
██████████	59599296	04/01/2025	Subscriber and Spouse	\$10.72	
██████████	59599297	04/01/2025	Subscriber Only	\$5.36	
██████████	72981753	04/01/2025	Subscriber Only	\$5.36	
██████████	67748776	04/01/2025	Subscriber Only	\$5.36	
				<hr/> \$123.92	

<b>Group</b>	Southern Water & Sewer District		<b>Group Number</b>	682690-2001	
<b>Plan</b>	682690-PDM1				
<b>Name</b>	<b>Subscriber</b>	<b>Period</b>	<b>Premium Type</b>	<b>Amount</b>	
██████████	947107586	04/01/2025	Subscriber and Spouse	\$44.65	
██████████	947107581	04/01/2025	Subscriber and Spouse	\$44.65	
██████████	947107585	04/01/2025	Subscriber and 1 Child	\$50.84	
██████████	947107580	04/01/2025	Subscriber and 1 Child	\$50.84	
██████████	946854811	04/01/2025	Subscriber, Spouse, Children	\$81.35	
██████████	661261565	04/01/2025	Subscriber, Spouse, Children	\$81.35	
██████████	347238510	04/01/2025	Subscriber and Spouse	\$44.65	
██████████	947107582	04/01/2025	Subscriber Only	\$22.36	
██████████	947107578	04/01/2025	Subscriber and Spouse	\$44.65	
██████████	947107583	04/01/2025	Subscriber Only	\$22.36	
██████████	942205073	04/01/2025	Subscriber Only	\$22.36	
██████████	936396163	04/01/2025	Subscriber Only	\$22.36	
				<hr/> \$532.42	
			<b>Total</b>	<hr/> <b>\$656.34</b>	

Prior Period Adjustment Detail

Total

Invoice Manual Adjustment Detail

<b>Adjustment Type</b>	<b>Amount</b>
	<hr/> <b>Total</b>