



Group Name
CRITTENDEN LIVINGSTON WATER DISTRICT
Bill Entity
SK0106M001
Invoice Number
001758202G

*****ALL FOR AADC 476
32767 1 AB 0.593 103
CRITTENDEN LIVINGSTON WATER DISTRICT
ABBIE BELT
620 E MAIN ST
SALEM KY 42078-8034

Bill Period 01/01/2025 to 02/01/2025

Total Amount to Be Deducted **\$6,827.32**
by **January 1, 2025**

Please refer to the Bill Summary section for a breakdown of your premium on the back of this page

DO NOT MAIL A PAYMENT. PAYMENTS MUST BE ELECTRONICALLY DEDUCTED AS REQUIRED IN YOUR PARTICIPATION AGREEMENT.

THIS STATEMENT IS FOR YOUR RECORDS ONLY AND REFLECTS PREMIUM EQUIVALENTS DEDUCTED VIA YOUR ELECTRONIC FUND TRANSFER (EFT).

TET

20241211 016079 Env [32,767] 1 of 2 B 4

016079020101

BILL SUMMARY

Bill Period 01/01/2025 to 02/01/2025

Prior Balance	\$6,827.32
Payments Received	-\$6,827.32
Amount Due From Prior Bill	\$0.00
Current Detail	\$6,827.32
Total Amount Due	\$6,827.32

Group Name: CRITTENDEN LIVINGSTON WATER DISTRICT / Bill Entity: SK0106M001 / Group Contact: ABBIE BELT
Invoice Number: 001758202G / Bill Period: 01/01/2025 to 02/01/2025 / Due Date: 01/01/2025
Premium Specialist: MEWA BP BILL.CC / For Questions Call: (844) 348-6155

PRODUCT SUMMARY DETAILS

Understanding the Contract Type Values

- S = Subscriber Only
- 2P = Subscriber and Spouse
- FAM = Family
- DEP = One Dependent
- DEPS = Two or more Dependents
- S+DEP = Subscriber + One Dependent (No Spouse)
- S+DEPS = Subscriber + Two or more Dependents (No Spouse)

Plan: SK0106M001 – KY BLUE ACCESS PPO – ACT

Contract Type	Contract Count	Current Premium	Retroactive Premium	Total	Billing Rate
S	11	\$4,579.30	\$0.00	\$4,579.30	\$416.30
2P	0	\$0.00	\$0.00	\$0.00	\$874.23
S+DEP	1	\$749.34	\$0.00	\$749.34	\$749.34
FAM	0	\$0.00	\$0.00	\$0.00	\$1,207.27
S+DEPS	2	\$1,498.68	\$0.00	\$1,498.68	\$749.34
Total	14	\$6,827.32	\$0.00	\$6,827.32	
Total All Plans		\$6,827.32	\$0.00	\$6,827.32	

IMPORTANT NOTICE: If this bill reflects an outstanding balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right as Claims Administrator in your Participation Agreement with your Benefit Plan Trust to automatically terminate your group's Participation Agreement and therefore, your medical benefits through your Benefit Plan Trust for failure to timely pay your premium equivalent rate.

IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM EQUIVALENT RATE: Please be advised that if Anthem does not receive your medical premium equivalent rate payment by the due date, the group health coverage for medical policies will be terminated effective on the last day through which the full medical premium equivalent was paid. This notice serves as the 15 day notice of termination required by law.

Membership changes can be submitted by logging onto the Employer Access portal on www.anthem.com. Submit membership changes per instructions provided. We will adjust your premium, when applicable, on a future bill.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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20241211 016079 Env [32,767] 2 of 2 B 4

Group Name: CRITTENDEN LIVINGSTON WATER DISTRICT / Bill Entity: SK0106M001 / Group Contact: ABBIE BELT.
 Invoice Number: 001758202G / Bill Period: 01/01/2025 to 02/01/2025 / Due Date: 01/01/2025
 Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-6155

BILL DETAILS

Current Detail

ID No.	Subscriber Name	Department No.	Employee No.	Group No.	Contract Type	No. Cvd	Premium Amount
337M64579	[REDACTED]			SK0106M001	S+DEPS	0	\$749.34
971M91114	[REDACTED]			SK0106M001	S	0	\$416.30
776M56373	[REDACTED]			SK0106M001	S	0	\$416.30
072W16647	[REDACTED]			SK0106M001	S	0	\$416.30
827A69701	[REDACTED]			SK0106M001	S	0	\$416.30
346W02744	[REDACTED]			SK0106M001	S	0	\$416.30
205W20327	[REDACTED]			SK0106M001	S	0	\$416.30
376M87090	[REDACTED]			SK0106M001	S	0	\$416.30
000M95770	[REDACTED]			SK0106M001	S+DEP	0	\$749.34
907M89735	[REDACTED]			SK0106M001	S	0	\$416.30
736W02743	[REDACTED]			SK0106M001	S	0	\$416.30
759M74500	[REDACTED]			SK0106M001	S	0	\$416.30
921M75239	[REDACTED]			SK0106M001	S+DEPS	0	\$749.34
386W19051	[REDACTED]			SK0106M001	S	0	\$416.30
Subtotal for Group No.				SK0106M001		14	\$6,827.32
Total Subscribers				14	Current Detail Subtotal		\$6,827.32
						Total Amount Due	\$6,827.32



Group Name
**CRITTENDEN LIVINGSTON WATER
DISTRICT**
Bill Entity
SK0106M001
Invoice Number
700171746M



*****ALL FOR AADC 476
32768 1 AB 0.593 103
CRITTENDEN LIVINGSTON WATER DISTRICT
ABBIE BELT
620 E MAIN ST
SALEM KY 42078-8034

Bill Period 01/01/2025 to 02/01/2025

Total Amount to Be Deducted **\$70.00**

by January 1, 2025

038838020101

**DO NOT MAIL A PAYMENT. PAYMENTS MUST BE ELECTRONICALLY DEDUCTED AS
REQUIRED IN YOUR PARTICIPATION AGREEMENT.**

**THIS STATEMENT IS FOR YOUR RECORDS ONLY AND REFLECTS PRODUCT DUES
DEDUCTED VIA YOUR ELECTRONIC FUND TRANSFER (EFT).**

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20241211 038838 Env [32,768] 1 of 2 B 4

BILL SUMMARY

Bill Period 01/01/2025 to 02/01/2025

Prior Balance	\$70.00
Payments Received	-\$70.00
Amount Due From Prior Bill	\$0.00
Current Detail	\$70.00
Total Amount Due	\$70.00

Group Name: CRITTENDEN LIVINGSTON WATER DISTRICT / Bill Entity: SK0106M001 / Group Contact: ABBIE BELT
Invoice Number: 700171746M / Bill Period: 01/01/2025 to 02/01/2025 / Due Date: 01/01/2025
Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-6155

MEWA PRODUCT DUES

MEWA Product Dues:	No. Covered	Rate	Total
Current Subscriber Enrollment	14	\$5.00	\$70.00

Note: The Product Dues are not included in the premium equivalent rate and are not billed on behalf of the Trust. As a convenience, Product Dues are billed on behalf of the Establishing Organization and are billed in accordance with your Participating Business Acknowledgement Agreement with the Establishing Organization.

IMPORTANT NOTICE REGARDING PAYMENT OF PRODUCT DUES: Please be advised that if Anthem does not receive your group's product dues payment by the due date, the group health coverage will be terminated effective on the last day through which the full product dues were paid. This notice serves as the 15 day notice of termination required by law.

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 Invoice Number: 700171746M / Bill Period: 01/01/2025 to 02/01/2025 / Due Date: 01/01/2025
 Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-8155

BILL DETAILS

Membership Detail

ID No.	Subscriber Name	Department No.	Employee No.	Group No.	Total Amount
337M64579	[REDACTED]			SK0106M001	\$5.00
971M91114	[REDACTED]			SK0106M001	\$5.00
776M56373	[REDACTED]			SK0106M001	\$5.00
072W16647	[REDACTED]			SK0106M001	\$5.00
827A69701	[REDACTED]			SK0106M001	\$5.00
346W02744	[REDACTED]			SK0106M001	\$5.00
205W20327	[REDACTED]			SK0106M001	\$5.00
376M87090	[REDACTED]			SK0106M001	\$5.00
000M95770	[REDACTED]			SK0106M001	\$5.00
907M89735	[REDACTED]			SK0106M001	\$5.00
736W02743	[REDACTED]			SK0106M001	\$5.00
759M74500	[REDACTED]			SK0106M001	\$5.00
921M75239	[REDACTED]			SK0106M001	\$5.00
386W19051	[REDACTED]			SK0106M001	\$5.00
Subtotal for Group No.			SK0106M001	14	\$70.00
Total Subscribers: 14			Membership Detail Subtotal		\$70.00
					Total Amount Due \$70.00