Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

1. Provide the following expense account data:

a. Gas schedules, in comparative form, showing the operating expense account balance for the base period and each of the three most recent calendar years for each account or subaccount included in Delta's annual report. Show the percentage of increase or decrease of each year over the prior year.

Response:

See attached.

Account Number	Account Description	Base Year	2023	2022	2021	Base Year v 2023	2023 v 2022	2022 v 2021
Case No.	2024-00346							
	Operation Expenses (401)							
	Gas Production Operating Expense:							
	Natural Gas Production Oper Exp:							
9753000	9753000 Nat Gas Prod/Gath Op - Field Lines Expenses	9,452	37,286	41,091	38,294	-75%	-9%	7%
9754000	9754000 Nat Gas Prod/Gath Op - Field Compressor Sta Exps	84,483	160,359	152,582	130,686	-47%	5%	17%
	Natural Gas Prod & Gath Operation Exp	93,935	197,645	193,673	168,980	-52%	2%	15%
	Total Natural Gas Production Oper Exp	93,935	197,645	193,673	168,980	-52%	2%	15%
9803000	9803000 Oth Gas Supply Op - Nat Gas Transm Line Pur	15,297,787	19,073,652	21,172,028	15,328,148	-20%	-10%	38%
9805100	9805100 Oth Gas Supply Op - Pur Gas Cost Adjustments	29,204	(1,386,148)	1,677,138	(484,955)	-102%	-183%	-446%
9813000	9813000 Oth Gas Supply Op - Other Gas Suppl	604	1,267	1,202	1,059	-52%	5%	13%
	Other Gas Supply Operation Expenses	15,327,595	17,688,772	22,850,368	14,844,252	-13%	-23%	54%
	Total Gas Production Operating Exp	15,327,595	17,886,417	23,044,041	15,013,232	-14%	-22%	53%
	Nat Gas Storage, Term & Proc Oper Exp:					0%	0%	0%
9816000	9816000 UG Storage Op - Well Expenses	46,758	88,947	73,418	61,600	-47%	21%	19%
9818000	9818000 UG Storage Op - Compressor Station Expenses	355,435	96,429	101,351	75,601	269%	-5%	34%
9821000	9821000 UG Storage Op - Purification Expenses	69,036	195,993	254,377	84,479	-65%	-23%	201%
9824000	9824000 UG Storage Op - Other Expenses	20,121	45,478	8,455	11,673	-56%	438%	-28%
9825000	9825000 UG Storage Op - Storage Well Royalties	26,192	53,109	53,109	53,109	-51%	0%	0%
	Underground Storage Operation Expense	517,543	479,956	490,710	286,462	8%	-2%	71%
	Ttl Nat Gas Strg, Term & Proc Oper Exp	517,543	479,956	490,710	286,462	8%	-2%	71%
9851000	9851000 Gas Transmission Op - Sys Control & Load Dispatch	100,728	134,347	117,617	114,587	-25%	14%	3%
9856000	9856000 Gas Transmission Op - Mains Expenses	925,700	455,513	3,277,187	3,142,632	103%	-86%	4%
9858000	9858000 Gas Transmission Op - Transm/Compres Gas by Others	65,340	241,320	350,045	294,288	-73%	-31%	19%
	Gas Transmission Operations Exp	1,091,768	831,179	3,744,849	3,551,508	31%	-78%	5%
9870000	9870000 Gas Distribution Op - Supervision and Engineering	693	(13,545)	(27,042)	(23,533)	-105%	-50%	15%
9872000	9872000 Gas Distribution Op - Compr Sta Labor & Expense	328,583	403,040	352,851	343,762	-18%	14%	3%
9874000	9874000 Gas Distribution Op - Mains and Services Exps	3,609,664	4,804,234	1,076,221	1,032,927	-25%	346%	4%
9875000	9875000 Gas Distribution Op - Meas/Reg Sta Exps-General	2,021	1,422	933	2,166	42%	52%	-57%
9878000	9878000 Gas Distribution Op - Meter/House Reg Exps	417,731	297,243	374,542	346,853	41%	-21%	8%
9879000	9879000 Gas Distribution Op - Customer Installations Exps	17,986	88,069	130,841	108,255	-80%	-33%	21%
9880000	9880000 Gas Distribution Op - Other Expenses	552,621	601,251	641,069	486,941	-8%	-6%	32%
	Gas Distribution Operations Exp	4,929,299	6,181,713	2,549,415	2,297,371	-20%	142%	11%
9902000	9902000 Customer Accounts - Meter Reading Expenses	34,977	255,539	195,274	311,313	-86%	31%	-37%
9903000	9903000 Customer Accounts - Customer Records & Collections	804,758	740,020	951,916	796,119	9%	-22%	20%
9904000	9904000 Customer Accounts - Uncollectible Accounts	244,561	423,462	100,296	191,069	-42%	322%	-48%
	Customer Accounts Expense	1,084,296	1,419,021	1,247,486	1,298,501	-24%	14%	-4%
9907000	9907000 Customer Service/Info - Supervision	-	0	0	120	0%	0%	-100%
9909000	9909000 Customer Service/Info - Info & Instructional Adver	-	0	25	619	0%	-100%	-96%
	Customer Service and Informational Expen	-	0	25	739	0%	-100%	-97%
9912000	9912000 Sales Expense - Demonstrating & Selling	4,196	576	533	502	628%	8%	6%
	Sales Expense	4,196	576	533	502	628%	8%	6%
9920000	9920000 Admin & General - Salaries	2,293,637	2,451,704	1,762,585	2,223,724	-6%	39%	-21%
9921000	9921000 Admin & General - Office Supplies & Expenses	1,285,205	2,032,770	1,336,268	1,432,681	-37%	52%	-7%
9922000	9922000 Admin & General - Admin Exp Transferred - Credit	(1,970,161)	(2,442,163)	(2,520,207)	(1,898,035)	-19%	-3%	33%
9923000	9923000 Admin & General - Outside Services Employed	2,342,991	2,501,259	1,466,116	1,217,526	-6%	71%	20%
9924000	9924000 Admin & General - Property Insurance	588,130	168,737	36,982	122,609	249%	356%	-70%
9925000	9925000 Admin & General - Injuries & Damages	836,374	1,154,637	1,620,338	1,583,421	-28%	-29%	2%
9926000	9926000 Admin & General - Employee Benefits	3,323,691	2,067,442	1,691,871	2,105,675	61%	22%	-20%
9928000	9928000 Admin & General - Regulatory Commission Expenses	506,938	175,628	174,883	183,008	189%	0%	-4%
9930100	9930100 Admin & General - General Advertising Expenses	500	13,585	24,275	25,593	-96%	-44%	-5%
9930200	9930200 Admin & General - Miscellaneous Expenses	48,660	48,299	79,539	89,587	1%	-39%	-11%
9931000	9931000 Admin & General - Rents	-	0	0	46,530	0%	0%	-100%
	Administrative & General Operations Exp	9,255,965	8,171,897	5,672,649	7,132,319	13%	44%	-20%
	Total Operation Expenses (401)	32,304,597	34,970,760	36,749,709	29,580,635	-8%	-5%	24%
	Maintenance Expenses (402)					0%	0%	0%
	Gas Production Maintenance Expenses					0%	0%	0%
9764000	9764000 Nat Gas Prod/Gath Maint - Field Lines	235	4,919	4,133	354	-95%	19%	1069%
9765000	9765000 Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	63,903	80,728	65,216	41,009	-21%	24%	59%
	Natural Gas Prod & Gath Maint Exp	64,138	85,647	69,349	41,362	-25%	24%	68%
	Total Nat Gas Production Maint Exp	64,138	85,647	69,349	41,362	-25%	24%	68%
	Total Gas Production Maintenance Exp	64,138	85,647	69,349	41,362	-25%	24%	68%
	Nat Gas Storage, Term & Proc Maint Exp					0%	0%	0%
9831000	9831000 UG Storage Maint - Structures/Improvements	3,009	820	6,180	24,741	267%	-87%	-75%
9832000	9832000 UG Storage Maint - Reservoirs and Wells	72,728	71,271	66,920	74,731	2%	7%	-10%

Account Number	Account Description	Base Year	2023	2022	2021	Base Year v 2023	2023 v 2022	2022 v 2021
9833000	9833000 UG Storage Maint - Lines	-	0	375	0	0%	-100%	0%
9834000	9834000 UG Storage Maint - Compressor Station Equipment	17,605	20,697	31,066	19,417	-15%	-33%	60%
9835000	9835000 UG Storage Maint - Meas/Reg Station Equip	411	0	0		0%	0%	
9837000	9837000 UG Storage Maint - Other Equipment	221	2,034	344	4,874	-89%	492%	-93%
	Underground Storage Maintenance Exp	93,974	94,822	104,885	123,763	-1%	-10%	-15%
	Ttl Nat Gas Stor, Term & Proc Maint	93,974	94,822	104,885	123,763	-1%	-10%	-15%
9863000	9863000 Gas Transmission Maint - Mains	(31,751)	10,565	35,488	(41,899)	-401%	-70%	-185%
	Gas Transmission Maintenance Expense	(31,751)	10,565	35,488	(41,899)	-401%	-70%	-185%
9885000	9885000 Gas Distribution Maint - Supervision & Engineering	264,917	160,245	171,017	127,350	65%	-6%	34%
9886000	9886000 Gas Distribution Maint - Structures/Improvements	23,393	38,292	71,003	4,910	-39%	-46%	1346%
9887000	9887000 Gas Distribution Maint - Mains	192,112	163,775	176,892	6,190	17%	-7%	2758%
9889000	9889000 Gas Distribution Maint - Meas/Reg Sta Equip-Genl	2,003	1,421	919	2,148	41%	55%	-57%
9892000	9892000 Gas Distribution Maint - Services	19,698	46,060	42,675	53,901	-57%	8%	-21%
9893000	9893000 Gas Distribution Maint - Meters/House Regulators	386,906	228,469	203,540	149,585	69%	12%	36%
9894000	9894000 Gas Distribution Maint - Other Equipment	89,069	204,447	182,804	242,482	-56%	12%	-25%
	Gas Distribution Maintenance Expense	978,098	842,709	848,851	586,567	16%	-1%	45%
9932000	9932000 Admin & General Maint -Other General Plant -Gas	46,998	30,958	46,739	49,262	52%	-34%	-5%
	Administrative & General Maintenance Exp	46,998	30,958	46,739	49,262	52%	-34%	-5%
	Total Maintenance Expenses (402)	1,151,458	1,064,702	1,105,311	759,055	8%	-4%	46%
9403000	9403000 Depreciation Expense - Utility Plant	10,788,806	10,213,920	8,751,475	7,910,791	6%	17%	11%
	Depreciation Expense (403)	10,788,806	10,213,920	8,751,475	7,910,791	6%	17%	11%
9404000	9404000 Amortization Expense - Utility Plant	-	0	0	424,502	0%	0%	-100%
9404200	9404200 Amort & Depl of UG Storage Land & Land Rights	-	0	0	15,917	0%	0%	-100%
	Amort & Depletion of Util Plnt (404-405)				440,420	0%	0%	-100%
9407300	9407300 Amortization Expense - Regulatory Debits	-	315,780	315,780	0	-100%	0%	0%
	Regulatory Debits (407.3)		315,780	315,780	0	-100%	0%	0%
9408100	9408100 Taxes Other than Income Taxes - Utility Operating	3,644,405	3,312,510	3,571,873	3,434,844	10%	-7%	4%
	Taxes Other than Income Taxes (408.1)	3,644,405	3,312,510	3,571,873	3,434,844	10%	-7%	4%
9409100	9409100 Income Taxes - Utility Operating Income	1,487,981	2,331,880	1,520,194	246,410	-36%	53%	517%
	Income Taxes (409.1)	1,487,981	2,331,880	1,520,194	246,410	-36%	53%	517%
9410100	9410100 Provision for Deferred Income Taxes - Utility Op I	(211,981)	(1,145,485)	729,541	117,598	-81%	-257%	520%
	Prov for Deferred Income Taxes (410.1)	(211,981)	(1,145,485)	729,541	117,598	-81%	-257%	520%
	Total Operating Expenses	49,165,266	51,064,067	52,743,883	42,489,753	-4%	-3%	24%

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

1. Provide the following expense account data:

b. A listing, with descriptions, of all activities, initiatives or programs undertaken or continued by Delta since its last general rate case for the purpose of minimizing costs or improving the efficiency of its operations or maintenance activities. Include all quantifiable realized and projected savings.

Response:

b. See the direct testimonies of John B. Brown and William C. Packer.

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

2. Provide, in the format provided in Schedule A, gas schedules showing a comparison of the balance in the revenue accounts for each month of the base period to the same month of the immediately preceding 12-month period for each revenue account or subaccount included in Delta's chart of accounts. Include appropriate footnotes to show the month each rate change was approved and the month the full impact of the change was recorded in the accounts.

Response:

See attached.

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Account 9480000 Residential Sales	March	April	May	June	July	August	September	October	November	December	January	February	Total
Base Period	3,510,095	2,622,706	1,836,089	1,157,356	1,069,395	1,088,023	1,205,029	1,684,031	1,473,691	3,440,585	4,177,489	4,251,878	27,516,366
Previous 12 Months	3,893,422	2,368,327	1,627,601	1,208,350	1,176,187	1,137,901	749,807	1,700,060	2,855,028	3,959,878	5,027,720	3,901,063	29,605,343
Increase	-	254,379	208,488	-	-	-	455,222	-	-	-	-	350,815	1,268,905
(Decrease)	(383,327)	-	-	(50,995)	(106,792)	(49,878)	-	(16,029)	(1,381,337)	(519,293)	(850,231)	-	(3,357,882)

Account 9481000 Commercial and Industrial Sales	March	April	May	June	July	August	September	October	November	December	January	February	Total
Base Period	2,328,759	1,680,702	1,285,473	766,896	692,438	748,363	1,112,445	1,354,694	1,083,703	1,987,891	2,235,434	2,440,823	17,717,621
Previous 12 Months	2,377,997	1,628,814	1,064,928	772,061	870,084	861,065	681,183	1,239,008	1,941,329	2,617,528	3,461,455	2,454,167	19,969,618
Increase	-	51,888	220,544	-	-	-	431,262	115,686	-	-	-	-	819,381
(Decrease)	(49,238)	-	-	(5,165)	(177,645)	(112,702)	-	-	(857,626)	(629,637)	(1,226,021)	(13,344)	(3,071,378)

Account 9487000 Forfeited Discounts	March	April	May	June	July	August	September	October	November	December	January	February	Total
Base Period	3,284	2,312	1,915	2,070	1,570	1,522	1,100	400	150	1150	2750	1550	19,774
Previous 12 Months	1,226	1,671	3,133	2,833	1,604	1,242	736	507	69	51	2,717	2,446	18,233
Increase	2,059	641	-	-	-	281	364	-	81	1,099	33	-	4,558
(Decrease)	-	-	(1,218)	(763)	(34)	-	-	(107)	-	-	-	(896)	(3,018)

Account 9488000 Miscellaneous Service	March	April	May	June	July	August	September	October	November	December	January	February	Total
Base Period	3,395	2,294	1,869	1,431	1,782	1,701	3,225	7,575	4,900	2,575	2,225	2,175	35,149
Previous 12 Months	2,233	1,874	1,900	2,628	1,854	1,178	2,138	5,675	3,744	2,128	2,785	2,234	30,372
Increase	1,162	421	-	-	-	523	1,087	1,900	1,156	447	-	-	6,696
(Decrease)	-	-	(30)	(1,197)	(73)	-	-	-	-	-	(560)	(59)	(1,919)

Account 9489300 Revenues from Transportation of Gas of Others Through Distribution Facilities	March	April	May	June	July	August	September	October	November	December	January	February	Total
Base Period	827,105	596,564	545,246	750,470	664,314	559,966	636,169	733,580	878,421	957,663	1,052,488	923,433	9,125,418
Previous 12 Months	768,605	987,185	575,885	272,226	663,359	682,230	583,143	802,927	711,304	1,085,447	1,135,476	872,854	9,140,640
Increase	58,500	-	-	478,244	955	-	53,026	-	167,117	-	-	50,579	808,421
(Decrease)	-	(390,621)	(30,639)	-	-	(122,265)	-	(69,347)	-	(127,784)	(82,988)	-	(823,643)

Account 400 Total Operating Revenues	March	April	May	June	July	August	September	October	November	December	January	February	Total
Base Period	6,672,638	4,904,579	3,670,592	2,678,223	2,429,499	2,399,575	2,957,968	3,780,280	3,440,865	6,389,864	7,470,386	7,619,859	54,414,327
Previous 12 Months	7,043,482	4,987,871	3,273,447	2,258,098	2,713,088	2,683,616	2,017,007	3,748,176	5,511,473	7,665,033	9,630,152	7,232,763	58,764,207
Increase	-	-	397,146	420,124	-	-	940,961	32,104	-	-	-	387,096	2,177,430
(Decrease)	(370,844)	(83,293)	-	-	(283,589)	(284,041)	-	-	(2,070,608)	(1,275,169)	(2,159,766)	-	(6,527,310)

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

3. As the historical data becomes available, provide detailed monthly income statements for each forecasted month of the base period including the month in which the Commission hears this case.

Response:

See attached.

Natural and FERC Statements Case No. 2024-00346

Table

Chart | Filter | Information

	G/L Account	Fiscal year/period	Period Amount 003/2024	Period Amount 004/2024	Period Amount 005/2024	Period Amount 006/2024	Period Amount 007/2024	Period Amount 008/2024	Period Amount 009/2024	Period Amount 010/2024
INCOME STATEMENT	9480000	Residential Sales	$ (2,849,771.80)	$ (1,711,086.44)	$ (1,111,258.80)	$ (1,196,598.15)	$ (1,141,856.17)	$ (998,777.41)	$ (1,206,582.80)	$ (1,619,536.85)
INCOME STATEMENT	9481000	Commercial and Industrial Sales	$ (1,920,781.21)	$ (1,096,607.29)	$ (736,676.30)	$ (799,471.43)	$ (747,277.82)	$ (706,240.16)	$ (805,787.83)	$ (1,175,375.50)
INCOME STATEMENT	FERC136	Sales of Gas (480-484)	$ (4,770,553.01)	$ (2,807,693.73)	$ (1,847,935.10)	$ (1,996,069.58)	$ (1,889,133.99)	$ (1,705,017.57)	$ (2,012,370.63)	$ (2,794,912.35)
INCOME STATEMENT	9487000	Forfeited Discounts	$ (3,284.48)	$ (2,312.23)	$ (1,914.98)	$ (2,069.50)	$ (1,570.05)	$ (1,522.41)	$ (1,285.70)	$ (567.64)
INCOME STATEMENT	9488000	Miscellaneous Service Revenues	$ (3,395.15)	$ (2,294.15)	$ (1,869.49)	$ (1,431.47)	$ (1,781.98)	$ (1,701.47)	$ (2,187.47)	$ (5,582.60)
INCOME STATEMENT	9489300	Revs from Transp of Gas of Others thru Distri Fac.	$ (827,104.71)	$ (596,563.89)	$ (545,245.96)	$ (750,469.86)	$ (664,313.98)	$ (559,965.68)	$ (591,600.46)	$ (713,796.41)
INCOME STATEMENT	9490000	Sales of Products Extracted from Natural Gas	$ (19,421.32)	$ (49,045.13)	$ (50,114.42)	$ (27,455.48)	$ (43,542.11)	$ (21,602.02)	$ (53,234.90)	$ (40,650.00)
INCOME STATEMENT	FERC137	Other Operating Revenues (485-496)	$ (853,205.66)	$ (650,215.40)	$ (599,144.85)	$ (781,426.31)	$ (711,208.12)	$ (584,791.58)	$ (648,308.53)	$ (760,596.65)
INCOME STATEMENT	FERC133	Operating Revenues (400)	$ (5,623,758.67)	$ (3,457,909.13)	$ (2,447,079.95)	$ (2,777,495.89)	$ (2,600,342.11)	$ (2,289,809.15)	$ (2,660,679.16)	$ (3,555,509.00)
INCOME STATEMENT	9753000	Nat Gas Prod/Gath Op - Field Lines Expenses	$ 1,202.34	$ 1,235.84	$ 1,254.24	$ 1,633.33	$ 1,821.03	$ 2,157.06	$ 1,582.94	$ 2,019.80
INCOME STATEMENT	9754000	Nat Gas Prod/Gath Op - Field Compressor Sta Exps	$ 20,249.49	$ 9,693.98	$ 7,712.19	$ 17,630.57	$ 24,352.55	$ 4,844.18	$ 25,656.73	$ 15,602.10
INCOME STATEMENT	FERC152	Natural Gas Prod & Gath Operation Exp	$ 21,451.83	$ 10,929.82	$ 8,966.43	$ 19,263.90	$ 26,173.58	$ 7,001.24	$ 27,239.67	$ 17,621.90
INCOME STATEMENT	FERC151	Natural Gas Production Oper Exp	$ 21,451.83	$ 10,929.82	$ 8,966.43	$ 19,263.90	$ 26,173.58	$ 7,001.24	$ 27,239.67	$ 17,621.90
INCOME STATEMENT	9803000	Oth Gas Supply Op - Nat Gas Transm Line Pur	$ 1,620,348.48	$ 1,738,842.41	$ 791,244.38	$ 1,096,491.52	$ 258,257.04	$ 303,783.85	$ 318,545.86	$ 438,965.66
INCOME STATEMENT	9805100	Oth Gas Supply Op - Pur Gas Cost Adjustments	$ (326,490.67)	$ (489,724.01)	$ (408,906.34)	$ 3,353.46	$ 19,140.83	$ 56,979.11	$ 72,252.96	$ 452,454.38
INCOME STATEMENT	9813000	Oth Gas Supply Op - Other Gas Suppl	$ 79.16	$ 105.40	$ 124.88	$ 93.50	$ 105.09	$ 96.31	$ 90.35	$ 101.59
INCOME STATEMENT	FERC165	Other Gas Supply Operation Expenses	$ 1,293,936.97	$ 1,249,223.80	$ 382,462.92	$ 1,099,938.48	$ 277,502.96	$ 360,859.27	$ 390,889.17	$ 891,521.63
INCOME STATEMENT	FERC148	Gas Production Operating Expense	$ 1,315,388.80	$ 1,260,153.62	$ 391,429.35	$ 1,119,202.38	$ 303,676.54	$ 367,860.51	$ 418,128.84	$ 909,143.53
INCOME STATEMENT	9816000	UG Storage Op - Well Expenses	$ 17,935.29	$ 12,402.26	$ 6,359.92	$ 4,112.98	$ 4,438.59	$ 1,509.41	$ 1,395.51	$ 2,341.36
INCOME STATEMENT	9818000	UG Storage Op - Compressor Station Expenses	$ 25,963.66	$ 11,530.56	$ 12,813.60	$ 3,918.48	$ 26,119.69	$ (1,266.46)	$ 27,154.46	$ 11,959.03
INCOME STATEMENT	9821000	UG Storage Op - Purification Expenses	$ 3,172.13	$ 741.98	$ 18,594.38	$ 39,656.79	$ 6,717.70	$ 153.42	$ 1,200.00	$ 7,067.12
INCOME STATEMENT	9824000	UG Storage Op - Other Expenses	$ 2,402.78	$ 3,889.78	$ 2,614.05	$ 4,218.73	$ 2,198.55	$ 4,797.03	$ 1,914.55	$ 2,107.02
INCOME STATEMENT	9825000	UG Storage Op - Storage Well Royalties				$ 25,620.00	$ 572.00			$ 143.33
INCOME STATEMENT	FERC156	Underground Storage Operation Expense	$ 49,473.86	$ 28,564.58	$ 40,381.95	$ 77,526.98	$ 40,046.53	$ 5,193.40	$ 31,664.52	$ 23,617.86
INCOME STATEMENT	FERC166	Nat Gas Storage, Term & Proc Oper Exp	$ 49,473.86	$ 28,564.58	$ 40,381.95	$ 77,526.98	$ 40,046.53	$ 5,193.40	$ 31,664.52	$ 23,617.86
INCOME STATEMENT	9851000	Gas Transmission Op - Sys Control & Load Dispatch	$ 9,112.83	$ 9,535.55	$ 11,080.14	$ 8,804.32	$ 10,687.79	$ 10,206.61	$ 9,724.97	$ 10,433.76
INCOME STATEMENT	9856000	Gas Transmission Op - Mains Expenses	$ 95,629.04	$ 48,655.23	$ 81,839.87	$ 101,861.94	$ 112,168.40	$ 127,483.25	$ 332,456.92	$ 138,778.20
INCOME STATEMENT	9858000	Gas Transmission Op - Transm/Compres Gas by Others	$ 24,567.71	$ 19,067.05	$ 8,653.05	$ 5,312.28	$ 4,069.94	$ 3,669.60	$ 4,517.42	$ 6,421.01
INCOME STATEMENT	FERC170	Gas Transmission Operations Exp	$ 129,309.58	$ 77,257.83	$ 101,573.06	$ 115,978.54	$ 126,926.13	$ 141,359.46	$ 346,699.31	$ 155,632.97
INCOME STATEMENT	9870000	Gas Distribution Op - Supervision and Engineering	$ (337.53)	$ 3,361.77	$ 3,436.61	$ (7,804.61)	$ (3,148.98)	$ (800.50)	$ 1,148.20	$ 1,465.17
INCOME STATEMENT	9872000	Gas Distribution Op - Compr Sta Labor & Expense	$ 29,616.69	$ 30,990.57	$ 36,010.48	$ 28,614.05	$ 34,735.33	$ 33,171.49	$ 31,606.16	$ 33,909.73
INCOME STATEMENT	9874000	Gas Distribution Op - Mains and Services Exps	$ 354,334.62	$ 312,912.96	$ 408,446.82	$ 392,800.39	$ 390,202.06	$ 486,254.95	$ 490,727.71	$ 408,880.38
INCOME STATEMENT	9875000	Gas Distribution Op - Meas/Reg Sta Exps-General	$ 0.27	$ 191.91	$ 39.75	$ 576.52	$ 463.58	$ 698.76	$ 0.46	$ 0.49
INCOME STATEMENT	9878000	Gas Distribution Op - Meter/House Reg Exps	$ 15,809.77	$ 31,620.20	$ 38,245.30	$ 19,959.58	$ 21,252.38	$ 16,745.88	$ 39,286.03	$ 35,380.57
INCOME STATEMENT	9879000	Gas Distribution Op - Customer Installations Exps	$ 6,601.84	$ 3,318.59	$ 1,783.12	$ 1,207.58	$ 2,790.46	$ 2,233.76	$ 4,080.04	$ 4,462.43
INCOME STATEMENT	9880000	Gas Distribution Op - Other Expenses	$ 43,971.48	$ 63,217.55	$ 37,189.48	$ 66,583.44	$ 62,086.18	$ 51,745.06	$ 78,524.79	$ 50,266.77
INCOME STATEMENT	FERC171	Gas Distribution Operations Exp	$ 449,997.14	$ 445,613.55	$ 525,151.56	$ 501,936.95	$ 508,381.01	$ 590,049.40	$ 645,373.39	$ 534,365.54
INCOME STATEMENT	9902000	Customer Accounts - Meter Reading Expenses	$ 6,620.66	$ 4,307.85	$ 5,066.10	$ 3,839.52	$ 6,042.17	$ 7,599.35	$ 6,273.90	$ 5,139.90
INCOME STATEMENT	9903000	Customer Accounts - Customer Records & Collections	$ 77,263.73	$ 65,506.72	$ 83,679.61	$ 43,824.02	$ 50,739.10	$ 63,719.62	$ 65,337.59	$ 67,560.29
INCOME STATEMENT	9904000	Customer Accounts - Uncollectible Accounts	$ 42,961.14	$ 26,612.27	$ 17,860.75	$ 13,561.32	$ 10,902.29	$ (87,656.82)	$ 10,564.68	$ 10,950.26
INCOME STATEMENT	FERC158	Customer Accounts Expense	$ 126,845.53	$ 96,426.84	$ 106,606.46	$ 61,224.86	$ 67,683.56	$ (16,337.85)	$ 82,176.17	$ 83,650.45
INCOME STATEMENT	9912000	Sales Expense - Demonstrating & Selling	$ 28.96	$ 46.29	$ 54.44	$ 41.95	$ 49.93	$ 47.34	$ 45.49	$ 50.97
INCOME STATEMENT	FERC160	Sales Expense	$ 28.96	$ 46.29	$ 54.44	$ 41.95	$ 49.93	$ 47.34	$ 45.49	$ 50.97
INCOME STATEMENT	9920000	Admin & General - Salaries	$ 192,679.56	$ 115,364.88	$ 284,802.47	$ 204,535.14	$ 224,641.03	$ 212,696.61	$ 205,605.16	$ 222,354.23
INCOME STATEMENT	9921000	Admin & General - Office Supplies & Expenses	$ 178,252.10	$ 93,632.10	$ 76,820.72	$ 128,089.87	$ 37,888.42	$ 72,648.78	$ 216,527.86	$ 90,210.09
INCOME STATEMENT	9922000	Admin & General - Admin Exp Transferred - Credit	$ (142,580.38)	$ (93,200.54)	$ (318,185.51)	$ (365,073.83)	$ (858,588.17)	$ (226,895.71)	$ (347,002.45)	$ (317,529.53)
INCOME STATEMENT	9923000	Admin & General - Outside Services Employed	$ 135,995.38	$ 260,255.73	$ 172,051.01	$ 201,232.49	$ 159,291.09	$ 141,802.51	$ 275,771.76	$ 236,769.05
INCOME STATEMENT	9924000	Admin & General - Property Insurance	$ 15,874.64	$ 16,578.17	$ 15,859.35	$ 15,859.35	$ 15,859.52	$ 15,859.37	$ 15,859.35	$ 15,859.37
INCOME STATEMENT	9925000	Admin & General - Injuries & Damages	$ 100,732.77	$ 108,113.34	$ 102,726.79	$ 111,154.57	$ 133,271.43	$ 105,510.09	$ 101,828.08	$ 103,179.17
INCOME STATEMENT	9926000	Admin & General - Employee Benefits	$ 195,572.94	$ 304,525.64	$ 212,259.94	$ 197,737.29	$ 166,845.10	$ 210,439.10	$ 196,365.36	$ 208,145.73

INCOME STATEMENT	9928000	Admin & General - Regulatory Commission Expenses	$ 41,014.40	$ 54,397.98	$ 42,038.40	$ 42,038.40	$ 42,693.30	$ 42,693.30	$ 42,693.30	$ 42,693.30
INCOME STATEMENT	9930100	Admin & General - General Advertising Expenses				$ 500.00				
INCOME STATEMENT	9930200	Admin & General - Miscellaneous Expenses	$ 1,899.83	$ 1,888.86	$ 2,071.42	$ 2,203.93	$ 2,008.22	$ 3,800.22	$ 3,243.40	$ 6,739.33
INCOME STATEMENT	FERC161	Administrative & General Operations Expense	$ 719,441.24	$ 861,556.16	$ 590,444.59	$ 538,277.21	$ (76,090.06)	$ 578,554.27	$ 710,891.82	$ 608,420.74
INCOME STATEMENT	FERC138	Operation Expenses (401)	$ 2,790,485.11	$ 2,769,618.87	$ 1,755,641.41	$ 2,414,188.87	$ 970,673.64	$ 1,666,726.53	$ 2,234,979.54	$ 2,314,882.06
INCOME STATEMENT	9764000	Nat Gas Prod/Gath Maint - Field Lines	$ 70.65	$ 0.32	$ 0.27	$ 129.75	$ 0.30	$ 0.31	$ 198.02	$ 278.91
INCOME STATEMENT	9765000	Nat Gas Prod/Gath Maint - Fld Compres Sta Equip	$ 6,420.03	$ 19,202.96	$ 10,415.84	$ 7,270.41	$ 8,754.91	$ 11,838.63	$ 7,514.57	$ 10,000.31
INCOME STATEMENT	FERC177	Natural Gas Prod & Gath Maintenance Exp	$ 6,490.68	$ 19,203.28	$ 10,416.11	$ 7,400.16	$ 8,755.21	$ 11,838.94	$ 7,712.59	$ 10,279.22
INCOME STATEMENT	FERC175	Natural Gas Production Maint Exp	$ 6,490.68	$ 19,203.28	$ 10,416.11	$ 7,400.16	$ 8,755.21	$ 11,838.94	$ 7,712.59	$ 10,279.22
INCOME STATEMENT	FERC173	Gas Production Maintenance Expenses	$ 6,490.68	$ 19,203.28	$ 10,416.11	$ 7,400.16	$ 8,755.21	$ 11,838.94	$ 7,712.59	$ 10,279.22
INCOME STATEMENT	9831000	UG Storage Maint - Structures/Improvements			$ 3,009.44				$ 1,931.01	
INCOME STATEMENT	9832000	UG Storage Maint - Reservoirs and Wells		$ 4,371.36	$ 59,840.48	$ 3,492.38	$ 408.34	$ 4,615.25		$ 1,526.32
INCOME STATEMENT	9834000	UG Storage Maint - Compressor Station Equipment	$ 854.76	$ 1,268.22	$ 3,764.02	$ 6,731.40	$ 1,544.00	$ 3,442.43	$ 3,475.00	$ 2,456.71
INCOME STATEMENT	9835000	UG Storage Maint - Meas/Reg Station Equip					$ 411.21			
INCOME STATEMENT	9837000	UG Storage Maint - Other Equipment	$ 138.39					$ 82.68	$ 672.94	
INCOME STATEMENT	FERC179	Underground Storage Maintenance Expense	$ 993.15	$ 5,639.58	$ 66,613.94	$ 10,223.78	$ 2,363.55	$ 8,140.36	$ 6,078.95	$ 3,983.03
INCOME STATEMENT	FERC190	Nat Gas Storage, Term & Proc Maint Expense	$ 993.15	$ 5,639.58	$ 66,613.94	$ 10,223.78	$ 2,363.55	$ 8,140.36	$ 6,078.95	$ 3,983.03
INCOME STATEMENT	9863000	Gas Transmission Maint - Mains	$ (6,783.61)	$ (1,491.89)	$ (1,195.08)	$ (5,087.03)	$ (13,438.58)	$ (3,839.14)	$ 13.09	$ 405.74
INCOME STATEMENT	FERC194	Gas Transmission Maintenance Expense	$ (6,783.61)	$ (1,491.89)	$ (1,195.08)	$ (5,087.03)	$ (13,438.58)	$ (3,839.14)	$ 13.09	$ 405.74
INCOME STATEMENT	9885000	Gas Distribution Maint - Supervision & Engineering	$ 37,351.76	$ 60,988.67	$ 9,318.13	$ 615.23	$ 29,057.66	$ (32,817.21)	$ 27,641.29	$ 5,983.18
INCOME STATEMENT	9886000	Gas Distribution Maint - Structures/Improvements	$ 1,977.62	$ 1,889.52	$ 2,059.75	$ 1,812.75	$ 2,286.04	$ 2,845.26	$ 2,234.24	$ 2,364.86
INCOME STATEMENT	9887000	Gas Distribution Maint - Mains	$ 99,380.04	$ 58,810.56	$ 47,782.88	$ 20,774.74	$ (20,155.27)	$ (36,382.28)	$ (218,582.01)	$ 10,361.64
INCOME STATEMENT	9889000	Gas Distribution Maint - Meas/Reg Sta Equip-Genl	$ 0.18	$ 191.71	$ 39.61	$ 576.25	$ 463.29	$ 698.39	$ 0.30	$ 0.32
INCOME STATEMENT	9892000	Gas Distribution Maint - Services	$ 4,212.03	$ 1,358.93	$ 162.66	$ 5,176.25	$ 5,660.61	$ 3,060.21	$ 2,503.91	$ 2,026.16
INCOME STATEMENT	9893000	Gas Distribution Maint - Meters/House Regulators	$ 19,271.41	$ 14,830.65	$ 19,906.89	$ 36,325.30	$ 36,096.40	$ 59,357.08	$ 48,844.86	$ 24,746.02
INCOME STATEMENT	9894000	Gas Distribution Maint - Other Equipment	$ 11,980.09	$ 6,838.37	$ 14,367.89	$ 19,753.84	$ 22,370.32	$ 13,758.00	$ 11,876.57	$ 6,719.93
INCOME STATEMENT	FERC195	Gas Distribution Maintenance Expense	$ 174,173.13	$ 144,908.41	$ 93,637.81	$ 85,034.36	$ 75,779.05	$ 10,519.45	$ (125,480.84)	$ 52,202.11
INCOME STATEMENT	9932000	Admin & General Maint -Other General Plant -Gas	$ 4,006.38	$ 9,407.41	$ 555.60	$ 2,153.76	$ 125.08	$ 5,836.17	$ 1,569.55	$ 2,976.43
INCOME STATEMENT	FERC183	Administrative & General Maintenance Expense	$ 4,006.38	$ 9,407.41	$ 555.60	$ 2,153.76	$ 125.08	$ 5,836.17	$ 1,569.55	$ 2,976.43
INCOME STATEMENT	FERC176	Maintenance Expenses (402)	$ 178,879.73	$ 177,666.79	$ 170,028.38	$ 99,725.03	$ 73,584.31	$ 32,495.78	$ (110,106.66)	$ 69,846.53
INCOME STATEMENT	9403000	Depreciation Expense - Utility Plant	$ 884,579.72	$ 890,275.68	$ 889,731.01	$ 903,228.42	$ 908,425.30	$ 910,434.88	$ 909,350.79	$ 916,239.29
INCOME STATEMENT	FERC197	Depreciation Expense (403)	$ 884,579.72	$ 890,275.68	$ 889,731.01	$ 903,228.42	$ 908,425.30	$ 910,434.88	$ 909,350.79	$ 916,239.29
INCOME STATEMENT	9407300	Amortization Expense - Regulatory Debits								
INCOME STATEMENT	FERC188	Regulatory Debits (407.3)								
INCOME STATEMENT	9408100	Taxes Other than Income Taxes - Utility Operating	$ 392,353.89	$ 368,547.04	$ 87,753.23	$ 303,597.95	$ 298,312.65	$ 279,853.60	$ 265,618.26	$ 281,553.14
INCOME STATEMENT	FERC204	Taxes Other than Income Tases (408.1)	$ 392,353.89	$ 368,547.04	$ 87,753.23	$ 303,597.95	$ 298,312.65	$ 279,853.60	$ 265,618.26	$ 281,553.14
INCOME STATEMENT	9409100	Income Taxes - Utility Operating Income	$ 1,791,975.34			$ (437,859.83)			$ (581,437.23)	
INCOME STATEMENT	FERC191	Income Taxes (409.1)	$ 1,791,975.34			$ (437,859.83)			$ (581,437.23)	
INCOME STATEMENT	9410100	Provision for Deferred Income Taxes - Utility Op I	$ (279,367.35)			$ (408,804.68)			$ 31,857.13	
INCOME STATEMENT	FERC192	Prov for Deferred Income Taxes (410.1)	$ (279,367.35)			$ (408,804.68)			$ 31,857.13	
INCOME STATEMENT	FERC149	Operating Expenses	$ 5,758,906.44	$ 4,206,108.38	$ 2,903,154.03	$ 2,874,075.76	$ 2,250,995.90	$ 2,889,510.79	$ 2,750,261.83	$ 3,582,521.02
INCOME STATEMENT	FERC131	UTILITY OPERATING INCOME	$ 135,147.77	$ 748,199.25	$ 456,074.08	$ 96,579.87	$ (349,346.21)	$ 599,701.64	$ 89,582.67	$ 27,012.02
INCOME STATEMENT	9415000	Revenues from Merchandising,Jobbing & Contract Wor		$ (1,428.22)	$ (36.96)	$ (1,765.54)	$ (1,201.93)	$ (25.00)	$ (2,175.03)	$ (854.31)
INCOME STATEMENT	FERC205	Rev frm Mrchndsng/Jobbng.Contrct Wrk (415)		$ (1,428.22)	$ (36.96)	$ (1,765.54)	$ (1,201.93)	$ (25.00)	$ (2,175.03)	$ (854.31)
INCOME STATEMENT	9416000	Costs & Expenses of Merchandising, Jobbing & Contr	$ 59.20	$ 27.68		$ 627.05	$ 19.01	$ 19.02	$ 141.53	$ 19.12
INCOME STATEMENT	FERC206	Cst - Mrchndsng/Jobbng/Contrct Wrk (416)	$ 59.20	$ 27.68		$ 627.05	$ 19.01	$ 19.02	$ 141.53	$ 19.12
INCOME STATEMENT	FERC203	Nonutility Operating Income	$ 59.20	$ (1,400.54)	$ (36.96)	$ (1,138.49)	$ (1,182.92)	$ (5.98)	$ (2,033.50)	$ (835.19)
INCOME STATEMENT	9419000	Interest & Dividend Income								$ (1,413.77)
INCOME STATEMENT	FERC223	Interest and Dividend Income (419)								$ (1,413.77)
INCOME STATEMENT	9421000	Miscellaneous Nonoperating Income	$ 193.28	$ 196.17	$ (802.57)	$ (161.00)	$ 213.65	$ (40.00)	$ (385.18)	$ (730.59)
INCOME STATEMENT	FERC225	Miscellaneous Nonoperating Income (421)	$ 193.28	$ 196.17	$ (802.57)	$ (161.00)	$ 213.65	$ (40.00)	$ (385.18)	$ (730.59)
INCOME STATEMENT	FERC202	Other Income	$ 252.48	$ (1,204.37)	$ (839.53)	$ (1,299.49)	$ (969.27)	$ (45.98)	$ (2,418.68)	$ (2,979.55)
INCOME STATEMENT	9426100	Other Income Deductions - Donations								$ 250.00
INCOME STATEMENT	FERC216	Donations (426.1)								$ 250.00
INCOME STATEMENT	9426200	Other Income Deductions - Life Insurance	$ (53,193.42)	$ 1,039.99		$ (17,226.04)	$ (24.30)		$ (30,781.60)	
INCOME STATEMENT	FERC217	Life Insurance (426.2)	$ (53,193.42)	$ 1,039.99		$ (17,226.04)	$ (24.30)		$ (30,781.60)	
INCOME STATEMENT	9426300	Other Income Deductions - Penalties		$ 4,000.00	$ 4,000.00	$ 30.09				

INCOME STATEMENT	FERC218	Penalties (426.3)		$ 4,000.00	$ 4,000.00	$ 30.09				
INCOME STATEMENT	9426400	Other Income Deductions - Civic/Political Activity	$ 124.39	$ 124.39	$ 124.39	$ 124.39	$ 2,049.39	$ 4,488.14	$ 524.39	$ 3,996.04
INCOME STATEMENT	FERC219	Exp Certain Civic, Pol & Rel Activ (426.4)	$ 124.39	$ 124.39	$ 124.39	$ 124.39	$ 2,049.39	$ 4,488.14	$ 524.39	$ 3,996.04
INCOME STATEMENT	FERC227	Other Income Deductions	$ (53,069.03)	$ 5,164.38	$ 4,124.39	$ (17,071.56)	$ 2,025.09	$ 4,488.14	$ (30,257.21)	$ 4,246.04
INCOME STATEMENT	FERC214	OTHER INCOME & DEDUCTIONS	$ (52,816.55)	$ 3,960.01	$ 3,284.86	$ (18,371.05)	$ 1,055.82	$ 4,442.16	$ (32,675.89)	$ 1,266.49
INCOME STATEMENT	9428000	Amortization of Debt Discount & Exp	$ 15,503.66	$ 15,461.97	$ 15,493.59	$ 15,493.58	$ 15,493.59	$ 15,493.59	$ 15,493.58	$ 15,516.87
INCOME STATEMENT	FERC231	Amort of Debt Discount & Expense (428)	$ 15,503.66	$ 15,461.97	$ 15,493.59	$ 15,493.58	$ 15,493.59	$ 15,493.59	$ 15,493.58	$ 15,516.87
INCOME STATEMENT	9430000	Interest on Debt to Associated Companies	$ 137,576.47	$ 138,797.17	$ 138,997.89	$ 152,514.11	$ 165,122.57	$ 166,000.15	$ 181,878.62	$ 200,060.24
INCOME STATEMENT	FERC236	Interest on Debt to Assoc. Companies (430)	$ 137,576.47	$ 138,797.17	$ 138,997.89	$ 152,514.11	$ 165,122.57	$ 166,000.15	$ 181,878.62	$ 200,060.24
INCOME STATEMENT	9431000	Other Interest Expense	$ (179.93)			$ 63.77			$ 64.22	
INCOME STATEMENT	FERC237	Other Interest Expense (431)	$ (179.93)			$ 63.77			$ 64.22	
INCOME STATEMENT	FERC241	INTEREST CHARGES	$ 152,900.20	$ 154,259.14	$ 154,491.48	$ 168,071.46	$ 180,616.16	$ 181,493.74	$ 197,436.42	$ 215,577.11
INCOME STATEMENT	FERC130	INCOME BEFORE EXTRAORDINARY INCOME	$ 235,231.42	$ 906,418.40	$ 613,850.42	$ 246,280.28	$ (167,674.23)	$ 785,637.54	$ 254,343.20	$ 243,855.62
INCOME STATEMENT	FERC129	NET INCOME	$ 235,231.42	$ 906,418.40	$ 613,850.42	$ 246,280.28	$ (167,674.23)	$ 785,637.54	$ 254,343.20	$ 243,855.62
INCOME STATEMENT	FERC140	INCOME STATEMENT	$ 235,231.42	$ 906,418.40	$ 613,850.42	$ 246,280.28	$ (167,674.23)	$ 785,637.54	$ 254,343.20	$ 243,855.62

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

4. Provide Delta’s cash account balances at the beginning of the most recent calendar year and at the end of each month through the date of this request.

Response:

See attached.

Delta Natural Gas Company, Inc.
Case No. 2024-00346

1/1/2023	$	735,789
1/31/2023	$	2,291,296
2/28/2023	$	4,808,886
3/31/2023	$	493,065
4/30/2023	$	632,028
5/31/2023	$	263,514
6/30/2023	$	171,430
7/31/2023	$	363,911
8/31/2023	$	385,549
9/30/2023	$	324,157
10/31/2023	$	308,482
11/30/2023	$	222,215
12/31/2023	$	98,117
1/31/2024	$	247,844
2/29/2024	$	540,997
3/31/2024	$	271,191
4/30/2024	$	126,268
5/31/2024	$	49,484
6/30/2024	$	214,767
7/31/2024	$	88,306
8/31/2024	$	41,579
9/30/2024	$	52,373
10/31/2024	$	35,758

Source: Delta Balance Sheet

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

5. For gas operations, provide the following monthly account balances and a calculation of the average (13-month) account balances for the 12 months preceding the base period:

a. Plant in service (Account No. 101);

b. Plant purchased or sold (Account No. 102);

c. Property held for future use (Account No. 105);

d. Completed construction not classified (Account No. 106);

e. Construction work in progress (Account No. 107);

f. Depreciation reserve (Account No. 108);

g. Materials and supplies (include all accounts and subaccounts);

h. Computation and development of minimum cash requirements;

i. Balance in accounts payable applicable to amounts included in utility plant in service (if actual is indeterminable, provide a reasonable estimate.);

j. Balance in accounts payable applicable to amounts included in plant under construction (if actual is indeterminable, provide a reasonable estimate.); and

k. Balance in accounts payable applicable to prepayments by major category or subaccount

Response:

See attached.

Delta Natural Gas Company, Inc.
Monthly Account Balances and Calculation of Average (13-month) Account Balances
Case No. 2024-00346

Delta	Account	February-2023	March-2023	April-2023	May-2023	June-2023	July-2023	August-2023	September-2023	October-2023	November-2023	December-2023	January-2024	February-2024	Total	13 Mo Avg
Plant in service	101	$ 275,860,203.12	$ 281,008,103.11	$ 281,805,718.55	$ 282,200,932.09	$ 282,660,209.22	$ 284,220,365.98	$ 302,675,199.06	$ 305,442,642.74	$ 305,888,098.61	$ 306,338,262.04	$ 307,934,768.73	$ 308,530,249.57	$ 308,576,540.77	$ 3,833,141,293.59	$ 294,857,022.58
Plant purcahsed or sold	102														$ -	$ -
Property held for future use	105														$ -	$ -
Completed construction not classified	106	$ 19,591,680.45	$ 21,245,406.32	$ 21,616,161.71	$ 22,557,360.87	$ 23,936,807.55	$ 25,158,538.52	$ 8,402,373.97	$ 7,017,774.73	$ 6,920,340.51	$ 6,810,028.19	$ 6,515,511.27	$ 6,613,263.57	$ 6,778,655.36	$ 183,163,903.02	$ 14,089,531.00
Construction work in progress	107	$ 16,485,590.33	$ 9,659,628.16	$ 11,335,164.89	$ 15,657,826.03	$ 13,286,742.29	$ 11,596,451.84	$ 8,909,792.11	$ 9,124,259.79	$ 8,975,550.38	$ 10,465,848.76	$ 9,871,784.12	$ 10,270,467.84	$ 11,245,085.31	$ 146,884,191.85	$ 11,298,783.99
Depreciation reserve	108	$ (133,499,670.52)	$ (134,221,742.04)	$ (135,036,744.93)	$ (135,854,426.64)	$ (136,662,162.30)	$ (137,498,275.48)	$ (138,168,193.81)	$ (138,855,884.71)	$ (139,495,842.07)	$ (140,344,373.52)	$ (141,003,024.12)	$ (141,882,344.41)	$ (142,766,660.63)	$ (1,795,289,345.18)	$ (138,099,180.40)
Material and Supplies	154	$ 1,117,324.96	$ 1,202,928.40	$ 1,253,494.21	$ 1,285,901.67	$ 1,390,046.24	$ 1,313,367.30	$ 1,280,804.96	$ 1,279,935.16	$ 1,271,499.10	$ 1,283,476.89	$ 1,174,373.06	$ 1,169,108.91	$ 1,176,917.38	$ 16,199,178.24	$ 1,246,090.63
Computation and development of minimum cash requirements [1]																
Balance in accounts payable applicable to amounts included in utility plant in service (If actual is indeterminable, provide a reasonable estimate.) [2]																
Balance in accounts payable applicable to amounts included in plant under construction		$ 300,132.31	$ 285,387.96	$ 401,619.13	$ 150,164.15	$ 341,266.78	$ 106,299.31	$ 161,208.64	$ 264,467.51	$ 110,977.99	$ 452,382.74	$ 200,461.25	$ 321,846.35	$ 73,253.29	$ 3,169,467.41	$ 243,805.19
Balance in prepayments applicable to amounts included in plant under construction		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

(1) The Company is not required to compute minimum cash requirements, therefore, this information is not available.
(2) The Company records are not maintained in a manner to determine the amount applicable to accounts payable or to reasonably estimate the balances in accounts payable for the account requested.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

6. Provide a detailed analysis of expenses for professional services during the 12 months preceding the base period, as shown in Schedule B, and all workpapers supporting the analysis. At a minimum, the workpapers should show the payee, dollar amount, reference (i.e., voucher no., etc.), account charged, hourly rates and time charged to the company according to each invoice, and a description of the services provided.

Response:

See attached. The supporting workpapers do not include the hourly rates and time charged to Delta because this information is not captured in the accounting system. Delta requests that it be relieved from providing the hourly rates and time charged for all the listed transactions shown in the supporting workpapers. Delta is providing the same format of information as it provided in its last rate case, Case No. 2021-00185.

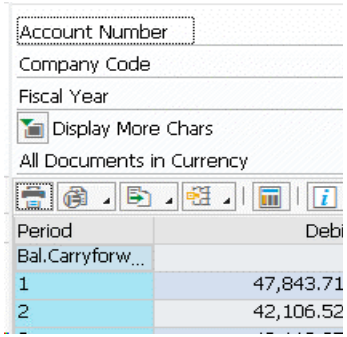
Company Code	Cleared/Open Items Symbol	Assignment	Document Number	Document Header Text	G/L Account	Document type	Posting period	Posting Date	Posting Key
1600	✓	2022 PRP Filing	1900005385		5303220	KR	4	4/14/2023	40
1600	✓	2022 PRP Filing	1900006280		5303220	KR	7	7/5/2023	40
1600	✓	2022PRP-Regulatory	1900007755		5303220	KR	11	11/18/2023	40
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1600	✓	20230526	1900005875		5303220	KR	5	5/26/2023	40
1600	✓	20230615	1900006100		5303220	KR	6	6/15/2023	40
1600	✓	20230718	1900006407		5303220	KR	7	7/18/2023	40
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1600	✓	20231002	1900007240		5303220	KR	10	10/2/2023	40
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1600	✓	20231120	1900007842		5303220	CP	11	11/20/2023	40
1600	✓	20231120	1900007843		5303220	CP	11	11/20/2023	40
1600	✓	20231208	1900007991		5303220	KR	12	12/8/2023	40
1600	✓	20231218	1900008114		5303220	KR	12	12/18/2023	40
1600	✓	20231218	1900008115		5303220	KR	12	12/18/2023	40
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1600	✓	20240103	1900008289		5303220	KR	1	1/3/2024	40
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1600	✓	20240108	1900008334		5303220	KR	1	1/8/2024	40
1300	✓	Ballard Spahr Accr	2200000232	1000--Ballard Spahr Accru	5303220	AC	12	12/31/2023	40
1600	✓	Ballard Spahr Accr	2200000307	1000--Ballard Spahr Accru	5303220	AC	12	12/31/2023	40
1300	✓	Ballard Spahr Accr	4400000220	1000--Ballard Spahr Accru	5303220	AR	1	1/1/2024	50
1600	✓	Ballard Spahr Accr	4400000253	1000--Ballard Spahr Accru	5303220	AR	1	1/1/2024	50
1600	✓	COK TRANSP CABINET	1900007338		5303220	KR	10	10/11/2023	40
1600	✓	Cumberland City	1900006919		5303220	KR	9	9/1/2023	40
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1600	✓	Estimate	2200000188	1600 - AP ACCRUAL	5303220	AC	3	3/31/2023	40
1600	✓	Estimate	4400000143	1600 - AP ACCRUAL	5303220	AR	4	4/1/2023	50
1600	✓	Estimate	2200000197	1600 -AP ACCRUAL	5303220	AC	4	4/30/2023	40
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1600	✓	GENERAL-2022 PRP	1900005703		5303220	KR	5	5/9/2023	40
1600	✓	GENERAL-LHALE	1900005051		5303220	KR	3	3/15/2023	40
1600	✓	General-McGuire	1900008725		5303220	KR	2	2/13/2024	40
1600	✓	General-Prop Tax	1900008727		5303220	KR	2	2/13/2024	40
1600	✓	GENERAL-REG PRP	1900006985		5303220	KR	9	9/8/2023	40
1600	✓	GENERAL-REG-PRP	1900007313		5303220	KR	10	10/10/2023	40
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1600	✓	Jones	1900008553		5303220	KR	1	1/26/2024	40
1600	✓	L Hale Vehicle	1900006279		5303220	KR	7	7/5/2023	40
1600	✓	REGULATORY-PRP	1900007921		5303220	KR	12	12/5/2023	40
1600	✓	Riester	1900008554		5303220	KR	1	1/26/2024	40
1600	✓	TGP	1900005579		5303220	KR	5	5/1/2023	40
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1600	✓	TGP	1900006648		5303220	KR	8	8/8/2023	40	
1600	✓	TGP - General	1900007619		5303220	KR	11	11/7/2023	40	
1600	✓	TGP - General	1900008621		5303220	KR	2	2/2/2024	40	
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1600	✓	TGP-General	1900006919		5303220	KR	9	9/1/2023	40	
1600	✓	TGP-GENERAL	1900005172		5303220	KR	3	3/27/2023	40	

Account Number 5303220 Legal Services
Company Code *
Fiscal Year 2023
Display More Chars
All Documents in Currency * Display Currency USD Company code currenc

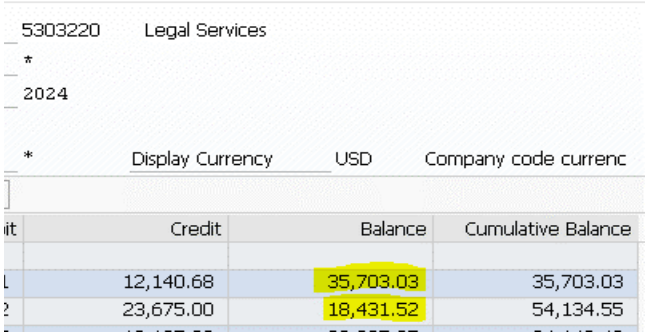
Period	Debit	Credit	Balance	Cumulative Balance
Bal.Carryforw...				
1	24,048.80	11,800.00	12,248.80	12,248.80
2	36,083.20	13,370.00	22,713.20	34,962.00
3	21,339.37	10,000.00	11,339.37	46,301.37
4	14,350.20	10,200.00	4,150.20	50,451.57
5	21,413.28	4,940.00	16,473.28	66,924.85
6	14,336.10	11,547.00	2,789.10	69,713.95
7	37,877.15	7,625.00	30,252.15	99,966.10
8	22,871.45	14,400.00	8,471.45	108,437.55
9	17,210.32	7,500.00	9,710.32	118,147.87
10	22,056.33	7,250.00	14,806.33	132,954.20
11	32,471.72	7,975.00	24,496.72	157,450.92
12	19,196.87	4,800.00	14,396.87	171,847.79



Amount in Local Currency	Local Currency	Text	Profit Center	Cost Center	WBS Element	User Name	Order	Offsetting Account	Entry Date
700.00	USD		P160001	169935		SAP_WFRT		400001509	4/17/2023
1,004.00	USD		P160001	169935		SAP_WFRT		400001509	7/6/2023
175.50	USD		P160001	169935		SAP_WFRT		400001509	11/21/2023
6,766.20	USD		P160001	169935		SAP_WFRT		400001509	5/9/2023
990.00	USD		P160001	169935		SAP_WFRT		300037344	5/26/2023
1,062.00	USD		P160001	169935		SAP_WFRT		300037344	6/16/2023
4,324.00	USD		P160001	169935		SAP_WFRT		400014639	7/18/2023
11,709.00	USD		P160001	169935		SAP_WFRT		400014639	7/18/2023
132.00	USD		P160001	169935		SAP_WFRT		400014639	7/31/2023
1,259.83	USD		P160001	169935		SAP_WFRT		400003930	10/4/2023
1,753.50	USD		P160001	163024		SAP_WFRT		300037344	11/21/2023
6,166.00	USD		P160001	163024		SAP_WFRT		700001000	11/27/2023
4,142.50	USD		P160001	163024		SAP_WFRT		700001000	11/27/2023
6,827.50	USD		P160001	163024		SAP_WFRT		700001000	11/27/2023
2,238.19	USD		P160001	169935		SAP_WFRT		400003930	12/13/2023
234.00	USD		P160001	169935		SAP_WFRT		300037344	12/18/2023
66.00	USD		P160001	169935		SAP_WFRT		300037344	12/18/2023
2,526.30	USD		P160001	169935		SAP_WFRT		400001509	11/21/2023
2,793.93	USD		P160001	169935		SAP_WFRT		400003930	1/4/2024
2,588.40	USD		P160001	169935		SAP_WFRT		400001509	1/9/2024
8,089.20	USD		P160001	169935		SAP_WFRT		400001509	1/9/2024
51.50	USD	Accrual for potentially unreceived invoices from B	P130001	131315		RFC_USER_BL		2111910	1/5/2024
521.18	USD	Accrual for potentially unreceived invoices from B	P160001	161315		RFC_USER_BL		2111910	1/5/2024
-51.50	USD	Accrual for potentially unreceived invoices from B	P130001	131315		ZAC4980		2111910	1/9/2024
-521.18	USD	Accrual for potentially unreceived invoices from B	P160001	161315		ZAC4980		2111910	1/9/2024
400.00	USD		P160001	169935		SAP_WFRT		400003822	10/11/2023
7.19	USD		P160001	169935		SAP_WFRT		400003930	9/6/2023
-10,000.00	USD	SKO	P160001	169935		ANG4010		2111910	3/7/2023
10,200.00	USD	SKO	P160001	169935		ALL3394		2199900	4/5/2023
-10,200.00	USD	SKO	P160001	169935		ANG4010		2199900	4/6/2023
4,940.00	USD	SKO	P160001	169935		RFC_USER_BL		2111910	5/2/2023
-4,940.00	USD	SKO	P160001	169935		ANG4010		2111910	5/5/2023
11,547.00	USD	SKO	P160001	169935		RFC_USER_BL		2111910	6/5/2023
-11,547.00	USD	SKO	P160001	169935		ANG4010		2111910	6/8/2023
7,625.00	USD	SKO	P160001	169935		RFC_USER_BL		2111910	7/6/2023
-7,625.00	USD	SKO	P160001	169935		ANG4010		2111910	7/8/2023
14,400.00	USD	SKO	P160001	169935		RFC_USER_BL		2199900	8/2/2023
-14,400.00	USD	SKO	P160001	169935		ANG4010		2199900	8/7/2023
7,500.00	USD	SKO	P160001	169935		RFC_USER_BL		2199900	9/6/2023
-7,500.00	USD	SKO	P160001	169935		ZAC4980		2199900	9/7/2023
7,250.00	USD	SKO	P160001	169935		RFC_USER_BL		2199900	10/4/2023
-7,250.00	USD	SKO	P160001	169935		ZAC4980		2199900	10/6/2023

7,975.00	USD	SKO	P160001	169935	RFC_USER_BL	2199900	11/3/2023
-7,975.00	USD	SKO	P160001	169935	ZAC4980	2199900	11/6/2023
4,800.00	USD	SKO	P160001	169935	RFC_USER_BL	2111910	12/5/2023
-4,800.00	USD	SKO	P160001	169935	ZAC4980	2111910	12/19/2023
11,568.00	USD	SKO	P160001	169935	RFC_USER_BL	2111910	1/4/2024
-11,568.00	USD	SKO	P160001	169935	ZAC4980	2111910	1/9/2024
23,675.00	USD	SKO	P160001	169935	RFC_USER_BL	2199900	2/5/2024
-23,675.00	USD	SKO	P160001	169935	ZAC4980	2199900	2/6/2024
18,105.00	USD	SKO	P160001	169935	RFC_USER_BL	2199900	3/5/2024
9,387.90	USD		P160001	169935	SAP_WFRT	400001509	3/15/2023
8,710.20	USD		P160001	169935	SAP_WFRT	400001509	4/17/2023
40.50	USD		P160001	169935	SAP_WFRT	400001509	5/9/2023
162.00	USD		P160001	169935	SAP_WFRT	400001509	6/13/2023
5,247.00	USD		P160001	169935	SAP_WFRT	400001509	7/6/2023
3,825.90	USD		P160001	169935	SAP_WFRT	400001509	8/9/2023
1,088.10	USD		P160001	169935	SAP_WFRT	400001509	9/8/2023
3,615.30	USD		P160001	169935	SAP_WFRT	400001509	9/8/2023
5,073.30	USD		P160001	169935	SAP_WFRT	400001509	11/21/2023
234.00	USD		P160001	169935	SAP_WFRT	400001509	5/9/2023
204.00	USD		P160001	169935	CHR4668	400001509	3/24/2023
1,021.50	USD		P160001	169935	SAP_WFRT	400001509	2/15/2024
11,331.90	USD		P160001	169935	SAP_WFRT	400001509	2/15/2024
2,386.80	USD		P160001	169935	SAP_WFRT	400001509	9/8/2023
982.80	USD		P160001	169935	SAP_WFRT	400001509	10/11/2023
3,442.05	USD		P160001	169935	SAP_WFRT	400001509	2/15/2024
4,972.50	USD		P160001	169935	SAP_WFRT	400001509	2/15/2024
3,896.10	USD		P160001	169935	SAP_WFRT	400001509	6/13/2023
195.00	USD		P160001	169935	SAP_WFRT	400001509	6/12/2023
1,396.00	USD		P160001	169935	SAP_WFRT	400001509	6/13/2023
7,862.40	USD		P160001	169935	SAP_WFRT	400001509	8/9/2023
5,190.30	USD		P160001	169935	SAP_WFRT	400001509	10/11/2023
140.40	USD		P160001	169935	SAP_WFRT	400001509	10/11/2023
3,369.60	USD		P160001	169935	SAP_WFRT	400001509	12/6/2023
186.75	USD		P160001	169935	SAP_WFRT	400001509	2/15/2024
1,542.60	USD		P160001	169935	SAP_WFRT	400001509	2/15/2024
1,215.00	USD		P160001	169935	SAP_WFRT	400003822	10/11/2023
3,050.00	USD		P160001	169935	SAP_WFRT	400003822	1/29/2024
3,593.00	USD		P160001	169935	SAP_WFRT	400003822	10/11/2023
1,300.00	USD		P160001	169935	SAP_WFRT	400003822	10/11/2023
400.00	USD		P160001	169935	SAP_WFRT	400003822	1/29/2024
324.00	USD		P160001	169935	SAP_WFRT	400001509	7/6/2023
1,148.40	USD		P160001	169935	SAP_WFRT	400001509	12/6/2023
7,247.18	USD		P160001	169935	SAP_WFRT	400003822	1/29/2024
1,835.58	USD		P160001	169935	SAP_WFRT	400003930	5/2/2023
737.15	USD		P160001	169935	SAP_WFRT	400003930	7/6/2023

3,683.15	USD			P160001	169935		SAP_WFRT	400003930	8/9/2023
1,007.12	USD			P160001	169935		SAP_WFRT	400003930	11/9/2023
1,504.22	USD			P160001	169935		SAP_WFRT	400003930	2/5/2024
2,001.72	USD			P160001	169935		SAP_WFRT	400003930	9/6/2023
861.21	USD			P160001	169935		SAP_WFRT	400003930	9/6/2023
1,547.47	USD			P160001	169935		SAP_WFRT	400003930	3/28/2023
191,020.34	USD								



Mar-23	11,339.37
Apr-23	4,150.20
May-23	16,473.28
Jun-23	2,789.10
Jul-23	30,252.15
Aug-23	8,471.45
Sep-23	9,710.32
Oct-23	14,806.33
Nov-23	24,496.72
Dec-23	14,396.87
Jan-24	35,703.03
Feb-24	18,431.52
Total	**191,020.34**

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Company Code	Cleared/Open Items Symbol	Assignment	Document Number	Document Header Text	G/L Account	Document type	Posting period	Posting Date	Posting Key	Amount in Local Currency	Local Currency	Text	Profit Center	Cost Center	WBS Element	User Name	Order	Offsetting Account	Entry Date	Vendor
1300	☑	1300 - PwC Tax Rec	100011072	1300 - PwC Tax Reclass	5303210	SA	12	12/31/2023	40	121.68	USD	Reclass PwC Invoice #1035622637-2	P130001	131315		RFC_USER_BL		5303210	1/4/2024	
1300	☑	1300 - PwC Tax Rec	100011072	1300 - PwC Tax Reclass	5303210	SA	12	12/31/2023	50	-121.68	USD	Reclass PwC Invoice #1035622637-2	P130001	131310		RFC_USER_BL		5303210	1/4/2024	
1300	☑	1300 - PwC Tax Rec	100011074	1300 - PwC Tax Reclass	5303210	SA	12	12/31/2023	40	20.28	USD	Reclass PwC Invoice #1035622637-2	P130001	131315		RFC_USER_BL		5303210	1/4/2024	
1300	☑	1300 - PwC Tax Rec	100011074	1300 - PwC Tax Reclass	5303210	SA	12	12/31/2023	50	-20.28	USD	Reclass PwC Invoice #1035622637-2	P130001	131310		RFC_USER_BL		5303210	1/4/2024	
1600	☑	1600 - PwC Tax Rec	100022986	1600 - PwC Tax Reclass	5303210	SA	12	12/31/2023	40	1,219.14	USD	Reclass PwC Invoice #1035622637-2	P160001	161315		RFC_USER_BL		5303210	1/4/2024	
1600	☑	1600 - PwC Tax Rec	100022986	1600 - PwC Tax Reclass	5303210	SA	12	12/31/2023	50	-1,219.14	USD	Reclass PwC Invoice #1035622637-2	P160001	161310		RFC_USER_BL		5303210	1/4/2024	
1600	☑	1600 - PwC Tax Rec	100022989	1600 - PwC Tax Reclass	5303210	SA	12	12/31/2023	40	203.19	USD	Reclass PwC Invoice #1035622637-2	P160001	161315		RFC_USER_BL		5303210	1/4/2024	
1600	☑	1600 - PwC Tax Rec	100022989	1600 - PwC Tax Reclass	5303210	SA	12	12/31/2023	50	-203.19	USD	Reclass PwC Invoice #1035622637-2	P160001	161310		RFC_USER_BL		5303210	1/4/2024	
1300	☑	20230530	1900000397		5303210	CP	5	5/30/2023	40	10.08	USD		P130001	133027		SAP_WFRT		700001000	5/30/2023	
1300	☑	20230530	1900000398		5303210	CP	5	5/30/2023	40	173.88	USD		P130001	133027		SAP_WFRT		700001000	5/30/2023	
1600	☑	20230530	1900005902		5303210	CP	5	5/30/2023	40	13,150.00	USD		P160001	163024		SAP_WFRT		700001000	5/30/2023	
1300	☑	20231215	1900000580		5303210	CP	12	12/15/2023	40	20.28	USD		P130001	131310		SAP_WFRT		700001000	12/18/2023	
1600	☑	20231215	1900008101		5303210	CP	12	12/15/2023	40	203.19	USD		P160001	161310		SAP_WFRT		700001000	12/18/2023	
1300	☑	ADP Fees	100009763	ADP Fees	5303210	SA	9	9/19/2023	40	486.23	USD	ADP Fees	P130001	133024		RFC_USER_BL		2113040	10/2/2023	
1300	☑	Conv Pmt-- (F37)	100011043	1300 - ESSN Convenience P	5303210	SA	12	12/31/2023	40	425.82	USD	ADP--Payroll Fees 12/15/2023--F37	P130001	133024		RFC_USER_BL		2113040	1/3/2024	
1300	☑	Conv Pmt--ADP (F37	100011535	1300 - ESSN Convenience P	5303210	SA	1	1/31/2024	40	425.82	USD	ADP--Payroll Fees 11/30/2023--F37	P130001	133024		RFC_USER_BL		2113040	2/2/2024	
1300	☑	Conv Pmt--ADP (F37	100011535	1300 - ESSN Convenience P	5303210	SA	1	1/31/2024	40	425.82	USD	ADP--Payroll Fees 11/30/2023--F37	P130001	133024		RFC_USER_BL		2113040	2/2/2024	
1600	☑	Conv Pmt--ADP (XWK	100022927	1600 - ESSN Convenience P	5303210	SA	12	12/31/2023	40	357.16	USD	ADP--Payroll Fees 12/8/2023--XWX	P160001	163024		RFC_USER_BL		2113040	1/3/2024	
1600	☑	Conv Pmt--ADP (XWK	100022927	1600 - ESSN Convenience P	5303210	SA	12	12/31/2023	40	1,719.96	USD	ADP--Payroll Fees 12/22/2023--XWK	P160001	163024		RFC_USER_BL		2113040	1/3/2024	
1300	☑	convenience pmt/re	100008919	1300 - ESSN Convenience P	5303210	SA	7	7/31/2023	40	159.62	USD	Schneider Downs 2022 401k Audit--1300	P130001	133027		RFC_USER_BL		2113040	8/2/2023	
1300	☑	F37	100007150	ADP Fees	5303210	SA	3	3/31/2023	40	464.18	USD	ADP Fees	P130001	133024		ELL4629		1112314	3/31/2023	
1300	☑	F37	100007596	ADP Fees	5303210	SA	4	4/30/2023	40	439.98	USD	ADP Fees	P130001	133024		ELL4629		1112314	5/1/2023	
1300	☑	F37	100008056	ADP Fees	5303210	SA	5	5/31/2023	40	476.12	USD	ADP Fees	P130001	133024		RFC_USER_BL		1112314	6/1/2023	
1300	☑	F37	100008495	ADP Fees	5303210	SA	6	6/30/2023	40	406.12	USD	ADP Fees	P130001	133024		RFC_USER_BL		1112314	7/5/2023	
1300	☑	F37	100008887	ADP Fees	5303210	SA	7	7/31/2023	40	476.12	USD	ADP Fees	P130001	133024		RFC_USER_BL		1112314	8/1/2023	
1300	☑	F37	100009280	ADP Fees	5303210	SA	8	8/28/2023	40	425.82	USD	ADP Fees	P130001	133024		RFC_USER_BL		1112314	8/28/2023	
1300	☑	F37	100011526	ADP Fees	5303210	SA	1	1/31/2024	40	891.82	USD	ADP Fees	P130001	133024		RFC_USER_BL		2113040	2/2/2024	
1300	☑	F37	100011983	ADP Fees	5303210	SA	2	2/29/2024	40	533.47	USD	ADP Fees	P130001	133024		RFC_USER_BL		2113040	3/4/2024	
1300	☑	PWC 1060198739-8	100007206	2023 PWC Balance Reclass	5303210	SA	3	3/31/2023	40	9.47	USD	PWC May 2022 Conv Payment	P130001	131310		JOH3745		2113040	4/4/2023	
1300	☑	PWC 1060198739-8	100007207	2023 PWC Balance Reclass	5303210	SR	3	3/31/2023	50	-9.47	USD	PWC May 2022 Conv Payment	P130001	131310		JOH3745		2113040	4/4/2023	
1300	☑	PWC 1060198739-8	100007330	2023 PWC Balance Reclass	5303210	SA	3	3/31/2023	50	-9.47	USD	PWC May 2022 Conv Payment	P130001	131310		JOH3745		2113040	4/11/2023	
1300	☑	PWC 1060198739-8	100007331	2023 PWC Balance Reclass	5303210	SR	3	3/31/2023	40	9.47	USD	PWC May 2022 Conv Payment	P130001	131310		JOH3745		2113040	4/11/2023	
1300	☑	PWC 1060198739-8	100007332	2023 PWC Balance Reclass	5303210	SA	3	3/31/2023	50	-9.47	USD	PWC May 2022 Conv Payment	P130001	131310		JOH3745		2113040	4/11/2023	
1600	☑	PWC 1060198739-8	100015091	2023 PWC Balance Reclass	5303210	SA	3	3/31/2023	40	95.84	USD	PWC May 2022 Conv Payment	P160001	161310		JOH3745		2113040	4/4/2023	
1600	☑	PWC 1060198739-8	100015092	2023 PWC Balance Reclass	5303210	SR	3	3/31/2023	50	-95.84	USD	PWC May 2022 Conv Payment	P160001	161310		JOH3745		2113040	4/4/2023	
1600	☑	PWC 1060198739-8	100015297	2023 PWC Balance Reclass	5303210	SA	3	3/31/2023	50	-95.84	USD	PWC May 2022 Conv Payment	P160001	161310		JOH3745		2113040	4/11/2023	
1600	☑	PWC 1060198739-8	100015298	2023 PWC Balance Reclass	5303210	SR	3	3/31/2023	40	95.84	USD	PWC May 2022 Conv Payment	P160001	161310		JOH3745		2113040	4/11/2023	
1600	☑	PWC 1060198739-8	100015299	2023 PWC Balance Reclass	5303210	SA	3	3/31/2023	50	-95.84	USD	PWC May 2022 Conv Payment	P160001	161310		JOH3745		2113040	4/11/2023	
1300	☑	PWC 2022 Audit	100007132	2022 PWC - 2022 Audit Fee	5303210	SA	3	3/31/2023	40	30.42	USD	PWC Audit March 2022	P130001	131310		SUZ4095		2199615	3/30/2023	
1300	☑	PWC 2022 Audit	2200000132	PWC Audit March 2023	5303210	AC	3	3/31/2023	40	466.03	USD	PWC Mar 2023 Audit Accrual	P130001	131310		SUZ4095		2199615	3/30/2023	
1600	☑	PWC 2022 Audit	100014870	2022 PWC - 2022 Audit Fee	5303210	SA	3	3/31/2023	40	5,975.87	USD	PWC Audit March 2022	P160001	161310		SUZ4095		2199615	3/30/2023	
1600	☑	PWC 2022 Audit	100014874	2022 PWC - 2022 Audit Fee	5303210	SR	3	3/31/2023	50	-5,975.87	USD	PWC Audit March 2022	P160001	161310		SUZ4095		2199615	3/30/2023	
1600	☑	PWC 2022 Audit	100014875	2022 PWC - 2022 Audit Fee	5303210	SA	3	3/31/2023	40	307.87	USD	PWC Audit March 2022	P160001	161310		SUZ4095		2199615	3/30/2023	
1600	☑	PWC 2022 Audit	2200000183	PWC Audit March 2023	5303210	AC	3	3/31/2023	40	4,716.64	USD	PWC Mar 2023 Audit Accrual	P160001	161310		SUZ4095		2199615	3/30/2023	
1300	☑	PWC 2022 Audit	100007655	PWC Audit April 2023	5303210	SA	4	4/30/2023	40	466.03	USD	PWC Apr 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	5/3/2023	
1600	☑	PWC 2022 Audit	100016048	PWC Audit April 2023	5303210	SA	4	4/30/2023	40	4,716.64	USD	PWC Apr 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	5/3/2023	
1300	☑	PWC 2023 Audit	100008033	PWC Audit May 2023	5303210	SA	5	5/31/2023	40	769.92	USD	PWC May 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	5/31/2023	
1600	☑	PWC 2023 Audit	100016854	PWC Audit May 2023	5303210	SA	5	5/31/2023	40	7,792.28	USD	PWC May 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	5/31/2023	
1300	☑	PWC 2023 Audit	100008450	PWC Audit June 2023	5303210	SA	6	6/30/2023	40	592.99	USD	PWC Jun 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	6/30/2023	
1600	☑	PWC 2023 Audit	100017664	PWC Audit June 2023	5303210	SA	6	6/30/2023	40	6,001.53	USD	PWC Jun 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	6/30/2023	
1300	☑	PWC 2023 Audit	100008889	PWC Audit July 2023	5303210	SA	7	7/31/2023	40	537.84	USD	PWC Jul 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	8/1/2023	
1600	☑	PWC 2023 Audit	100018675	PWC Audit July 2023	5303210	SA	7	7/31/2023	40	5,443.42	USD	PWC Jul 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	8/1/2023	
1300	☑	PWC 2023 Audit	100009442	PWC Audit August 2023	5303210	SA	8	8/31/2023	40	517.48	USD	PWC Aug 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	9/7/2023	
1600	☑	PWC 2023 Audit	100019765	PWC Audit August 2023	5303210	SA	8	8/31/2023	40	5,237.29	USD	PWC Aug 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	9/7/2023	
1300	☑	PWC 2023 Audit	100009757	PWC Audit September 2023	5303210	SA	9	9/30/2023	40	535.30	USD	PWC Sep 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	10/2/2023	
1600	☑	PWC 2023 Audit	100020502	PWC Audit September 2023	5303210	SA	9	9/30/2023	40	5,417.66	USD	PWC Sep 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	10/2/2023	
1300	☑	PWC 2023 Audit	100010196	PWC Audit October 2023	5303210	SA	10	10/31/2023	40	541.52	USD	PWC Oct 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	11/1/2023	
1600	☑	PWC 2023 Audit	100021369	PWC Audit October 2023	5303210	SA	10	10/31/2023	40	5,480.67	USD	PWC Oct 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	11/1/2023	
1300	☑	PWC 2023 Audit	100010553	PWC Audit November 2023	5303210	SA	11	11/30/2023	40	541.52	USD	PWC Nov 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	11/27/2023	
1600	☑	PWC 2023 Audit	100022036	PWC Audit November 2023	5303210	SA	11	11/30/2023	40	5,480.67	USD	PWC Nov 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	11/27/2023	
1300	☑	PWC 2023 Audit	100011021	PWC Audit December 2023	5303210	SA	12	12/31/2023	40	541.51	USD	PWC Dec 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	1/2/2024	
1600	☑	PWC 2023 Audit	100022874	PWC Audit December 2023	5303210	SA	12	12/31/2023	40	5,480.56	USD	PWC Dec 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	1/2/2024	
1300	☑	PWC 2023 Audit	100011595	PWC Audit January 2023	5303210	SA	1	1/31/2024	40	474.59	USD	PWC Jan 2023 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	2/7/2024	
1600	☑	PWC 2023 Audit	100023971	PWC Audit January 2023	5303210	SA	1	1/31/2024	40	4,803.23	USD	PWC Jan 2023 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	2/7/2024	
1300	☑	PWC 2023 Audit	100011841	PWC Audit February 2024	5303210	SA	2	2/28/2024	40	474.59	USD	PWC February 2024 Audit Accrual	P130001	131310		RFC_USER_BL		2199615	2/22/2024	
1600	☑	PWC 2024 Audit	100024389	PWC Audit February 2024	5303210	SA	2	2/28/2024	40	4,803.23	USD	PWC February 2024 Audit Accrual	P160001	161310		RFC_USER_BL		2199615	2/22/2024	
1300	☑	REVERSAL--1300 - P	100011073	REVERSAL--1300 - PwC Tax	5303210	SA	12	12/31/2023	50	-121.68	USD	Reclass PwC Invoice #1035622637-2	P130001	131315		RFC_USER_BL		5303210	1/4/2024	
1300	☑	REVERSAL--1300 - P	100011073	REVERSAL--1300 - PwC Tax	5303210	SA	12	12/31/2023	40	121.68	USD	Reclass PwC Invoice #1035622637-2	P130001	131310		RFC_USER_BL		5303210	1/4/2024	
1600	☑	REVERSAL--1600 - P	100022988	REVERSAL--1600 - PwC Tax	5303210	SA	12	12/31/2023	50	-1,219.14	USD	Reclass PwC Invoice #1035622637-2	P160001	161315		RFC_USER_BL		5303210	1/4/2024	
1600	☑	REVERSAL--1600 - P	100022988	REVERSAL--1600 - PwC Tax	5303210	SA	12	12/31/2023	40	1,219.14	USD	Reclass PwC Invoice #1035622637-2	P160001	161310		RFC_USER_BL		5303210	1/4/2024	
1600	☑	XWK	100014938	ADP Fees	5303210	SA	3	3/31/2023	40	2,604.84	USD	ADP Fees	P160001	163024		ELL4629		1112314	3/31/2023	
1600	☑	XWK	100015049	ADP Fees	5303210	SA	3	3/31/2023	40	358.96	USD	ADP Fees	P160001	163024		ELL4629		1112314	4/3/2023	
1600	☑	XWK	100015941	ADP Fees	5303210	SA	4	4/30/2023	40	2,331.09	USD	ADP Fees	P160001	163024		ELL4629		1112314	5/1/2023	
1600	☑	XWK	100016915	ADP Fees	5303210	SA	5	5/31/2023	40	2,865.52	USD	ADP Fees	P160001	163024		RFC_USER_BL		1112314	6/1/2023	
1600	☑	XWK	100017758	ADP Fees	5303210	SA	6	6/30/2023	40	2,298.08	USD	ADP Fees	P160001	163024		RFC_USER_BL		1112314	7/5/2023	
1600	☑	XWK	100018673	ADP Fees	5303210	SA	7	7/31/2023	40	2,657.03	USD	ADP Fees	P160001	163024		RFC_USER_BL		1112314	8/1/2023	

1600	☑	XWK	100019528	ADP Fees	5303210	SA	8	8/31/2023	40	2,260.39	USD	ADP Fees	P160001	163024		RFC_USER_BL	1112314	8/31/2023		
1600	☑	XWK	100020492	ADP Fees	5303210	SA	9	9/30/2023	40	2,633.34	USD	ADP Fees	P160001	163024		RFC_USER_BL	1112314	10/2/2023		
1600	☑	XWK	100021359	ADP Fees	5303210	SA	10	10/31/2023	40	2,036.14	USD	ADP Fees	P160001	163024		RFC_USER_BL	1112314	11/1/2023		
1600	☑	XWK	100022238	ADP Fees	5303210	SA	11	11/30/2023	40	2,020.25	USD	ADP Fees	P160001	163024		RFC_USER_BL	1112314	12/4/2023		
1600	☑	XWK	100023864	ADP Fees	5303210	SA	1	1/31/2024	40	1,977.57	USD	ADP Fees	P160001	163024		RFC_USER_BL	2113040	2/2/2024		
1600	☑	XWK	100024737	ADP Fees	5303210	SA	2	2/29/2024	40	5,653.41	USD	ADP Fees	P160001	163024		RFC_USER_BL	2113040	3/4/2024		
										123,434.23	USD									

Account Number 5303210 Actg/Auditing Svcs
Company Code *
Fiscal Year 2023
Display More Chars
All Documents in Currency * Display Currency USD Company code currenc

Period	Debit	Credit	Balance	Cumulative Balance
Bal.Carryforw...				
1	9,067.66		9,067.66	9,067.66
2	11,391.36		11,391.36	20,459.02
3	15,135.43	6,291.80	8,843.63	29,302.65
4	7,953.74		7,953.74	37,256.39
5	25,237.80		25,237.80	62,494.19
6	9,298.72		9,298.72	71,792.91
7	9,274.03		9,274.03	81,066.94
8	8,440.98		8,440.98	89,507.92
9	9,072.53		9,072.53	98,580.45
10	8,058.33		8,058.33	106,638.78
11	8,042.44		8,042.44	114,681.22
12	11,653.59	2,905.11	8,748.48	123,429.70
13				123,429.70
14				123,429.70
15				123,429.70
16				123,429.70
Total	132,626.61	9,196.91	123,429.70	123,429.70

Account Number 5303210 Actg/Auditing Svcs
Company Code *
Fiscal Year 2024
Display More Chars
All Documents in Currency * Display Currency USD Company code currenc

Period	Debit	Credit	Balance	Cumulative Balance
Bal.Carryforw...				
1	8,998.85		8,998.85	8,998.85
2	11,464.70		11,464.70	20,463.55

Mar-23	8,843.63
Apr-23	7,953.74
May-23	25,237.80
Jun-23	9,298.72
Jul-23	9,274.03
Aug-23	8,440.98
Sep-23	9,072.53
Oct-23	8,058.33
Nov-23	8,042.44
Dec-23	8,748.48
Jan-24	8,998.85
Feb-24	11,464.70
Total	**123,434.23**

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Company Code	Cleared/Open Items Symbol	Assignment	Document Number	Document Header Text	G/L Account	Document type	Posting period	Posting Date	Posting Key	Amount in Local Currency	Local Currency	Text	Profit Center	Cost Center	WBS Element	User Name	Order	Offsetting Account	Entry Date	Vendor
1300	☑		8000016424		5303315	CO	3	3/31/2023	40	21.87	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	4/3/2023	
1300	☑		8000016425		5303315	CO	3	3/31/2023	50	-234.02	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	4/3/2023	
1300	☑		8000016426		5303320	CO	3	3/31/2023	40	103.94	USD	CTR SR01/135102	P130001	135102		LUK2760		700001000	4/3/2023	
1300	☑		8000016439		5303315	CO	3	3/31/2023	40	16.29	USD	ORD 201300051	P130001			LUK2760	201300051	700002200	4/4/2023	
1300	☑		8000016440		5303315	CO	3	3/31/2023	40	94.50	USD	ORD 201300055	P130001			LUK2760	201300055	700002200	4/4/2023	
1300	☑		8000016441		5303315	CO	3	3/31/2023	40	228.16	USD	ORD 201300068	P130001			LUK2760	201300068	700002200	4/4/2023	
1300	☑		8000016443		5303890	CO	3	3/31/2023	50	-7,675.00	USD		P130001			LUK2760	133800KPIKE	5303890	4/4/2023	
1300	☑		8000016443		5303890	CO	3	3/31/2023	40	7,675.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	4/4/2023	
1300	☑		8000016478		5303315	CO	3	3/31/2023	40	125.17	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	4/4/2023	
1300	☑		8000016506		5303315	CO	3	3/31/2023	40	206.27	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	4/4/2023	
1300	☑		8000016507		5303315	CO	3	3/31/2023	40	1,359.91	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	4/4/2023	
1300	☑		8000016557		5303315	CO	3	3/31/2023	40	36.60	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	4/6/2023	
1300	☑		8000016561		5303890	CO	3	3/31/2023	50	-3,645.36	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	4/6/2023	
1300	☑		8000016561		5303890	CO	3	3/31/2023	40	3,645.36	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	4/6/2023	
1600	☑		8000158567		5303315	CO	3	3/31/2023	50	-157.30	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	4/3/2023	
1600	☑		8000158638		5303315	CO	3	3/31/2023	50	-1,173.47	USD	ORD 201600007	P160001			LUK2760	201600007	710002200	4/4/2023	
1600	☑		8000158639		5303315	CO	3	3/31/2023	50	-3,696.43	USD	ORD 201600008	P160001			LUK2760	201600008	710002200	4/4/2023	
1600	☑		8000158640		5303315	CO	3	3/31/2023	40	463.30	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	4/4/2023	
1600	☑		8000158643		5303315	CO	3	3/31/2023	40	195.49	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	4/4/2023	
1600	☑		8000158644		5303315	CO	3	3/31/2023	40	1,134.00	USD	ORD 201600055	P160001			LUK2760	201600055	700002200	4/4/2023	
1600	☑		8000158645		5303315	CO	3	3/31/2023	40	2,737.92	USD	ORD 201600068	P160001			LUK2760	201600068	700002200	4/4/2023	
1600	☑		8000158646		5303315	CO	3	3/31/2023	40	2,165.77	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	4/4/2023	
1600	☑		8000158647		5303315	CO	3	3/31/2023	40	7,696.66	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	4/4/2023	
1600	☑		8000158648		5303315	CO	3	3/31/2023	40	2,552.25	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	4/4/2023	
1600	☑		8000158649		5303315	CO	3	3/31/2023	40	2,654.99	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	4/4/2023	
1600	☑		8000159055		5303315	CO	3	3/31/2023	40	914.05	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	4/4/2023	
1600	☑		8000159509		5303315	CO	3	3/31/2023	40	209.10	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	4/6/2023	
1600	☑		8000159510		5303315	CO	3	3/31/2023	40	24.60	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	4/6/2023	
1600	☑		8000159537		5303890	CO	3	3/31/2023	50	-2,425.50	USD		P160001		DISTR.8870	LUK2760		5303890	4/6/2023	
1600	☑		8000159537		5303890	CO	3	3/31/2023	40	2,425.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	4/6/2023	
1600	☑		8000159539		5303030	CO	3	3/31/2023	50	-13,573.50	USD		P160001		DISTR.8940	LUK2760		5303030	4/6/2023	
1600	☑		8000159539		5303030	CO	3	3/31/2023	40	13,573.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	4/6/2023	
1300	☑		8000016745		5303315	CO	4	4/30/2023	50	-26.69	USD	CTR SR01/135103	P130001	135103		LUK2760		710001000	5/1/2023	
1300	☑		8000016747		5303315	CO	4	4/30/2023	40	22.01	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	5/1/2023	
1300	☑		8000016763		5303315	CO	4	4/30/2023	40	1.86	USD	ORD 201300051	P130001			LUK2760	201300051	700002200	5/2/2023	
1300	☑		8000016764		5303315	CO	4	4/30/2023	50	-14.70	USD	ORD 201300055	P130001			LUK2760	201300055	710002200	5/2/2023	
1300	☑		8000016765		5303315	CO	4	4/30/2023	50	-129.60	USD	ORD 201300068	P130001			LUK2760	201300068	710002200	5/2/2023	
1300	☑		8000016767		5303890	CO	4	4/30/2023	50	-3,070.00	USD		P130001			LUK2760	133800KPIKE	5303890	5/2/2023	
1300	☑		8000016767		5303890	CO	4	4/30/2023	40	3,070.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	5/2/2023	
1300	☑		8000016848		5303315	CO	4	4/30/2023	40	12.00	USD	ORD 201300051	P130001			LUK2760	201300051	700002200	5/5/2023	
1300	☑		8000016850		5303315	CO	4	4/30/2023	40	84.00	USD	ORD 201300055	P130001			LUK2760	201300055	700002200	5/5/2023	
1300	☑		8000016854		5303310	CO	4	4/30/2023	40	516.38	USD	CTR SR01/133025	P130001	133025		LUK2760		700001000	5/5/2023	
1300	☑		8000016856		5303315	CO	4	4/30/2023	40	329.40	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	5/5/2023	
1300	☑		8000016857		5303315	CO	4	4/30/2023	40	1,394.74	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	5/5/2023	
1300	☑		8000016861		5303890	CO	4	4/30/2023	50	-4,116.25	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	5/5/2023	
1300	☑		8000016861		5303890	CO	4	4/30/2023	40	4,116.25	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	5/5/2023	
1600	☑		8000161965		5303315	CO	4	4/30/2023	40	14.80	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	5/1/2023	
1600	☑		8000162095		5303315	CO	4	4/30/2023	50	-44.79	USD	ORD 201600016	P160001			LUK2760	201600016	710002200	5/2/2023	
1600	☑		8000162097		5303315	CO	4	4/30/2023	40	22.28	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	5/2/2023	
1600	☑		8000162098		5303315	CO	4	4/30/2023	50	-176.40	USD	ORD 201600055	P160001			LUK2760	201600055	710002200	5/2/2023	
1600	☑		8000162099		5303315	CO	4	4/30/2023	50	-1,555.20	USD	ORD 201600068	P160001			LUK2760	201600068	710002200	5/2/2023	
1600	☑		8000162101		5303315	CO	4	4/30/2023	50	-93.88	USD	ORD 201600097	P160001			LUK2760	201600097	710002200	5/2/2023	
1600	☑		8000162102		5303315	CO	4	4/30/2023	50	-798.82	USD	ORD 201600098	P160001			LUK2760	201600098	710002200	5/2/2023	
1600	☑		8000162103		5303315	CO	4	4/30/2023	50	-149.34	USD	ORD 201600099	P160001			LUK2760	201600099	710002200	5/2/2023	
1600	☑		8000162104		5303315	CO	4	4/30/2023	50	-137.88	USD	ORD 201600100	P160001			LUK2760	201600100	710002200	5/2/2023	
1600	☑		8000162105		5303315	CO	4	4/30/2023	40	1,680.69	USD	ORD 201600106	P160001			LUK2760	201600106	700002200	5/2/2023	
1600	☑		8000163023		5303315	CO	4	4/30/2023	40	452.20	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	5/5/2023	
1600	☑		8000163024		5303315	CO	4	4/30/2023	40	144.00	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	5/5/2023	
1600	☑		8000163026		5303315	CO	4	4/30/2023	40	1,008.00	USD	ORD 201600055	P160001			LUK2760	201600055	700002200	5/5/2023	
1600	☑		8000163031		5303315	CO	4	4/30/2023	40	978.18	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	5/5/2023	
1600	☑		8000163032		5303315	CO	4	4/30/2023	40	4,505.12	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	5/5/2023	
1600	☑		8000163033		5303315	CO	4	4/30/2023	40	1,281.58	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	5/5/2023	
1600	☑		8000163034		5303315	CO	4	4/30/2023	40	1,114.04	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	5/5/2023	
1600	☑		8000163036		5303315	CO	4	4/30/2023	40	937.45	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	5/5/2023	
1600	☑		8000163039		5303030	CO	4	4/30/2023	50	-2,769.34	USD		P160001		MEASURE.8940	LUK2760		5303030	5/5/2023	
1600	☑		8000163039		5303030	CO	4	4/30/2023	40	2,769.34	USD	CTR SR01/165019	P160001	165019		LUK2760		5303030	5/5/2023	
1600	☑		8000163061		5303030	CO	4	4/30/2023	50	-357.00	USD		P160001		D4400.CORB	LUK2760		5303030	5/5/2023	
1600	☑		8000163061		5303030	CO	4	4/30/2023	40	357.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	5/5/2023	
1600	☑		8000163062		5303890	CO	4	4/30/2023	50	-3,366.00	USD		P160001		DISTR.8870	LUK2760		5303890	5/5/2023	
1600	☑		8000163062		5303890	CO	4	4/30/2023	40	3,366.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	5/5/2023	
1600	☑		8000163064		5303030	CO	4	4/30/2023	50	-12,135.00	USD		P160001		DISTR.8940	LUK2760		5303030	5/5/2023	
1600	☑		8000163064		5303030	CO	4	4/30/2023	40	12,135.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	5/5/2023	
1300	☑		8000017131		5303315	CO	5	5/31/2023	50	-329.40	USD	CTR SR01/135103	P130001	135103		LUK2760		710001000	5/31/2023	
1300	☑		8000017132		5303315	CO	5	5/31/2023	50	-76.95	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	5/31/2023	
1300	☑		8000017162		5303315	CO	5	5/31/2023	50	-4.20	USD	ORD 201300055	P130001			LUK2760	201300055	710002200	6/2/2023	
1300	☑		8000017165		5303890	CO	5	5/31/2023	50	-4,605.00	USD		P130001			LUK2760	133800KPIKE	5303890	6/2/2023	

1300	☑	8000017165	5303890	CO	5	5/31/2023	40	4,605.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	6/2/2023
1300	☑	8000017197	5303315	CO	5	5/31/2023	40	197.64	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	6/2/2023
1300	☑	8000017215	5303310	CO	5	5/31/2023	40	29.74	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	6/2/2023
1300	☑	8000017291	5303315	CO	5	5/31/2023	50	-8.63	USD	ORD 201300051	P130001			LUK2760	201300051	710002200	6/7/2023
1300	☑	8000017292	5303315	CO	5	5/31/2023	40	92.40	USD	ORD 201300055	P130001			LUK2760	201300055	700002200	6/7/2023
1300	☑	8000017295	5303315	CO	5	5/31/2023	40	170.80	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	6/7/2023
1300	☑	8000017296	5303315	CO	5	5/31/2023	40	1,471.09	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	6/7/2023
1300	☑	8000017300	5303890	CO	5	5/31/2023	50	-3,543.43	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	6/7/2023
1300	☑	8000017300	5303890	CO	5	5/31/2023	40	3,543.43	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	6/7/2023
1600	☑	8000165544	5303315	CO	5	5/31/2023	50	-51.73	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	5/31/2023
1600	☑	8000165785	5303315	CO	5	5/31/2023	50	-50.39	USD	ORD 201600055	P160001			LUK2760	201600055	710002200	6/2/2023
1600	☑	8000165788	5303315	CO	5	5/31/2023	50	-32.13	USD	ORD 201600097	P160001			LUK2760	201600097	710002200	6/2/2023
1600	☑	8000165789	5303315	CO	5	5/31/2023	50	-67.94	USD	ORD 201600098	P160001			LUK2760	201600098	710002200	6/2/2023
1600	☑	8000165790	5303315	CO	5	5/31/2023	50	-167.66	USD	ORD 201600099	P160001			LUK2760	201600099	710002200	6/2/2023
1600	☑	8000165791	5303315	CO	5	5/31/2023	50	-117.44	USD	ORD 201600100	P160001			LUK2760	201600100	710002200	6/2/2023
1600	☑	8000166459	5303315	CO	5	5/31/2023	40	4,226.32	USD	ORD 201600098	P160001			ANG4010	201600098	700002200	6/7/2023
1600	☑	8000166693	5303315	CO	5	5/31/2023	40	170.00	USD	ORD 201600005	P160001			LUK2760	201600005	700002200	6/7/2023
1600	☑	8000166694	5303315	CO	5	5/31/2023	40	233.58	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	6/7/2023
1600	☑	8000166696	5303315	CO	5	5/31/2023	50	-103.55	USD	ORD 201600051	P160001			LUK2760	201600051	710002200	6/7/2023
1600	☑	8000166697	5303315	CO	5	5/31/2023	40	1,108.80	USD	ORD 201600055	P160001			LUK2760	201600055	700002200	6/7/2023
1600	☑	8000166700	5303315	CO	5	5/31/2023	40	781.05	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	6/7/2023
1600	☑	8000166701	5303315	CO	5	5/31/2023	40	1,606.82	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	6/7/2023
1600	☑	8000166702	5303315	CO	5	5/31/2023	40	1,030.81	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	6/7/2023
1600	☑	8000166703	5303315	CO	5	5/31/2023	40	1,632.00	USD	ORD 201600106	P160001			LUK2760	201600106	700002200	6/7/2023
1600	☑	8000166705	5303315	CO	5	5/31/2023	40	988.78	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	6/7/2023
1600	☑	8000166734	5303030	CO	5	5/31/2023	50	-3,927.00	USD		P160001		DISTR.8870	LUK2760		5303030	6/7/2023
1600	☑	8000166734	5303030	CO	5	5/31/2023	40	3,927.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	6/7/2023
1600	☑	8000166734	5303890	CO	5	5/31/2023	50	-3,619.50	USD		P160001		DISTR.8870	LUK2760		5303890	6/7/2023
1600	☑	8000166734	5303890	CO	5	5/31/2023	40	3,619.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	6/7/2023
1600	☑	8000166736	5303030	CO	5	5/31/2023	50	-7,586.25	USD		P160001		DISTR.8940	LUK2760		5303030	6/7/2023
1600	☑	8000166736	5303030	CO	5	5/31/2023	40	7,586.25	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	6/7/2023
1300	☑	8000017446	5303315	CO	6	6/30/2023	50	-170.80	USD	CTR SR01/135103	P130001	135103		LUK2760		710001000	7/3/2023
1300	☑	8000017447	5303315	CO	6	6/30/2023	50	-50.75	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	7/3/2023
1300	☑	8000017461	5303315	CO	6	6/30/2023	40	55.10	USD	ORD 201300051	P130001			LUK2760	201300051	700002200	7/6/2023
1300	☑	8000017462	5303315	CO	6	6/30/2023	40	184.80	USD	ORD 201300055	P130001			LUK2760	201300055	700002200	7/6/2023
1300	☑	8000017467	5303890	CO	6	6/30/2023	50	-3,070.00	USD		P130001			LUK2760	133800KPIKE	5303890	7/6/2023
1300	☑	8000017467	5303890	CO	6	6/30/2023	40	3,070.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	7/6/2023
1300	☑	8000017498	5303315	CO	6	6/30/2023	40	131.76	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	7/6/2023
1300	☑	8000017525	5303315	CO	6	6/30/2023	40	170.80	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	7/6/2023
1300	☑	8000017526	5303315	CO	6	6/30/2023	40	1,440.08	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	7/6/2023
1300	☑	8000017550	5303890	CO	6	6/30/2023	50	-3,805.05	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	7/7/2023
1300	☑	8000017550	5303890	CO	6	6/30/2023	40	3,805.05	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	7/7/2023
1300	☑	8000017552	5303315	CO	6	6/30/2023	40	97.57	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	7/7/2023
1300	☑	8000017572	5303310	CO	6	6/30/2023	40	399.94	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	7/10/2023
1300	☑	8000017586	5303310	CO	6	6/30/2023	40	675.87	USD	ORD 201300089	P130001			LUK2760	201300089	700002200	7/12/2023
1600	☑	8000169298	5303315	CO	6	6/30/2023	50	-34.11	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	7/3/2023
1600	☑	8000169464	5303315	CO	6	6/30/2023	40	597.20	USD	ORD 201600005	P160001			LUK2760	201600005	700002200	7/6/2023
1600	☑	8000169465	5303315	CO	6	6/30/2023	40	116.79	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	7/6/2023
1600	☑	8000169467	5303315	CO	6	6/30/2023	40	661.20	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	7/6/2023
1600	☑	8000169468	5303315	CO	6	6/30/2023	40	2,217.60	USD	ORD 201600055	P160001			LUK2760	201600055	700002200	7/6/2023
1600	☑	8000169473	5303315	CO	6	6/30/2023	40	1,373.38	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	7/6/2023
1600	☑	8000169474	5303315	CO	6	6/30/2023	40	7,127.60	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	7/6/2023
1600	☑	8000169475	5303315	CO	6	6/30/2023	40	2,936.63	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	7/6/2023
1600	☑	8000169476	5303315	CO	6	6/30/2023	40	2,109.56	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	7/6/2023
1600	☑	8000169901	5303315	CO	6	6/30/2023	40	967.92	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	7/6/2023
1600	☑	8000169999	5303315	CO	6	6/30/2023	40	65.28	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	7/7/2023
1600	☑	8000170196	5303315	CO	6	6/30/2023	40	350.90	USD	ORD 201600007	P160001			LUK2760	201600007	700002200	7/7/2023
1600	☑	8000170197	5303315	CO	6	6/30/2023	40	65.58	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	7/7/2023
1600	☑	8000170223	5303030	CO	6	6/30/2023	50	-357.00	USD		P160001		DISTR.8870	LUK2760		5303030	7/7/2023
1600	☑	8000170223	5303030	CO	6	6/30/2023	40	357.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	7/7/2023
1600	☑	8000170225	5303030	CO	6	6/30/2023	50	-4,284.00	USD		P160001		DISTR.8940	LUK2760		5303030	7/7/2023
1600	☑	8000170225	5303030	CO	6	6/30/2023	40	4,284.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	7/7/2023
1600	☑	8000170692	5303310	CO	6	6/30/2023	40	8,961.51	USD	ORD 201600089	P160001			LUK2760	201600089	700002200	7/12/2023
1600	☑	8000170696	5303310	CO	6	6/30/2023	40	1,976.57	USD	ORD 201600103	P160001			LUK2760	201600103	700002200	7/12/2023
1600	☑	8000170697	5303310	CO	6	6/30/2023	40	10,920.09	USD	ORD 201600115	P160001			LUK2760	201600115	700002200	7/12/2023
1300	☑	8000017724	5303315	CO	7	7/31/2023	40	216.90	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	8/1/2023
1300	☑	8000017725	5303315	CO	7	7/31/2023	50	-175.91	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	8/1/2023
1300	☑	8000017784	5303315	CO	7	7/31/2023	50	-96.60	USD	ORD 201300055	P130001			LUK2760	201300055	710002200	8/3/2023
1300	☑	8000017785	5303310	CO	7	7/31/2023	40	1,035.44	USD	ORD 201300089	P130001			LUK2760	201300089	700002200	8/3/2023
1300	☑	8000017787	5303315	CO	7	7/31/2023	40	13.36	USD	ORD 201300091	P130001			LUK2760	201300091	700002200	8/3/2023
1300	☑	8000017789	5303890	CO	7	7/31/2023	50	-3,070.00	USD		P130001			LUK2760	133800KPIKE	5303890	8/3/2023
1300	☑	8000017789	5303890	CO	7	7/31/2023	40	3,070.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	8/3/2023
1300	☑	8000017824	5303320	CO	7	7/31/2023	40	0.19	USD	CTR SR01/130002L	P130001	130002L		LUK2760		700001000	8/3/2023
1300	☑	8000017849	5303310	CO	7	7/31/2023	40	31.77	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	8/3/2023
1300	☑	8000017849	5303315	CO	7	7/31/2023	40	189.10	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	8/3/2023
1300	☑	8000017850	5303315	CO	7	7/31/2023	40	1,440.09	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	8/3/2023
1300	☑	8000017895	5303315	CO	7	7/31/2023	50	-142.56	USD	CTR SR01/135104	P130001	135104		NIC3984		710001000	8/7/2023
1300	☑	8000017903	5303890	CO	7	7/31/2023	50	-36.00	USD		P130001		KYPYMNTPROCESS	NIC3984		5303890	8/7/2023
1300	☑	8000017903	5303890	CO	7	7/31/2023	40	36.00	USD	CTR SR01/131318	P130001	131318		NIC3984		5303890	8/7/2023
1300	☑	8000017904	5303315	CO	7	7/31/2023	40	84.00	USD	ORD 201300055	P130001			NIC3984	201300055	700002200	8/7/2023

1300	☑	8000017905	5303890	CO	7	7/31/2023	50	-3,643.12	USD		P130001		KYPYMNTPROCESS	ANG4010		5303890	8/7/2023
1300	☑	8000017905	5303890	CO	7	7/31/2023	40	3,643.12	USD	CTR SR01/131318	P130001	131318		ANG4010		5303890	8/7/2023
1600	☑	8000172575	5303315	CO	7	7/31/2023	50	-118.23	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	8/1/2023
1600	☑	8000173049	5303315	CO	7	7/31/2023	50	-767.20	USD	ORD 201600005	P160001			LUK2760	201600005	710002200	8/3/2023
1600	☑	8000173050	5303315	CO	7	7/31/2023	50	-44.20	USD	ORD 201600016	P160001			LUK2760	201600016	710002200	8/3/2023
1600	☑	8000173051	5303310	CO	7	7/31/2023	40	19.76	USD	ORD 201600018	P160001			LUK2760	201600018	700002200	8/3/2023
1600	☑	8000173055	5303315	CO	7	7/31/2023	50	-1,159.19	USD	ORD 201600055	P160001			LUK2760	201600055	710002200	8/3/2023
1600	☑	8000173056	5303310	CO	7	7/31/2023	40	13,729.14	USD	ORD 201600089	P160001			LUK2760	201600089	700002200	8/3/2023
1600	☑	8000173058	5303315	CO	7	7/31/2023	40	177.18	USD	ORD 201600091	P160001			LUK2760	201600091	700002200	8/3/2023
1600	☑	8000173061	5303315	CO	7	7/31/2023	50	-604.57	USD	ORD 201600097	P160001			LUK2760	201600097	710002200	8/3/2023
1600	☑	8000173061	5303310	CO	7	7/31/2023	40	2,273.24	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	8/3/2023
1600	☑	8000173062	5303315	CO	7	7/31/2023	50	-3,647.71	USD	ORD 201600098	P160001			LUK2760	201600098	710002200	8/3/2023
1600	☑	8000173063	5303315	CO	7	7/31/2023	50	-1,993.51	USD	ORD 201600099	P160001			LUK2760	201600099	710002200	8/3/2023
1600	☑	8000173064	5303315	CO	7	7/31/2023	50	-934.42	USD	ORD 201600100	P160001			LUK2760	201600100	710002200	8/3/2023
1600	☑	8000173066	5303310	CO	7	7/31/2023	40	447.95	USD	ORD 201600103	P160001			LUK2760	201600103	700002200	8/3/2023
1600	☑	8000173068	5303315	CO	7	7/31/2023	50	-551.51	USD	ORD 201600106	P160001			LUK2760	201600106	710002200	8/3/2023
1600	☑	8000173478	5303315	CO	7	7/31/2023	40	967.92	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	8/3/2023
1600	☑	8000173995	5303030	CO	7	7/31/2023	50	-2,788.00	USD		P160001		DISTR.8870	NIC3984		5303030	8/7/2023
1600	☑	8000173995	5303030	CO	7	7/31/2023	40	2,788.00	USD	CTR SR01/169108	P160001	169108		NIC3984		5303030	8/7/2023
1600	☑	8000173995	5303890	CO	7	7/31/2023	50	-3,823.50	USD		P160001		DISTR.8870	NIC3984		5303890	8/7/2023
1600	☑	8000173995	5303890	CO	7	7/31/2023	40	3,823.50	USD	CTR SR01/169108	P160001	169108		NIC3984		5303890	8/7/2023
1600	☑	8000173997	5303030	CO	7	7/31/2023	50	-7,646.00	USD		P160001		DISTR.8940	NIC3984		5303030	8/7/2023
1600	☑	8000173997	5303030	CO	7	7/31/2023	40	7,646.00	USD	CTR SR01/169108	P160001	169108		NIC3984		5303030	8/7/2023
1600	☑	8000174009	5303315	CO	7	7/31/2023	50	-95.81	USD	CTR SR01/165104	P160001	165104		NIC3984		710001000	8/7/2023
1600	☑	8000174034	5303315	CO	7	7/31/2023	40	1,022.20	USD	ORD 201600005	P160001			NIC3984	201600005	700002200	8/7/2023
1600	☑	8000174035	5303315	CO	7	7/31/2023	40	768.40	USD	ORD 201600016	P160001			NIC3984	201600016	700002200	8/7/2023
1600	☑	8000174036	5303315	CO	7	7/31/2023	40	1,008.00	USD	ORD 201600055	P160001			NIC3984	201600055	700002200	8/7/2023
1600	☑	8000174037	5303315	CO	7	7/31/2023	40	1,502.12	USD	ORD 201600097	P160001			NIC3984	201600097	700002200	8/7/2023
1600	☑	8000174038	5303315	CO	7	7/31/2023	40	3,462.22	USD	ORD 201600098	P160001			NIC3984	201600098	700002200	8/7/2023
1600	☑	8000174039	5303315	CO	7	7/31/2023	40	3,120.52	USD	ORD 201600099	P160001			NIC3984	201600099	700002200	8/7/2023
1600	☑	8000174040	5303315	CO	7	7/31/2023	40	878.76	USD	ORD 201600100	P160001			NIC3984	201600100	700002200	8/7/2023
1600	☑	8000174041	5303315	CO	7	7/31/2023	40	1,581.00	USD	ORD 201600106	P160001			NIC3984	201600106	700002200	8/7/2023
1300	☑	8000018143	5303315	CO	8	8/31/2023	40	534.37	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	9/1/2023
1300	☑	8000018144	5303020	CO	8	8/31/2023	40	2.21	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	9/1/2023
1300	☑	8000018144	5303315	CO	8	8/31/2023	40	66.68	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	9/1/2023
1300	☑	8000018177	5303315	CO	8	8/31/2023	40	17.23	USD	ORD 201300051	P130001			LUK2760	201300051	700002200	9/6/2023
1300	☑	8000018179	5303315	CO	8	8/31/2023	40	32.20	USD	ORD 201300055	P130001			LUK2760	201300055	700002200	9/6/2023
1300	☑	8000018180	5303310	CO	8	8/31/2023	40	1,000.01	USD	ORD 201300089	P130001			LUK2760	201300089	700002200	9/6/2023
1300	☑	8000018182	5303315	CO	8	8/31/2023	40	2.55	USD	ORD 201300091	P130001			LUK2760	201300091	700002200	9/6/2023
1300	☑	8000018184	5303890	CO	8	8/31/2023	50	-3,070.00	USD		P130001			LUK2760	133800KPIKE	5303890	9/6/2023
1300	☑	8000018184	5303890	CO	8	8/31/2023	40	3,070.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	9/6/2023
1300	☑	8000018212	5303315	CO	8	8/31/2023	40	125.17	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	9/6/2023
1300	☑	8000018238	5303315	CO	8	8/31/2023	40	189.10	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	9/6/2023
1300	☑	8000018239	5303315	CO	8	8/31/2023	40	2,947.69	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	9/6/2023
1300	☑	8000018252	5303890	CO	8	8/31/2023	50	-3,787.44	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	9/7/2023
1300	☑	8000018252	5303890	CO	8	8/31/2023	40	3,787.44	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	9/7/2023
1600	☑	8000177255	5303020	CO	8	8/31/2023	40	1.49	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	9/1/2023
1600	☑	8000177255	5303315	CO	8	8/31/2023	40	44.82	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	9/1/2023
1600	☑	8000177565	5303315	CO	8	8/31/2023	50	-255.00	USD	ORD 201600005	P160001			LUK2760	201600005	710002200	9/6/2023
1600	☑	8000177566	5303315	CO	8	8/31/2023	40	632.91	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	9/6/2023
1600	☑	8000177566	5303310	CO	8	8/31/2023	40	1,173.03	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	9/6/2023
1600	☑	8000177568	5303315	CO	8	8/31/2023	40	206.72	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	9/6/2023
1600	☑	8000177570	5303315	CO	8	8/31/2023	40	386.39	USD	ORD 201600055	P160001			LUK2760	201600055	700002200	9/6/2023
1600	☑	8000177571	5303310	CO	8	8/31/2023	40	13,259.37	USD	ORD 201600089	P160001			LUK2760	201600089	700002200	9/6/2023
1600	☑	8000177573	5303315	CO	8	8/31/2023	40	33.84	USD	ORD 201600091	P160001			LUK2760	201600091	700002200	9/6/2023
1600	☑	8000177577	5303315	CO	8	8/31/2023	40	730.16	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	9/6/2023
1600	☑	8000177577	5303310	CO	8	8/31/2023	40	6,192.95	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	9/6/2023
1600	☑	8000177578	5303315	CO	8	8/31/2023	40	965.06	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	9/6/2023
1600	☑	8000177579	5303315	CO	8	8/31/2023	50	-79.08	USD	ORD 201600099	P160001			LUK2760	201600099	710002200	9/6/2023
1600	☑	8000177580	5303315	CO	8	8/31/2023	40	1,139.24	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	9/6/2023
1600	☑	8000177580	5303310	CO	8	8/31/2023	40	106.25	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	9/6/2023
1600	☑	8000177583	5303310	CO	8	8/31/2023	40	431.04	USD	ORD 201600103	P160001			LUK2760	201600103	700002200	9/6/2023
1600	☑	8000177585	5303315	CO	8	8/31/2023	40	4,012.27	USD	ORD 201600106	P160001			LUK2760	201600106	700002200	9/6/2023
1600	☑	8000177588	5303310	CO	8	8/31/2023	40	160.89	USD	ORD 201600110	P160001			LUK2760	201600110	700002200	9/6/2023
1600	☑	8000177591	5303310	CO	8	8/31/2023	40	814.61	USD	ORD 201600114	P160001			LUK2760	201600114	700002200	9/6/2023
1600	☑	8000177592	5303310	CO	8	8/31/2023	40	26,660.56	USD	ORD 201600115	P160001			LUK2760	201600115	700002200	9/6/2023
1600	☑	8000178007	5303315	CO	8	8/31/2023	40	1,981.23	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	9/6/2023
1600	☑	8000178408	5303030	CO	8	8/31/2023	50	-5,995.50	USD		P160001		DISTR.8870	LUK2760		5303030	9/7/2023
1600	☑	8000178408	5303030	CO	8	8/31/2023	40	5,995.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	9/7/2023
1600	☑	8000178408	5303890	CO	8	8/31/2023	50	-3,798.00	USD		P160001		DISTR.8870	LUK2760		5303890	9/7/2023
1600	☑	8000178408	5303890	CO	8	8/31/2023	40	3,798.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	9/7/2023
1600	☑	8000178410	5303030	CO	8	8/31/2023	50	-4,393.00	USD		P160001		DISTR.8940	LUK2760		5303030	9/7/2023
1600	☑	8000178410	5303030	CO	8	8/31/2023	40	4,393.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	9/7/2023
1300	☑	8000018540	5303315	CO	9	9/30/2023	40	193.97	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	10/2/2023
1300	☑	8000018545	5303315	CO	9	9/30/2023	50	-2,448.47	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	10/2/2023
1300	☑	8000018582	5303315	CO	9	9/30/2023	40	14.98	USD	ORD 201300051	P130001			LUK2760	201300051	700002200	10/4/2023
1300	☑	8000018583	5303315	CO	9	9/30/2023	40	18.74	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	10/4/2023
1300	☑	8000018584	5303315	CO	9	9/30/2023	50	-4.20	USD	ORD 201300055	P130001			LUK2760	201300055	710002200	10/4/2023
1300	☑	8000018585	5303315	CO	9	9/30/2023	40	38.74	USD	ORD 201300090	P130001			LUK2760	201300090	700002200	10/4/2023
1300	☑	8000018614	5303315	CO	9	9/30/2023	40	659.66	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	10/4/2023

1300	☑	8000018637	5303315	CO	9	9/30/2023	40	281.02	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	10/4/2023
1300	☑	8000018638	5303315	CO	9	9/30/2023	40	2,010.91	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	10/4/2023
1300	☑	8000018673	5303315	CO	9	9/30/2023	40	30.98	USD	ORD 201300055	P130001			LUK2760	201300055	700002200	10/6/2023
1300	☑	8000018674	5303310	CO	9	9/30/2023	40	207.31	USD	ORD 201300089	P130001			LUK2760	201300089	700002200	10/6/2023
1300	☑	8000018675	5303315	CO	9	9/30/2023	40	1,390.61	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	10/6/2023
1300	☑	8000018679	5303890	CO	9	9/30/2023	50	-4,142.14	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	10/6/2023
1300	☑	8000018679	5303890	CO	9	9/30/2023	40	4,142.14	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	10/6/2023
1600	☑	8000181879	5303315	CO	9	9/30/2023	50	-1,645.69	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	10/2/2023
1600	☑	8000182231	5303315	CO	9	9/30/2023	40	3,375.76	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	10/4/2023
1600	☑	8000182233	5303315	CO	9	9/30/2023	40	179.77	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	10/4/2023
1600	☑	8000182234	5303315	CO	9	9/30/2023	40	224.89	USD	ORD 201600052	P160001			LUK2760	201600052	700002200	10/4/2023
1600	☑	8000182235	5303315	CO	9	9/30/2023	50	-50.39	USD	ORD 201600055	P160001			LUK2760	201600055	710002200	10/4/2023
1600	☑	8000182236	5303315	CO	9	9/30/2023	40	513.72	USD	ORD 201600090	P160001			LUK2760	201600090	700002200	10/4/2023
1600	☑	8000182241	5303315	CO	9	9/30/2023	40	1,625.40	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	10/4/2023
1600	☑	8000182242	5303315	CO	9	9/30/2023	40	554.40	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	10/4/2023
1600	☑	8000182243	5303315	CO	9	9/30/2023	40	484.09	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	10/4/2023
1600	☑	8000182244	5303315	CO	9	9/30/2023	50	-182.82	USD	ORD 201600100	P160001			LUK2760	201600100	710002200	10/4/2023
1600	☑	8000182246	5303315	CO	9	9/30/2023	40	202.58	USD	ORD 201600103	P160001			LUK2760	201600103	700002200	10/4/2023
1600	☑	8000182247	5303315	CO	9	9/30/2023	40	174.04	USD	ORD 201600105	P160001			LUK2760	201600105	700002200	10/4/2023
1600	☑	8000182248	5303315	CO	9	9/30/2023	40	1,067.58	USD	ORD 201600106	P160001			LUK2760	201600106	700002200	10/4/2023
1600	☑	8000182253	5303315	CO	9	9/30/2023	40	123.83	USD	ORD 201600112	P160001			LUK2760	201600112	700002200	10/4/2023
1600	☑	8000182254	5303315	CO	9	9/30/2023	40	504.15	USD	ORD 201600114	P160001			LUK2760	201600114	700002200	10/4/2023
1600	☑	8000182255	5303310	CO	9	9/30/2023	40	9,554.53	USD	ORD 201600115	P160001			LUK2760	201600115	700002200	10/4/2023
1600	☑	8000182258	5303315	CO	9	9/30/2023	40	247.59	USD	ORD 201600119	P160001			LUK2760	201600119	700002200	10/4/2023
1600	☑	8000182649	5303030	CO	9	9/30/2023	50	-3,253.75	USD		P160001		DEL.CM.STORINT	LUK2760		5303030	10/4/2023
1600	☑	8000182649	5303030	CO	9	9/30/2023	40	3,253.75	USD	CTR SR01/164710	P160001	164710		LUK2760		5303030	10/4/2023
1600	☑	8000182656	5303315	CO	9	9/30/2023	40	1,351.60	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	10/4/2023
1600	☑	8000182989	5303315	CO	9	9/30/2023	40	293.21	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	10/6/2023
1600	☑	8000182990	5303315	CO	9	9/30/2023	40	371.69	USD	ORD 201600055	P160001			LUK2760	201600055	700002200	10/6/2023
1600	☑	8000182991	5303310	CO	9	9/30/2023	40	2,748.77	USD	ORD 201600089	P160001			LUK2760	201600089	700002200	10/6/2023
1600	☑	8000182992	5303315	CO	9	9/30/2023	40	553.57	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	10/6/2023
1600	☑	8000182993	5303315	CO	9	9/30/2023	40	1,540.85	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	10/6/2023
1600	☑	8000182994	5303315	CO	9	9/30/2023	40	1,130.84	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	10/6/2023
1600	☑	8000182995	5303315	CO	9	9/30/2023	40	993.38	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	10/6/2023
1600	☑	8000182996	5303315	CO	9	9/30/2023	40	934.66	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	10/6/2023
1600	☑	8000183009	5303030	CO	9	9/30/2023	50	-223,104.00	USD		P160001		TRANS.8560	LUK2760		5303030	10/6/2023
1600	☑	8000183009	5303030	CO	9	9/30/2023	40	223,104.00	USD	CTR SR01/167702	P160001	167702		LUK2760		5303030	10/6/2023
1600	☑	8000183017	5303030	CO	9	9/30/2023	50	-650.00	USD		P160001		CONST.8870	LUK2760		5303030	10/6/2023
1600	☑	8000183017	5303030	CO	9	9/30/2023	40	650.00	USD	CTR SR01/169107	P160001	169107		LUK2760		5303030	10/6/2023
1600	☑	8000183027	5303030	CO	9	9/30/2023	50	-1,963.50	USD		P160001		DISTR.8870	LUK2760		5303030	10/6/2023
1600	☑	8000183027	5303890	CO	9	9/30/2023	50	-4,069.50	USD		P160001		DISTR.8870	LUK2760		5303890	10/6/2023
1600	☑	8000183027	5303890	CO	9	9/30/2023	40	4,069.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	10/6/2023
1600	☑	8000183029	5303030	CO	9	9/30/2023	50	-10,788.75	USD		P160001		DISTR.8940	LUK2760		5303030	10/6/2023
1600	☑	8000183029	5303030	CO	9	9/30/2023	40	10,788.75	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	10/6/2023
1600	☑	8000185329	5303030	CO	10	10/30/2023	50	-714.00	USD	MARTIN TIME TRANSFER	P160001		DISTR.8940	ALL3394		5303030	10/30/2023
1600	☑	8000185329	5303030	CO	10	10/30/2023	40	714.00	USD	MARTIN TIME TRANSFER	P160001		D4400.LOND	ALL3394		5303030	10/30/2023
1300	☑	8000018892	5303315	CO	10	10/31/2023	40	3,874.80	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	11/1/2023
1300	☑	8000018893	5303315	CO	10	10/31/2023	50	-2,964.78	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	11/1/2023
1300	☑	8000018913	5303315	CO	10	10/31/2023	40	22.60	USD	ORD 201300052	P130001			NIC3984	201300052	700002200	11/2/2023
1300	☑	8000018914	5303310	CO	10	10/31/2023	40	215.87	USD	ORD 201300052	P130001			NIC3984	201300052	700002200	11/2/2023
1300	☑	8000018914	5303315	CO	10	10/31/2023	40	38.47	USD	ORD 201300052	P130001			NIC3984	201300052	700002200	11/2/2023
1300	☑	8000018920	5303890	CO	10	10/31/2023	50	-1,535.00	USD		P130001			NIC3984	133800KPIKE	5303890	11/2/2023
1300	☑	8000018920	5303890	CO	10	10/31/2023	40	1,535.00	USD	ORD 133800PKYC	P130001			NIC3984	133800PKYC	5303890	11/2/2023
1300	☑	8000018940	5303315	CO	10	10/31/2023	40	357.86	USD	CTR SR01/135106	P130001	135106		NIC3984		700001000	11/2/2023
1300	☑	8000018941	5303320	CO	10	10/31/2023	40	0.23	USD	CTR SR01/130002L	P130001	130002L		NIC3984		700001000	11/2/2023
1300	☑	8000018963	5303315	CO	10	10/31/2023	40	4,535.40	USD	CTR SR01/135104	P130001	135104		NIC3984		700001000	11/2/2023
1300	☑	8000019042	5303890	CO	10	10/31/2023	50	-3,876.55	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	11/6/2023
1300	☑	8000019042	5303890	CO	10	10/31/2023	40	3,876.55	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	11/6/2023
1600	☑	8000185600	5303315	CO	10	10/31/2023	50	-2,008.41	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	11/1/2023
1600	☑	8000185731	5303315	CO	10	10/31/2023	50	-1,323.61	USD	ORD 201600016	P160001			NIC3984	201600016	710002200	11/2/2023
1600	☑	8000185735	5303315	CO	10	10/31/2023	40	268.99	USD	ORD 201600052	P160001			NIC3984	201600052	700002200	11/2/2023
1600	☑	8000185736	5303315	CO	10	10/31/2023	50	-469.27	USD	ORD 201600055	P160001			NIC3984	201600055	710002200	11/2/2023
1600	☑	8000185737	5303315	CO	10	10/31/2023	40	457.86	USD	ORD 201600052	P160001			NIC3984	201600052	700002200	11/2/2023
1600	☑	8000185737	5303310	CO	10	10/31/2023	40	2,569.31	USD	ORD 201600052	P160001			NIC3984	201600052	700002200	11/2/2023
1600	☑	8000185738	5303315	CO	10	10/31/2023	40	36.13	USD	ORD 201600090	P160001			NIC3984	201600090	700002200	11/2/2023
1600	☑	8000185739	5303315	CO	10	10/31/2023	40	215.75	USD	ORD 201600091	P160001			NIC3984	201600091	700002200	11/2/2023
1600	☑	8000185740	5303315	CO	10	10/31/2023	40	537.83	USD	ORD 201600094	P160001			NIC3984	201600094	700002200	11/2/2023
1600	☑	8000185743	5303315	CO	10	10/31/2023	40	28,835.53	USD	ORD 201600097	P160001			NIC3984	201600097	700002200	11/2/2023
1600	☑	8000185744	5303315	CO	10	10/31/2023	40	4,005.18	USD	ORD 201600098	P160001			NIC3984	201600098	700002200	11/2/2023
1600	☑	8000185745	5303315	CO	10	10/31/2023	40	1,163.52	USD	ORD 201600099	P160001			NIC3984	201600099	700002200	11/2/2023
1600	☑	8000185746	5303315	CO	10	10/31/2023	50	-164.23	USD	ORD 201600100	P160001			NIC3984	201600100	710002200	11/2/2023
1600	☑	8000185747	5303315	CO	10	10/31/2023	40	484.34	USD	ORD 201600102	P160001			NIC3984	201600102	700002200	11/2/2023
1600	☑	8000185749	5303315	CO	10	10/31/2023	40	668.12	USD	ORD 201600105	P160001			NIC3984	201600105	700002200	11/2/2023
1600	☑	8000185750	5303315	CO	10	10/31/2023	40	1,636.20	USD	ORD 201600106	P160001			NIC3984	201600106	700002200	11/2/2023
1600	☑	8000185757	5303315	CO	10	10/31/2023	40	42,141.00	USD	ORD 201600115	P160001			NIC3984	201600115	700002200	11/2/2023
1600	☑	8000186176	5303315	CO	10	10/31/2023	40	3,072.38	USD	CTR SR01/165104	P160001	165104		NIC3984		700001000	11/2/2023
1600	☑	8000186655	5303030	CO	10	10/31/2023	50	-714.00	USD		P160001		D4400.LOND	LUK2760		5303030	11/6/2023
1600	☑	8000186655	5303030	CO	10	10/31/2023	40	714.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	11/6/2023
1600	☑	8000186658	5303030	CO	10	10/31/2023	50	-401.25	USD		P160001		D4400.CORB	LUK2760		5303030	11/6/2023

1600	☑	8000186658		5303030	CO	10	10/31/2023	40	401.25	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	11/6/2023
1600	☑	8000186660		5303030	CO	10	10/31/2023	50	-3,349.50	USD		P160001		DISTR.8870	LUK2760		5303030	11/6/2023
1600	☑	8000186660		5303030	CO	10	10/31/2023	40	3,349.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	11/6/2023
1600	☑	8000186660		5303890	CO	10	10/31/2023	50	-3,612.00	USD		P160001		DISTR.8870	LUK2760		5303890	11/6/2023
1600	☑	8000186660		5303890	CO	10	10/31/2023	40	3,612.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	11/6/2023
1600	☑	8000186662		5303030	CO	10	10/31/2023	50	-5,388.22	USD		P160001		DISTR.8940	LUK2760		5303030	11/6/2023
1600	☑	8000186662		5303030	CO	10	10/31/2023	40	5,388.22	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	11/6/2023
1600	☑	8000186662		5303030	CO	10	10/31/2023	40	714.00	USD		P160001		DISTR.8940	LUK2760		5303030	11/6/2023
1600	☑	8000186662		5303030	CO	10	10/31/2023	50	-714.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	11/6/2023
1600	☑	8000186629	Cancel WO Transfer	5303030	CO	11	11/6/2023	50	-624.75	USD	Cancel WO Transfer	P160001			ALL3394	10121705	5303030	11/6/2023
1600	☑	8000186629	Cancel WO Transfer	5303030	CO	11	11/6/2023	40	624.75	USD	Cancel WO Transfer	P160001			ALL3394	10121972	5303030	11/6/2023
1600	☑	8000186631	Cancel WO Transfer	5303030	CO	11	11/6/2023	50	-608.00	USD		P160001			ALL3394	10098670	5303030	11/6/2023
1600	☑	8000186631	Cancel WO Transfer	5303030	CO	11	11/6/2023	40	608.00	USD		P160001		DISTR.8870	ALL3394		5303030	11/6/2023
1600	☑	8000188804		5303030	CO	11	11/27/2023	50	-2,616.00	USD		P160001			ALL3394	10104647	5303030	11/27/2023
1600	☑	8000188804		5303030	CO	11	11/27/2023	40	2,616.00	USD		P160001		DISTR.8940	ALL3394		5303030	11/27/2023
1300	☑	8000019266		5303315	CO	11	11/30/2023	50	-169.72	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	12/1/2023
1300	☑	8000019315		5303315	CO	11	11/30/2023	40	239.38	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	12/5/2023
1300	☑	8000019316		5303890	CO	11	11/30/2023	50	-7,675.00	USD		P130001			LUK2760	133800KPIKE	5303890	12/5/2023
1300	☑	8000019316		5303890	CO	11	11/30/2023	40	7,675.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	12/5/2023
1300	☑	8000019374		5303030	CO	11	11/30/2023	40	18.18	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	12/5/2023
1300	☑	8000019375		5303315	CO	11	11/30/2023	40	2,877.52	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	12/5/2023
1300	☑	8000019387		5303890	CO	11	11/30/2023	50	-4,089.70	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	12/6/2023
1300	☑	8000019387		5303890	CO	11	11/30/2023	40	4,089.70	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	12/6/2023
1600	☑	8000189135		5303315	CO	11	11/30/2023	50	-114.97	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	12/1/2023
1600	☑	8000189552		5303315	CO	11	11/30/2023	40	1,119.14	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	12/5/2023
1600	☑	8000189554		5303315	CO	11	11/30/2023	40	63.63	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	12/5/2023
1600	☑	8000189555		5303315	CO	11	11/30/2023	40	2,849.19	USD	ORD 201600052	P160001			LUK2760	201600052	700002200	12/5/2023
1600	☑	8000189558		5303315	CO	11	11/30/2023	40	16.06	USD	ORD 201600094	P160001			LUK2760	201600094	700002200	12/5/2023
1600	☑	8000189560		5303315	CO	11	11/30/2023	40	4,478.20	USD	ORD 201600096	P160001			LUK2760	201600096	700002200	12/5/2023
1600	☑	8000189561		5303315	CO	11	11/30/2023	40	25,925.16	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	12/5/2023
1600	☑	8000189562		5303315	CO	11	11/30/2023	40	413.29	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	12/5/2023
1600	☑	8000189563		5303315	CO	11	11/30/2023	40	4,059.26	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	12/5/2023
1600	☑	8000189564		5303315	CO	11	11/30/2023	40	3,068.78	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	12/5/2023
1600	☑	8000189565		5303315	CO	11	11/30/2023	40	179.54	USD	ORD 201600102	P160001			LUK2760	201600102	700002200	12/5/2023
1600	☑	8000189567		5303315	CO	11	11/30/2023	40	910.14	USD	ORD 201600105	P160001			LUK2760	201600105	700002200	12/5/2023
1600	☑	8000189568		5303315	CO	11	11/30/2023	40	6,751.32	USD	ORD 201600106	P160001			LUK2760	201600106	700002200	12/5/2023
1600	☑	8000189575		5303315	CO	11	11/30/2023	40	50,361.15	USD	ORD 201600115	P160001			LUK2760	201600115	700002200	12/5/2023
1600	☑	8000189975		5303315	CO	11	11/30/2023	40	1,949.30	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	12/5/2023
1600	☑	8000191054		5303030	CO	11	11/30/2023	50	-1,428.00	USD		P160001		DISTR.8870	LUK2760		5303030	12/6/2023
1600	☑	8000191054		5303030	CO	11	11/30/2023	40	1,428.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	12/6/2023
1600	☑	8000191054		5303890	CO	11	11/30/2023	50	-4,549.50	USD		P160001		DISTR.8870	LUK2760		5303890	12/6/2023
1600	☑	8000191054		5303890	CO	11	11/30/2023	40	4,549.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303890	12/6/2023
1600	☑	8000191054		5303030	CO	11	11/30/2023	50	-608.00	USD		P160001		DISTR.8870	LUK2760		5303030	12/6/2023
1600	☑	8000191054		5303030	CO	11	11/30/2023	40	608.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	12/6/2023
1600	☑	8000191056		5303030	CO	11	11/30/2023	50	-5,533.50	USD		P160001		DISTR.8940	LUK2760		5303030	12/6/2023
1600	☑	8000191056		5303030	CO	11	11/30/2023	40	5,533.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	12/6/2023
1600	☑	8000191056		5303030	CO	11	11/30/2023	50	-2,616.00	USD		P160001		DISTR.8940	LUK2760		5303030	12/6/2023
1600	☑	8000191056		5303030	CO	11	11/30/2023	40	2,616.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	12/6/2023
1600	☑	8000191587		5303030	CO	12	12/11/2023	50	-714.00	USD		P160001			ALL3394	10110365	5303030	12/11/2023
1600	☑	8000191587		5303030	CO	12	12/11/2023	40	714.00	USD		P160001		DISTR.8940	ALL3394		5303030	12/11/2023
1600	☑	8000191587		5303030	CO	12	12/11/2023	50	-2,688.00	USD		P160001			ALL3394	10122274	5303030	12/11/2023
1600	☑	8000191587		5303030	CO	12	12/11/2023	40	2,688.00	USD		P160001		DISTR.8940	ALL3394		5303030	12/11/2023
1600	☑	8000191588		5303030	CO	12	12/11/2023	50	-714.00	USD		P160001			ALL3394	10110365	5303030	12/11/2023
1600	☑	8000191588		5303030	CO	12	12/11/2023	40	714.00	USD		P160001		DISTR.8940	ALL3394		5303030	12/11/2023
1600	☑	8000191588		5303030	CO	12	12/11/2023	50	-2,688.00	USD		P160001			ALL3394	10122274	5303030	12/11/2023
1600	☑	8000191588		5303030	CO	12	12/11/2023	40	2,688.00	USD		P160001		DISTR.8940	ALL3394		5303030	12/11/2023
1600	☑	8000191589		5303030	CO	12	12/11/2023	50	-4,662.00	USD		P160001		DISTR.8940	ALL3394		5303030	12/11/2023
1600	☑	8000191589		5303030	CO	12	12/11/2023	40	4,662.00	USD		P160001			ALL3394	10122274	5303030	12/11/2023
1600	☑	8000191591		5303030	CO	12	12/11/2023	50	-1,260.00	USD		P160001			ALL3394	10110365	5303030	12/11/2023
1600	☑	8000191591		5303030	CO	12	12/11/2023	40	1,260.00	USD		P160001		DISTR.8940	ALL3394		5303030	12/11/2023
1300	☑	8000019677		5303315	CO	12	12/31/2023	40	10.96	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	1/2/2024
1300	☑	8000019678		5303315	CO	12	12/31/2023	40	148.00	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	1/2/2024
1300	☑	8000019679		5303315	CO	12	12/31/2023	40	98.21	USD	CTR SR01/135102	P130001	135102		LUK2760		700001000	1/2/2024
1300	☑	8000019701		5303315	CO	12	12/31/2023	40	34.46	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	1/4/2024
1300	☑	8000019702		5303315	CO	12	12/31/2023	40	28.00	USD	ORD 201300075	P130001			LUK2760	201300075	700002200	1/4/2024
1300	☑	8000019703		5303315	CO	12	12/31/2023	40	483.57	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	1/4/2024
1300	☑	8000019705		5303890	CO	12	12/31/2023	50	-1,535.00	USD		P130001			LUK2760	133800KPIKE	5303890	1/4/2024
1300	☑	8000019705		5303890	CO	12	12/31/2023	40	1,535.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	1/4/2024
1300	☑	8000019732		5303890	CO	12	12/31/2023	40	168.64	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	1/4/2024
1300	☑	8000019758		5303890	CO	12	12/31/2023	40	223.59	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	1/4/2024
1300	☑	8000019759		5303315	CO	12	12/31/2023	40	2,289.40	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	1/4/2024
1300	☑	8000019812		5303890	CO	12	12/31/2023	50	-4,044.00	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	1/9/2024
1300	☑	8000019812		5303890	CO	12	12/31/2023	40	4,044.00	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	1/9/2024
1300	☑	8000019814		5303315	CO	12	12/31/2023	40	66.96	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	1/9/2024
1300	☑	8000019815		5303315	CO	12	12/31/2023	40	39.68	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	1/9/2024
1300	☑	8000019847		5303315	CO	12	12/31/2023	40	15.26	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	1/12/2024
1300	☑	8000019848		5303315	CO	12	12/31/2023	40	784.74	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	1/12/2024
1600	☑	8000193077		5303315	CO	12	12/31/2023	40	100.25	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	1/2/2024
1600	☑	8000193245		5303315	CO	12	12/31/2023	40	907.44	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	1/4/2024
1600	☑	8000193246		5303315	CO	12	12/31/2023	40	3,030.00	USD	ORD 201600018	P160001			LUK2760	201600018	700002200	1/4/2024

1600	☑	8000193248	5303315	CO	12	12/31/2023	40	45.07	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	1/4/2024
1600	☑	8000193249	5303315	CO	12	12/31/2023	40	410.20	USD	ORD 201600052	P160001			LUK2760	201600052	700002200	1/4/2024
1600	☑	8000193250	5303315	CO	12	12/31/2023	40	336.00	USD	ORD 201600075	P160001			LUK2760	201600075	700002200	1/4/2024
1600	☑	8000193251	5303315	CO	12	12/31/2023	40	5,755.66	USD	ORD 201600052	P160001			LUK2760	201600052	700002200	1/4/2024
1600	☑	8000193252	5303315	CO	12	12/31/2023	40	7.23	USD	ORD 201600090	P160001			LUK2760	201600090	700002200	1/4/2024
1600	☑	8000193253	5303315	CO	12	12/31/2023	40	35.97	USD	ORD 201600091	P160001			LUK2760	201600091	700002200	1/4/2024
1600	☑	8000193257	5303315	CO	12	12/31/2023	40	3,305.19	USD	ORD 201600096	P160001			LUK2760	201600096	700002200	1/4/2024
1600	☑	8000193258	5303890	CO	12	12/31/2023	40	2,738.51	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	1/4/2024
1600	☑	8000193258	5303315	CO	12	12/31/2023	40	53,934.32	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	1/4/2024
1600	☑	8000193259	5303315	CO	12	12/31/2023	40	19,919.42	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	1/4/2024
1600	☑	8000193260	5303315	CO	12	12/31/2023	40	1,037.59	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	1/4/2024
1600	☑	8000193261	5303315	CO	12	12/31/2023	40	47,089.17	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	1/4/2024
1600	☑	8000193262	5303315	CO	12	12/31/2023	40	468.73	USD	ORD 201600102	P160001			LUK2760	201600102	700002200	1/4/2024
1600	☑	8000193263	5303315	CO	12	12/31/2023	40	477.23	USD	ORD 201600103	P160001			LUK2760	201600103	700002200	1/4/2024
1600	☑	8000193264	5303315	CO	12	12/31/2023	40	480.63	USD	ORD 201600105	P160001			LUK2760	201600105	700002200	1/4/2024
1600	☑	8000193265	5303315	CO	12	12/31/2023	40	14,638.54	USD	ORD 201600106	P160001			LUK2760	201600106	700002200	1/4/2024
1600	☑	8000193271	5303315	CO	12	12/31/2023	40	14,682.93	USD	ORD 201600114	P160001			LUK2760	201600114	700002200	1/4/2024
1600	☑	8000193272	5303315	CO	12	12/31/2023	40	1,092.38	USD	ORD 201600115	P160001			LUK2760	201600115	700002200	1/4/2024
1600	☑	8000193276	5303315	CO	12	12/31/2023	40	375.00	USD	ORD 201600113	P160001			LUK2760	201600113	700002200	1/4/2024
1600	☑	8000193664	5303315	CO	12	12/31/2023	40	1,550.89	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	1/4/2024
1600	☑	8000194435	5303030	CO	12	12/31/2023	50	-7,862.43	USD		P160001		TRANS.8560	LUK2760		5303030	1/9/2024
1600	☑	8000194435	5303030	CO	12	12/31/2023	40	7,862.43	USD	CTR SR01/167702	P160001	167702		LUK2760		5303030	1/9/2024
1600	☑	8000194439	5303030	CO	12	12/31/2023	50	-441.00	USD		P160001		CORRO.8940	LUK2760		5303030	1/9/2024
1600	☑	8000194439	5303030	CO	12	12/31/2023	40	441.00	USD	CTR SR01/169020	P160001	169020		LUK2760		5303030	1/9/2024
1600	☑	8000194448	5303030	CO	12	12/31/2023	50	-1,721.00	USD		P160001		DISTR.8870	LUK2760		5303030	1/9/2024
1600	☑	8000194448	5303030	CO	12	12/31/2023	40	1,721.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	1/9/2024
1600	☑	8000194450	5303030	CO	12	12/31/2023	50	-3,402.00	USD		P160001		DISTR.8940	LUK2760		5303030	1/9/2024
1600	☑	8000194450	5303030	CO	12	12/31/2023	40	3,402.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	1/9/2024
1600	☑	8000194460	5303315	CO	12	12/31/2023	40	26.88	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	1/9/2024
1600	☑	8000194743	5303315	CO	12	12/31/2023	40	181.57	USD	ORD 201600052	P160001			LUK2760	201600052	700002200	1/12/2024
1600	☑	8000194744	5303315	CO	12	12/31/2023	40	9,340.27	USD	ORD 201600052	P160001			LUK2760	201600052	700002200	1/12/2024
1600	☑	8000194745	5303315	CO	12	12/31/2023	40	1,022.63	USD	ORD 201600093	P160001			LUK2760	201600093	700002200	1/12/2024
1600	☑	8000194746	5303315	CO	12	12/31/2023	40	382.04	USD	ORD 201600102	P160001			LUK2760	201600102	700002200	1/12/2024
1600	☑	8000194747	5303315	CO	12	12/31/2023	40	114.53	USD	ORD 201600103	P160001			LUK2760	201600103	700002200	1/12/2024
1600	☑	8000194748	5303315	CO	12	12/31/2023	40	32,750.24	USD	ORD 201600115	P160001			LUK2760	201600115	700002200	1/12/2024
1600	☑	8000194907	5303315	CO	12	12/31/2023	40	13,015.30	USD	ORD 201600097	P160001			LUK2760	201600097	700002200	1/15/2024
1300	☑	8000020045	5303315	CO	1	1/31/2024	40	540.46	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	2/1/2024
1300	☑	8000020046	5303315	CO	1	1/31/2024	50	-205.70	USD	CTR SR01/135104	P130001	135104		LUK2760		710001000	2/1/2024
1300	☑	8000020046	5303020	CO	1	1/31/2024	40	10.34	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	2/1/2024
1300	☑	8000020079	5303315	CO	1	1/31/2024	50	-15.25	USD	ORD 201300052	P130001			LUK2760	201300052	710002200	2/5/2024
1300	☑	8000020080	5303315	CO	1	1/31/2024	50	-784.74	USD	ORD 201300052	P130001			LUK2760	201300052	710002200	2/5/2024
1300	☑	8000020082	5303890	CO	1	1/31/2024	50	-3,070.00	USD		P130001			LUK2760	133800KPIKE	5303890	2/5/2024
1300	☑	8000020082	5303890	CO	1	1/31/2024	40	3,070.00	USD	ORD 133800PKYC	P130001			LUK2760	133800PKYC	5303890	2/5/2024
1300	☑	8000020108	5303315	CO	1	1/31/2024	40	177.44	USD	CTR SR01/135106	P130001	135106		LUK2760		700001000	2/5/2024
1300	☑	8000020109	5303320	CO	1	1/31/2024	40	0.01	USD	CTR SR01/130002L	P130001	130002L		LUK2760		700001000	2/5/2024
1300	☑	8000020132	5303315	CO	1	1/31/2024	40	372.00	USD	CTR SR01/135103	P130001	135103		LUK2760		700001000	2/5/2024
1300	☑	8000020133	5303315	CO	1	1/31/2024	40	1,679.40	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	2/5/2024
1300	☑	8000020141	5303890	CO	1	1/31/2024	50	-3,738.53	USD		P130001		KYPYMNTPROCESS	LUK2760		5303890	2/6/2024
1300	☑	8000020141	5303890	CO	1	1/31/2024	40	3,738.53	USD	CTR SR01/131318	P130001	131318		LUK2760		5303890	2/6/2024
1600	☑	8000196809	5303020	CO	1	1/31/2024	40	7.00	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	2/1/2024
1600	☑	8000196809	5303315	CO	1	1/31/2024	50	-139.35	USD	CTR SR01/165104	P160001	165104		LUK2760		710001000	2/1/2024
1600	☑	8000197148	5303315	CO	1	1/31/2024	40	740.48	USD	ORD 201600016	P160001			LUK2760	201600016	700002200	2/5/2024
1600	☑	8000197149	5303315	CO	1	1/31/2024	40	1,515.00	USD	ORD 201600018	P160001			LUK2760	201600018	700002200	2/5/2024
1600	☑	8000197150	5303315	CO	1	1/31/2024	40	79.54	USD	ORD 201600051	P160001			LUK2760	201600051	700002200	2/5/2024
1600	☑	8000197151	5303315	CO	1	1/31/2024	50	-181.57	USD	ORD 201600052	P160001			LUK2760	201600052	710002200	2/5/2024
1600	☑	8000197152	5303315	CO	1	1/31/2024	50	-9,340.27	USD	ORD 201600052	P160001			LUK2760	201600052	710002200	2/5/2024
1600	☑	8000197153	5303315	CO	1	1/31/2024	40	6.82	USD	ORD 201600090	P160001			LUK2760	201600090	700002200	2/5/2024
1600	☑	8000197154	5303315	CO	1	1/31/2024	50	-13,302.09	USD	ORD 201600097	P160001			LUK2760	201600097	710002200	2/5/2024
1600	☑	8000197155	5303315	CO	1	1/31/2024	40	4,324.57	USD	ORD 201600098	P160001			LUK2760	201600098	700002200	2/5/2024
1600	☑	8000197156	5303315	CO	1	1/31/2024	40	6,024.43	USD	ORD 201600099	P160001			LUK2760	201600099	700002200	2/5/2024
1600	☑	8000197157	5303315	CO	1	1/31/2024	40	3,218.22	USD	ORD 201600100	P160001			LUK2760	201600100	700002200	2/5/2024
1600	☑	8000197158	5303315	CO	1	1/31/2024	50	-382.04	USD	ORD 201600102	P160001			LUK2760	201600102	710002200	2/5/2024
1600	☑	8000197159	5303315	CO	1	1/31/2024	50	-114.53	USD	ORD 201600103	P160001			LUK2760	201600103	710002200	2/5/2024
1600	☑	8000197160	5303315	CO	1	1/31/2024	40	603.35	USD	ORD 201600105	P160001			LUK2760	201600105	700002200	2/5/2024
1600	☑	8000197162	5303315	CO	1	1/31/2024	50	-16,209.89	USD	ORD 201600115	P160001			LUK2760	201600115	710002200	2/5/2024
1600	☑	8000197163	5303315	CO	1	1/31/2024	40	5,662.34	USD	ORD 201600123	P160001			LUK2760	201600123	700002200	2/5/2024
1600	☑	8000197534	5303310	CO	1	1/31/2024	50	-1,852.50	USD		P160001		DEL.CM.STORINT	LUK2760		5303310	2/5/2024
1600	☑	8000197534	5303310	CO	1	1/31/2024	40	1,852.50	USD	CTR SR01/164710	P160001	164710		LUK2760		5303310	2/5/2024
1600	☑	8000197539	5303315	CO	1	1/31/2024	40	1,137.67	USD	CTR SR01/165104	P160001	165104		LUK2760		700001000	2/5/2024
1600	☑	8000197843	5303030	CO	1	1/31/2024	50	-2,856.00	USD		P160001		DISTR.8870	LUK2760		5303030	2/6/2024
1600	☑	8000197843	5303030	CO	1	1/31/2024	40	2,856.00	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	2/6/2024
1600	☑	8000197844	5303030	CO	1	1/31/2024	50	-2,890.50	USD		P160001		DISTR.8940	LUK2760		5303030	2/6/2024
1600	☑	8000197844	5303030	CO	1	1/31/2024	40	2,890.50	USD	CTR SR01/169108	P160001	169108		LUK2760		5303030	2/6/2024
1600	☑	8000197856	5303315	CO	1	1/31/2024	50	-1,022.63	USD	ORD 201600093	P160001			LUK2760	201600093	710002200	2/6/2024
1600	☑	8000197857	5303315	CO	1	1/31/2024	50	-528.67	USD	ORD 201600106	P160001			LUK2760	201600106	710002200	2/6/2024
1300	☑	8000020352	5303315	CO	2	2/29/2024	50	-372.00	USD	CTR SR01/135103	P130001	135103		LUK2760		710001000	3/1/2024
1300	☑	8000020353	5303315	CO	2	2/29/2024	40	7.60	USD	CTR SR01/135104	P130001	135104		LUK2760		700001000	3/1/2024
1300	☑	8000020386	5303315	CO	2	2/29/2024	40	22.60	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	3/4/2024
1300	☑	8000020387	5303315	CO	2	2/29/2024	40	246.08	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	3/4/2024
1300	☑	8000020387	5303890	CO	2	2/29/2024	40	317.46	USD	ORD 201300052	P130001			LUK2760	201300052	700002200	3/4/2024

1300	☑		8000020389		5303890	CO	2	2/29/2024	50	-3,070.00	USD			P130001			LUK2760	133800KPIKE	5303890	3/4/2024
1300	☑		8000020389		5303890	CO	2	2/29/2024	40	3,070.00	USD	ORD 133800PKYC		P130001			LUK2760	133800PKYC	5303890	3/4/2024
1300	☑		8000020416		5303315	CO	2	2/29/2024	40	199.64	USD	CTR SR01/135106		P130001	135106		LUK2760		700001000	3/4/2024
1300	☑		8000020417		5303320	CO	2	2/29/2024	40	0.14	USD	CTR SR01/130002L		P130001	130002L		LUK2760		700001000	3/4/2024
1300	☑		8000020434		5303315	CO	2	2/29/2024	40	232.50	USD	CTR SR01/135103		P130001	135103		LUK2760		700001000	3/4/2024
1300	☑		8000020435		5303315	CO	2	2/29/2024	40	1,965.35	USD	CTR SR01/135104		P130001	135104		LUK2760		700001000	3/4/2024
1300	☑		8000020464		5303890	CO	2	2/29/2024	50	-3,540.34	USD			P130001		KYPYMNTPROCESS	LUK2760		5303890	3/6/2024
1300	☑		8000020464		5303890	CO	2	2/29/2024	40	3,540.34	USD	CTR SR01/131318		P130001	131318		LUK2760		5303890	3/6/2024
1600	☑		8000200311		5303315	CO	2	2/29/2024	40	5.14	USD	CTR SR01/165104		P160001	165104		LUK2760		700001000	3/1/2024
1600	☑		8000200459		5303315	CO	2	2/29/2024	40	42.42	USD	ORD 201600051		P160001			LUK2760	201600051	700002200	3/4/2024
1600	☑		8000200460		5303315	CO	2	2/29/2024	40	268.99	USD	ORD 201600052		P160001			LUK2760	201600052	700002200	3/4/2024
1600	☑		8000200461		5303890	CO	2	2/29/2024	40	3,778.55	USD	ORD 201600052		P160001			LUK2760	201600052	700002200	3/4/2024
1600	☑		8000200461		5303315	CO	2	2/29/2024	40	2,928.91	USD	ORD 201600052		P160001			LUK2760	201600052	700002200	3/4/2024
1600	☑		8000200462		5303315	CO	2	2/29/2024	40	1,022.63	USD	ORD 201600093		P160001			LUK2760	201600093	700002200	3/4/2024
1600	☑		8000200463		5303315	CO	2	2/29/2024	40	13,178.20	USD	ORD 201600097		P160001			LUK2760	201600097	700002200	3/4/2024
1600	☑		8000200464		5303315	CO	2	2/29/2024	40	5,565.44	USD	ORD 201600098		P160001			LUK2760	201600098	700002200	3/4/2024
1600	☑		8000200465		5303315	CO	2	2/29/2024	50	-605.45	USD	ORD 201600099		P160001			LUK2760	201600099	710002200	3/4/2024
1600	☑		8000200466		5303315	CO	2	2/29/2024	50	-201.19	USD	ORD 201600100		P160001			LUK2760	201600100	710002200	3/4/2024
1600	☑		8000200467		5303315	CO	2	2/29/2024	40	699.37	USD	ORD 201600102		P160001			LUK2760	201600102	700002200	3/4/2024
1600	☑		8000200468		5303315	CO	2	2/29/2024	40	40,891.24	USD	ORD 201600115		P160001			LUK2760	201600115	700002200	3/4/2024
1600	☑		8000200468		5303890	CO	2	2/29/2024	40	16,331.82	USD	ORD 201600115		P160001			LUK2760	201600115	700002200	3/4/2024
1600	☑		8000200469		5303315	CO	2	2/29/2024	40	13,248.23	USD	ORD 201600123		P160001			LUK2760	201600123	700002200	3/4/2024
1600	☑		8000200470		5303315	CO	2	2/29/2024	40	713.09	USD	ORD 201600127		P160001			LUK2760	201600127	700002200	3/4/2024
1600	☑		8000200471		5303315	CO	2	2/29/2024	40	3,259.43	USD	ORD 201600130		P160001			LUK2760	201600130	700002200	3/4/2024
1600	☑		8000200472		5303315	CO	2	2/29/2024	40	4,635.23	USD	ORD 201600131		P160001			LUK2760	201600131	700002200	3/4/2024
1600	☑		8000200473		5303315	CO	2	2/29/2024	40	10,736.42	USD	ORD 201600132		P160001			LUK2760	201600132	700002200	3/4/2024
1600	☑		8000200887		5303030	CO	2	2/29/2024	50	-5,300.00	USD			P160001		DEL.CM.STORPURIF	LUK2760		5303030	3/4/2024
1600	☑		8000200887		5303030	CO	2	2/29/2024	40	5,300.00	USD	CTR SR01/167702		P160001	167702		LUK2760		5303030	3/4/2024
1600	☑		8000200892		5303315	CO	2	2/29/2024	40	1,331.36	USD	CTR SR01/165104		P160001	165104		LUK2760		700001000	3/4/2024
1600	☑		8000201365		5303030	CO	2	2/29/2024	50	-4,551.75	USD			P160001		DISTR.8870	LUK2760		5303030	3/6/2024
1600	☑		8000201365		5303030	CO	2	2/29/2024	40	4,551.75	USD	CTR SR01/169108		P160001	169108		LUK2760		5303030	3/6/2024
1600	☑		8000201367		5303030	CO	2	2/29/2024	50	-357.00	USD			P160001		DISTR.8940	LUK2760		5303030	3/6/2024
1600	☑		8000201367		5303030	CO	2	2/29/2024	40	357.00	USD	CTR SR01/169108		P160001	169108		LUK2760		5303030	3/6/2024
1600	☑	0016001511	100014955	TR1000004812	5303320	AB	3	3/31/2023	40	1,050.00	USD	*Trip from 02/01/23	To 02/28/23 to BEREA	P160001	165018		FFID_BA_35		2111400	3/31/2023
1600	☑	0016001561	100016796	TR1000004859	5303890	AB	5	5/31/2023	40	1,980.00	USD	*Trip from 04/01/23	To 04/30/23 to BEREA	P160001			FFID_BA_35	10071160	2111400	5/31/2023
1600	☑	0016001580	100016778	TR1000004859	5303320	AB	5	5/31/2023	40	550.00	USD	*Trip from 04/01/23	To 04/30/23 to BEREA	P160001	165018		FFID_BA_35		2111400	5/31/2023
1600	☑	0016001580	100016778	TR1000004859	5303320	AB	5	5/31/2023	40	400.00	USD	*Trip from 04/01/23	To 04/30/23 to BEREA	P160001	165019		FFID_BA_35		2111400	5/31/2023
1600	☑	0016001580	100016778	TR1000004859	5303320	AB	5	5/31/2023	40	200.00	USD	*Trip from 04/01/23	To 04/30/23 to BEREA	P160001	168304		FFID_BA_35		2111400	5/31/2023
1600	☑	0016001631	100018562	TR1000004928	5303320	AB	7	7/31/2023	40	1,412.50	USD	*Trip from 06/01/23	To 06/30/23 to Berea	P160001	165018		FFID_BA_35		2111400	7/31/2023
1600	☑	0016001631	100018562	TR1000004928	5303320	AB	7	7/31/2023	40	637.50	USD	*Trip from 06/01/23	To 06/30/23 to Berea	P160001	167145		FFID_BA_35		2111400	7/31/2023
1600	☑	0016452290	100014977	TR1000004812	5303890	AB	3	3/31/2023	40	60.00	USD	*Trip from 02/01/23	To 02/28/23 to WINCHESTER	P160001	163024		FFID_BA_35		2111400	3/31/2023
1600	☑	0016452301	100014998	TR1000004812	5303890	AB	3	3/31/2023	40	525.00	USD	*Trip from 02/01/23	To 02/28/23 to WINCHESTER	P160001	167182		FFID_BA_35		2111400	3/31/2023
1600	☑	0016452311	100014991	TR1000004812	5303890	AB	3	3/31/2023	40	55.00	USD	*Trip from 02/01/23	To 02/28/23 to WINCHESTER	P160001	163024		FFID_BA_35		2111400	3/31/2023
1600	☑	0016452321	100015882	TR1000004833	5303320	AB	4	4/28/2023	40	175.00	USD	*Trip from 03/01/23	To 03/31/23 to WINCHESTER	P160001	168304		FFID_BA_35		2111400	4/28/2023
1600	☑	0016452360	100015884	TR1000004833	5303320	AB	4	4/28/2023	40	875.00	USD	*Trip from 03/01/23	To 03/31/23 to WINCHESTER	P160001	169524		FFID_BA_35		2111400	4/28/2023
1600	☑	0016452370	100015879	TR1000004833	5303320	AB	4	4/28/2023	40	175.00	USD	*Trip from 03/01/23	To 03/31/23 to WINCHESTER	P160001	169100		FFID_BA_35		2111400	4/28/2023
1600	☑	0016452410	100016817	TR1000004859	5303320	AB	5	5/31/2023	40	399.00	USD	*Trip from 04/01/23	To 04/30/23 to WINCHESTER	P160001	167182		FFID_BA_35		2111400	5/31/2023
1600	☑	0016452450	100017621	TR1000004886	5303320	AB	6	6/29/2023	40	978.50	USD	*Trip from 05/01/23	To 05/31/23 to WINCHESTER	P160001	168304		FFID_BA_35		2111400	6/29/2023
1600	☑	0016452471	100017615	TR1000004886	5303320	AB	6	6/29/2023	40	350.00	USD	*Trip from 05/01/23	To 05/31/23 to WINCHESTER	P160001	169524		FFID_BA_35		2111400	6/29/2023
1600	☑	0016452531	100018603	TR1000004928	5303320	AB	7	7/31/2023	40	115.00	USD	*Trip from 06/01/23	To 06/30/23 to WINCHESTER	P160001	169101		FFID_BA_35		2111400	7/31/2023
1600	☑	0016452531	100018603	TR1000004928	5303320	AB	7	7/31/2023	40	230.00	USD	*Trip from 06/01/23	To 06/30/23 to WINCHESTER	P160001	169103		FFID_BA_35		2111400	7/31/2023
1600	☑	0016452531	100018603	TR1000004928	5303320	AB	7	7/31/2023	40	115.00	USD	*Trip from 06/01/23	To 06/30/23 to WINCHESTER	P160001	169104		FFID_BA_35		2111400	7/31/2023
1600	☑	0016452531	100018603	TR1000004928	5303320	AB	7	7/31/2023	40	115.00	USD	*Trip from 06/01/23	To 06/30/23 to WINCHESTER	P160001	169110		FFID_BA_35		2111400	7/31/2023
1600	☑	0016452590	100020435	TR1000005036	5303320	AB	9	9/30/2023	40	175.00	USD	*Trip from 08/01/23	To 08/31/23 to WINCHESTER	P160001	167182		FFID_BA_35		2111400	9/30/2023
1600	☑	0016502450	100016794	TR1000004859	5303320	AB	5	5/31/2023	40	175.00	USD	*Trip from 04/01/23	To 04/30/23 to WINCHESTER S	P160001	167145		FFID_BA_35		2111400	5/31/2023
1600	☑	0016502492	100017604	TR1000004886	5303320	AB	6	6/29/2023	40	978.50	USD	*Trip from 05/01/23	To 05/31/23 to WINCHESTER S	P160001	167145		FFID_BA_35		2111400	6/29/2023
1600	☑	0055000051	100021308	TR1000005066	5303890	AB	10	10/31/2023	40	624.98	USD	*Trip from 09/01/23	To 09/30/23 to WINCHESTER	P160001	164410		FF-FI-PNG01		2111400	10/31/2023
1600	☑	0055000071	100021267	TR1000005065	5303320	AB	10	10/31/2023	40	350.00	USD	*Trip from 09/01/23	To 09/30/23 to WINCHESTER	P160001	168304		FF-FI-PNG01		2111400	10/31/2023
1600	☑	0055000091	100021261	TR1000005065	5303890	AB	10	10/31/2023	40	250.00	USD	*Trip from 09/01/23	To 09/30/23 to NICHOLASVILL	P160001			FF-FI-PNG01	10105469	2111400	10/31/2023
1600	☑	0055000100	100021812	TR1000005074	5303320	AB	11	11/16/2023	40	175.00	USD	*Trip from 10/01/23	To 10/31/23 to WINCHESTER	P160001	168304		ATSMART		2111400	11/16/2023
1600	☑	0055000109	100021806	TR1000005074	5303320	AB	11	11/16/2023	40	175.00	USD	*Trip from 10/01/23	To 10/31/23 to WINCHESTER	P160001	169524		ATSMART		2111400	11/16/2023
1600	☑	0055000141	100021803	TR1000005074	5303320	AB	11	11/16/2023	40	350.00	USD	*Trip from 10/01/23	To 10/31/23 to WINCHESTER	P160001	169100		ATSMART		2111400	11/16/2023
1600	☑	0055000162	100021772	TR1000005074	5303890	AB	11	11/16/2023	40	837.08	USD	*Trip from 10/01/23	To 10/31/23 to NICHOLASVILL	P160001			ATSMART	10105469	2111400	11/16/2023
1600	☑	0055000174	100021985	TR1000005084	5303320	AB	11	11/22/2023	40	895.00	USD	*Trip from 10/01/23	To 10/31/23 to WINCHESTER	P160001	168304		ATSMART		2111400	11/22/2023
1600	☑	0055000245	100024608	TR1000005173	5303320	AB	2	2/29/2024	40	218.00	USD	*Trip from 11/01/23	To 11/30/23 to WINCHESTER	P160001	168304		ATSMART		2111400	2/29/2024
1600	☑	0055000291	100024645	TR1000005173	5303890	AB	2	2/29/2024	40	61.00	USD	*Trip from 11/01/23	To 11/30/23 to WINCHESTER S	P160001	163024		ATSMART		2111400	2/29/2024
1600	☑	0055000293	100024604	TR1000005173	5303320	AB	2	2/29/2024	40	249.00	USD	*Trip from 11/01/23	To 11/30/23 to WINCHESTER	P160001	168304		ATSMART		2111400	2/29/2024
1600	☑	0055000329	100024393	TR1000005171	5303890	AB	2	2/22/2024	40	3.00	USD	*Trip from 01/01/24	To 01/31/24 to BARBOURVILLE	P160001	167701		ATSMART		2111400	2/22/2024
1600	☑	0055000357	100024185	TR1000005169	5303320	AB	2	2/15/2024	40	350.00	USD	*Trip from 01/01/24	To 01/31/24 to WINCHESTER S	P160001	167145		ATSMART		2111400	2/15/2024
1600	☑	0055000372	100023632	TR1000005156	5303320	AB	1	1/25/2024	40	70.58	USD	*Trip from 12/01/23	To 12/31/23 to WINCHESTER	P160001	161310		ATSMART		2111400	1/25/2024
1300	☑	1300--Outside Serv	2200000231	1300--Outside Services Ac	5303890	AC	12	12/31/2023	40	61.80	USD	1300--Outside Services Accrual (Finance)		P130001	131310		RFC_USER_BL		2111910	1/5/2024
1300	☑	1300--Outside Serv	2200000231	1300--Outside Services Ac	5303890	AC	12	12/31/2023	40	41.20	USD	1300--Outside Services Accrual (Finance)		P130001	131314		RFC_USER_BL		2111910	1/5/2024
1300	☑	1300--Outside Serv	4400000219	1300--Outside Services Ac	5303890	AR	1	1/1/2024	50	-61.80	USD	1300--Outside Services Accrual (Finance)		P130001	131310		ZAC4980		2111910	1/9/2024
1300	☑	1300--Outside Serv	4400000219	1300--Outside Services Ac	5303890	AR	1	1/1/2024	50	-41.20	USD	1300--Outside Services Accrual (Finance)		P130001	131314		ZAC4980		2111910	1/9/2024
1600	☑	1600--Outside Serv	2200000306	1600--Outside Services Ac	5303890	AC	12	12/31/2023	40	625.42	USD	1600--Outside Services Accrual (Finance)		P160001	161310		RFC_USER_BL		2111910	1/5/2024
1600	☑	1600--Outside Serv	2200000306	1600--Outside Services Ac	5303890	AC	12	12/31/2023	40	416.95	USD	1600--Outside Services Accrual (Finance)		P160001	161314		RFC_USER_BL		2111910	1/5/2024
1600	☑	1600--Outside Serv	4400000252	1600--Outside Services Ac	5303890	AR	1	1/1/2024	50	-625.42	USD	1600--Outside Services Accrual (Finance)		P160001	161310		ZAC4980		2111910	1/9/2024
1600	☑	1600--Outside Serv	4400000252	1600--Outside Services Ac	5303890	AR	1	1/1/2024	50	-416.95	USD	1600--Outside Services Accrual (Finance)		P160001	161314		ZAC4980		2111910	1/9/2024
1600	☑	19523	2200000236	1600 -AP ACCRUAL	5303315	AC	7	7/31/2023	40	14,760.00	USD	IDI CONSULTING LLC		P160001			RFC_USER_BL	201690024	2199900	8/2/2023
1600	☑	19523	4400000188	1600 -AP ACCRUAL	5303315	AR	8	8/1/2023	50	-14,760.00	USD	IDI CONSULTING LLC		P160001			ANG4010	201690024	2199900	8/7/2023

1600	☑	19541	2200000236	1600 -AP ACCRUAL	5303315	AC	7	7/31/2023	40	19,620.00	USD	IDI CONSULTING LLC	P160001			RFC_USER_BL	201690024	2199900		8/2/2023		
1600	☑	19541	4400000188	1600 -AP ACCRUAL	5303315	AR	8	8/1/2023	50	-19,620.00	USD	IDI CONSULTING LLC	P160001			ANG4010	201690024	2199900		8/7/2023		
1600	☑	20230301	1900004872		5303325	KR	3	3/1/2023	40	1,197.76	USD		P160001	161316		SAP_WFRT		300001546		3/2/2023		
1600	☑	20230301	1900004873		5303325	KR	3	3/1/2023	40	976.89	USD		P160001	161316		SAP_WFRT		300001546		3/2/2023		
1600	☑	20230301	1900004874		5303325	KR	3	3/1/2023	40	372.40	USD		P160001	161310		SAP_WFRT		300001570		3/1/2023		
1600	☑	20230301	1900004875		5303325	KR	3	3/1/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570		3/1/2023		
1600	☑	20230301	1900004880	3/2023	5303310	KE	3	3/1/2023	40	2,750.00	USD		P160001	167182		JEF1474		400003710		3/1/2023		
1600	☑	20230301	1900004881	3/2023	5303310	KE	3	3/1/2023	40	2,800.00	USD		P160001	169935		JEF1474		400003798		3/1/2023		
1600	☑	20230302	1900004888		5303890	KR	3	3/2/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962		3/2/2023		
1600	☑	20230302	5000001490		5303890	WE	3	3/2/2023	81	827.90	USD		P160001			CHR4433	169700DREG	2111200		3/2/2023	300004292	
1600	☑	20230304	1900004896		5303890	KR	3	3/4/2023	40	637.49	USD		P160001			DEN2956	169700DREG	300000511		3/4/2023		
1600	☑	20230306	5000001495		5303890	WE	3	3/6/2023	81	3,311.60	USD		P160001			CHR4433	169700DREG	2111200		3/6/2023	300004292	
1300	☑	20230307	1900000334		5303890	KR	3	3/7/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082		3/13/2023		
1300	☑	20230307	5000000079		5303890	WE	3	3/7/2023	81	190.01	USD	Misc Outside Services	P130001	132780		TIF3679		2111200		3/7/2023	300001042	
1300	☑	20230307	5000000080		5303890	WE	3	3/7/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200		3/7/2023	300001042	
1600	☑	20230308	1900004978		5303890	KR	3	3/8/2023	40	795.92	USD		P160001	169556		SAP_WFRT		400001675		3/10/2023		
1600	☑	20230308	1900004981		5303325	KR	3	3/8/2023	40	709.20	USD		P160001	161316		SAP_WFRT		300001546		3/9/2023		
1600	☑	20230309	1900004985		5303325	KR	3	3/9/2023	40	1,245.04	USD		P160001	161316		SAP_WFRT		300001546		3/9/2023		
1600	☑	20230309	1900004989		5303890	KR	3	3/9/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962		3/10/2023		
1600	☑	20230309	1900004990		5303325	KR	3	3/9/2023	40	984.23	USD		P160001	161316		SAP_WFRT		300001546		3/10/2023		
1600	☑	20230309	1900004991		5303890	KR	3	3/9/2023	40	2,425.50	USD		P160001		DISTR.8870	SAP_WFRT		400003793		3/10/2023		
1600	☑	20230309	1900005001		5303890	KR	3	3/9/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055		3/10/2023		
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10115426	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10116069	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10115625	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10115836	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	1,606.50	USD	Contractor Services	P160001			ALL3394	10115627	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10115810	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001501		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10115582	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001502		5303030	WE	3	3/10/2023	81	2,463.00	USD	Contractor Services	P160001			ALL3394	10100852	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001502		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108916	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001502		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108915	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001502		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108914	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001503		5303030	WE	3	3/10/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200		3/10/2023	300004300	
1600	☑	20230310	5000001504		5303030	WE	3	3/10/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10115271	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001504		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10113245	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001504		5303030	WE	3	3/10/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10111580	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001504		5303030	WE	3	3/10/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10116853	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001504		5303030	WE	3	3/10/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10116854	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001504		5303030	WE	3	3/10/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10116856	2111200		3/10/2023	300004300	
1600	☑	20230310	5000001505		5303030	WE	3	3/10/2023	81	1,335.60	USD	Contractor Services	P160001	169964		ALL3394		2111200		3/10/2023	300050926	
1600	☑	20230310	5000001506		5303030	WE	3	3/10/2023	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200		3/10/2023	300052172	
1300	☑	20230313	1900000337		5303890	KR	3	3/13/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082		3/17/2023		
1300	☑	20230313	1900000341		5303890	CP	3	3/13/2023	40	39.00	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000		3/20/2023		
1300	☑	20230313	1900000342		5303890	CP	3	3/13/2023	40	34.50	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000		3/20/2023		
1600	☑	20230313	1900005008		5303850	KR	3	3/13/2023	40	645.00	USD		P160001	163024		SAP_WFRT		400005387		3/13/2023		
1600	☑	20230313	1900005009		5303325	KR	3	3/13/2023	40	5,520.00	USD		P160001	161311		SAP_WFRT		300005541		3/15/2023		
1600	☑	20230313	1900005012		5303325	KR	3	3/13/2023	40	6,487.50	USD		P160001	167029		SAP_WFRT		300001610		3/13/2023		
1600	☑	20230313	1900005013		5303325	KR	3	3/13/2023	40	2,475.00	USD		P160001	164410		SAP_WFRT		300001610		3/13/2023		
1600	☑	20230313	1900005014		5303325	KR	3	3/13/2023	40	270.00	USD		P160001	161310		SAP_WFRT		300001610		3/13/2023		
1600	☑	20230313	1900005016		5303850	KR	3	3/13/2023	40	460.00	USD		P160001	163024		SAP_WFRT		400005387		3/13/2023		
1600	☑	20230313	1900005017		5303325	KR	3	3/13/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570		3/13/2023		
1600	☑	20230313	1900005018		5303325	KR	3	3/13/2023	40	372.40	USD		P160001	161310		SAP_WFRT		300001570		3/13/2023		
1600	☑	20230313	1900005020		5303315	KR	3	3/13/2023	40	16,200.00	USD		P160001			SAP_WFRT	201690007	300001610		3/15/2023		
1600	☑	20230313	1900005021		5303325	KR	3	3/13/2023	40	19,125.00	USD		P160001	161316		SAP_WFRT		300001610		3/15/2023		
1600	☑	20230314	1900005037		5303890	KR	3	3/14/2023	40	59.00	USD		P160001	162736		SAP_WFRT		400003894		3/15/2023		
1600	☑	20230314	1900005045		5303325	KR	3	3/14/2023	40	775.08	USD		P160001	161316		SAP_WFRT		300001546		3/15/2023		
1600	☑	20230314	5000001509		5303030	WE	3	3/14/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200		3/14/2023	300003187	
1600	☑	20230314	5000001510		5303030	WE	3	3/14/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10116856	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10116858	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10116853	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10116854	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10116852	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10116856	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10116857	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001511		5303030	WE	3	3/14/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10108284	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001512		5303030	WE	3	3/14/2023	81	2,499.00	USD	Contractor Services	P160001			ALL3394	10100852	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001512		5303030	WE	3	3/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108913	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001512		5303030	WE	3	3/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108911	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001512		5303030	WE	3	3/14/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10108910	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001512		5303030	WE	3	3/14/2023	81	1,249.50	USD	Contractor Services	P160001			ALL3394	10108908	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001513		5303030	WE	3	3/14/2023	81	2,856.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200		3/14/2023	300004300	
1600	☑	20230314	5000001514		5303030	WE	3	3/14/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10116939	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001514		5303030	WE	3	3/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10115944	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001514		5303030	WE	3	3/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10116567	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001514		5303030	WE	3	3/14/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10116467	2111200		3/14/2023	300004300	
1600	☑	20230314	5000001514		5303030	WE	3	3/14/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10116688	2111200		3/14/2023	300004300	
1600	☑	20230315	1900005054		5303030	KR	3	3/15/2023	40	1,080.00	USD		P160001			SAP_WFRT	10068784	300052502		3/16/2023		
1600	☑	20230316	1900005074		5303325	KR	3	3/16/2023	40	969.54	USD		P160001	161316		CHR4668		300001546		3/24/2023		

1600	☑	20230316	1900005075	5303325	KR	3	3/16/2023	40	638.40	USD		P160001	162736		SAP_WFRT		300001570	3/16/2023		
1600	☑	20230317	1900005077	5303890	KR	3	3/17/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	3/17/2023		
1600	☑	20230317	5000001524	5303030	WE	3	3/17/2023	81	1,335.00	USD	Contractor Services	P160001	167182		ALL3394		2111200	3/17/2023	300004366	
1600	☑	20230317	5000001525	5303030	WE	3	3/17/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10112978	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001525	5303030	WE	3	3/17/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10112979	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001525	5303030	WE	3	3/17/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10116736	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001526	5303030	WE	3	3/17/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10116939	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001526	5303030	WE	3	3/17/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10115591	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001526	5303030	WE	3	3/17/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10116046	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001526	5303030	WE	3	3/17/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10116625	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001527	5303030	WE	3	3/17/2023	81	1,249.50	USD	Contractor Services	P160001			ALL3394	10108906	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001527	5303030	WE	3	3/17/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10100852	2111200	3/17/2023	300004300	
1600	☑	20230317	5000001528	5303030	WE	3	3/17/2023	81	1,660.00	USD	Contractor Services	P160001	167182		ALL3394		2111200	3/17/2023	300004366	
1600	☑	20230317	5000001529	5303030	WE	3	3/17/2023	81	1,815.00	USD	Contractor Services	P160001	167182		ALL3394		2111200	3/17/2023	300004366	
1600	☑	20230320	1900005089	5303325	KR	3	3/20/2023	40	7,984.32	USD		P160001	161311		SAP_WFRT		300005541	3/20/2023		
1600	☑	20230320	5000001532	5303030	WE	3	3/20/2023	81	4,540.80	USD	Contractor Services	P160001			ALL3394	2302001	2111200	3/20/2023	300005071	
1600	☑	20230321	1900005091	5303890	KR	3	3/21/2023	40	129.97	USD		P160001	169556		SAP_WFRT		400003803	3/21/2023		
1600	☑	20230321	1900005098	5303325	KR	3	3/21/2023	40	2,035.00	USD		P160001	164410		SAP_WFRT		300001610	3/22/2023		
1600	☑	20230321	5000001535	5303890	WE	3	3/21/2023	81	2,020.05	USD		P160001			CHR4433	169700DREG	2111200	3/21/2023	300004292	
1300	☑	20230322	1900000343	5303890	KR	3	3/22/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	3/22/2023		
1300	☑	20230322	1900000344	5303890	KR	3	3/22/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	3/22/2023		
1600	☑	20230322	1900005114	5303325	KR	3	3/22/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570	3/22/2023		
1600	☑	20230322	1900005115	5303325	KR	3	3/22/2023	40	638.40	USD		P160001	161310		SAP_WFRT		300001570	3/22/2023		
1600	☑	20230322	1900005121	5303890	KR	3	3/22/2023	40	5.17	USD		P160001	169556		SAP_WFRT		400003803	3/22/2023		
1600	☑	20230322	1900005131	5303325	KR	3	3/22/2023	40	1,229.28	USD		P160001	161316		SAP_WFRT		300001546	3/23/2023		
1600	☑	20230322	1900005137	5303325	KR	3	3/22/2023	40	2,280.00	USD		P160001	161311		SAP_WFRT		300005541	3/22/2023		
1600	☑	20230322	1900005144	5303325	KR	3	3/22/2023	40	925.47	USD		P160001	161316		SAP_WFRT		300001546	3/23/2023		
1600	☑	20230322	5000001540	5303030	WE	3	3/22/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10117039	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001540	5303030	WE	3	3/22/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10116738	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001540	5303030	WE	3	3/22/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10116737	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001540	5303030	WE	3	3/22/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10117102	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001540	5303030	WE	3	3/22/2023	81	3,570.00	USD	Contractor Services	P160001			ALL3394	10117347	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001540	5303030	WE	3	3/22/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10117100	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001541	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108905	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001541	5303030	WE	3	3/22/2023	81	7,329.00	USD	Contractor Services	P160001			ALL3394	10100852	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001541	5303030	WE	3	3/22/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10108902	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001541	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10108370	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001541	5303030	WE	3	3/22/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10108907	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001542	5303030	WE	3	3/22/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10115543	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10117531	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10104074	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10103877	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10104202	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10104006	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10104201	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10104076	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001543	5303030	WE	3	3/22/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10118007	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001544	5303030	WE	3	3/22/2023	81	6,069.00	USD	Contractor Services	P160001			ALL3394	10100852	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001545	5303030	WE	3	3/22/2023	81	1,284.00	USD	Contractor Services	P160001			ALL3394	10117100	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001545	5303030	WE	3	3/22/2023	81	2,499.00	USD	Contractor Services	P160001			ALL3394	10117101	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001545	5303030	WE	3	3/22/2023	81	2,499.00	USD	Contractor Services	P160001			ALL3394	10116739	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001545	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10117752	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001546	5303030	WE	3	3/22/2023	81	3,577.50	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10116833	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	1,641.00	USD	Contractor Services	P160001			ALL3394	10116328	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10116330	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10116597	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10115273	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10117272	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10115274	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10115854	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10115897	2111200	3/22/2023	300004300	
1600	☑	20230322	5000001547	5303030	WE	3	3/22/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10111597	2111200	3/22/2023	300004300	
1600	☑	20230324	1900005148	5303890	KR	3	3/24/2023	40	1,045.65	USD		P160001	169556		CHR4668		400003962	3/24/2023		
1300	☑	20230328	5000000081	5303890	WE	3	3/28/2023	81	284.93	USD	Misc Outside Services	P130001	130009		NIC1761		2111200	3/28/2023	300000155	
1600	☑	20230328	5000001559	5303890	WE	3	3/28/2023	81	3,550.45	USD		P160001			CHR4433	169700DREG	2111200	3/28/2023	300001315	
1600	☑	20230328	5000001560	5303030	WE	3	3/28/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117829	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001560	5303030	WE	3	3/28/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117828	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001560	5303030	WE	3	3/28/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10116824	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001560	5303030	WE	3	3/28/2023	81	2,856.00	USD	Contractor Services	P160001			BRE2957	10117830	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001561	5303030	WE	3	3/28/2023	81	5,176.50	USD	Contractor Services	P160001			BRE2957	10100852	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001562	5303030	WE	3	3/28/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117752	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001562	5303030	WE	3	3/28/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10116739	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001562	5303030	WE	3	3/28/2023	81	2,142.00	USD	Contractor Services	P160001			BRE2957	10117993	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001562	5303030	WE	3	3/28/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117825	2111200	3/28/2023	300004300	
1600	☑	20230328	5000001562	5303030	WE	3	3/28/2023	81	2,856.00	USD	Contractor Services	P160001			BRE2957	10117583	2111200	3/28/2023	300004300	
1300	☑	20230329	1900000350	5303890	KR	3	3/29/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	3/29/2023		
1600	☑	20230329	1900005199	5303325	KR	3	3/29/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570	3/29/2023		
1600	☑	20230329	1900005200	5303325	KR	3	3/29/2023	40	558.60	USD		P160001	161310		SAP_WFRT		300001570	3/29/2023		

1600	☑	20230329	1900005211		5303325	KR	3	3/29/2023	40	969.54	USD		P160001	161316		SAP_WFRT		300001546	3/29/2023	
1600	☑	20230329	1900005213		5303325	KR	3	3/29/2023	40	1,213.52	USD		P160001	161316		SAP_WFRT		300001546	3/29/2023	
1600	☑	20230329	5000001563		5303030	WE	3	3/29/2023	81	59,946.16	USD	Contractor Services	P160001			ALL3394	10107543	2111200	3/29/2023	300004408
1600	☑	20230329	5000001564		5303030	WE	3	3/29/2023	81	33,706.76	USD	Contractor Services	P160001			ALL3394	10107543	2111200	3/29/2023	300004408
1600	☑	20230329	5000001565		5303030	WE	3	3/29/2023	81	16,790.60	USD	Contractor Services	P160001			ALL3394	10088375	2111200	3/29/2023	300004408
1600	☑	20230329	5000001566		5303030	WE	3	3/29/2023	81	3,784.88	USD	Contractor Services	P160001	162736		ALL3394		2111200	3/29/2023	300004231
1600	☑	20230329	5000001568		5303030	WE	3	3/29/2023	81	5,572.25	USD	Contractor Services	P160001			BRE2957	10098705	2111200	3/29/2023	300004408
1600	☑	20230329	5000001569		5303030	WE	3	3/29/2023	81	39,225.17	USD	Contractor Services	P160001			BRE2957	10098706	2111200	3/29/2023	300004408
1600	☑	20230330	1900005222		5303890	KR	3	3/30/2023	40	1,045.65	USD		P160001	169556		DEN2956		400003962	3/31/2023	
1600	☑	20230331	5000001574		5303030	WE	3	3/31/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10116939	2111200	3/31/2023	300004300
1600	☑	20230331	5000001574		5303030	WE	3	3/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10115944	2111200	3/31/2023	300004300
1600	☑	20230331	5000001574		5303030	WE	3	3/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10116567	2111200	3/31/2023	300004300
1600	☑	20230331	5000001574		5303030	WE	3	3/31/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10116467	2111200	3/31/2023	300004300
1600	☑	20230331	5000001574		5303030	WE	3	3/31/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10116688	2111200	3/31/2023	300004300
1600	☑	20230331	5000001575		5303030	WE	3	3/31/2023	81	2,856.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	3/31/2023	300004300
1600	☑	20230331	5100001425		5303890	RE	3	3/31/2023	40	165.66	USD	FREIGHT ON INVOICE	P160001			DEN2956	169700DREG	300001315	3/31/2023	
1600	☑	20230331	5100001425		5303890	RE	3	3/31/2023	40	222.97	USD	TAX PAID ON INVOICE	P160001			DEN2956	169700DREG	300001315	3/31/2023	
1600	☑	20230401	1900005273	4/2023	5303310	KE	4	4/1/2023	40	2,750.00	USD		P160001	167182		JEF1474		400003710	4/3/2023	
1600	☑	20230401	1900005274	4/2023	5303310	KE	4	4/1/2023	40	2,800.00	USD		P160001	169935		JEF1474		400003798	4/3/2023	
1600	☑	20230403	1900005252		5303325	KR	4	4/3/2023	40	7,500.00	USD		P160001	161311		SAP_WFRT		300005541	4/4/2023	
1600	☑	20230403	5000001584		5303030	WE	4	4/3/2023	81	1,335.60	USD	Contractor Services	P160001	169964		BRE2957		2111200	4/3/2023	300050926
1300	☑	20230404	1900000356		5303890	KR	4	4/4/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	4/4/2023	
1600	☑	20230404	1900005276		5303325	KR	4	4/4/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570	4/4/2023	
1600	☑	20230404	5000001585		5303030	WE	4	4/4/2023	81	2,857.76	USD	Contractor Services	P160001	169556		BRE2957		2111200	4/4/2023	300004430
1600	☑	20230404	5000001586		5303030	WE	4	4/4/2023	81	2,857.76	USD	Contractor Services	P160001	169556		BRE2957		2111200	4/4/2023	300004430
1300	☑	20230405	1900000360		5303890	CP	4	4/5/2023	40	36.00	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	4/5/2023	
1600	☑	20230405	1900005294		5303890	KR	4	4/5/2023	40	3,366.00	USD		P160001		DISTR.8870	SAP_WFRT		400003793	4/7/2023	
1600	☑	20230405	5000001588		5303030	WE	4	4/5/2023	81	439.90	USD	Contractor Services	P160001	169556		BRE2957		2111200	4/5/2023	300052172
1600	☑	20230405	5000001589		5303030	WE	4	4/5/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10118007	2111200	4/5/2023	300004300
1600	☑	20230405	5000001589		5303030	WE	4	4/5/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10118008	2111200	4/5/2023	300004300
1600	☑	20230405	5000001589		5303030	WE	4	4/5/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118187	2111200	4/5/2023	300004300
1600	☑	20230405	5000001589		5303030	WE	4	4/5/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118185	2111200	4/5/2023	300004300
1600	☑	20230405	5000001589		5303030	WE	4	4/5/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118307	2111200	4/5/2023	300004300
1600	☑	20230405	5000001590		5303030	WE	4	4/5/2023	81	5,712.00	USD	Contractor Services	P160001			BRE2957	10100852	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10117583	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10109968	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10118273	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10117045	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10115942	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10117959	2111200	4/5/2023	300004300
1600	☑	20230405	5000001591		5303030	WE	4	4/5/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10116687	2111200	4/5/2023	300004300
1600	☑	20230405	5000001592		5303030	WE	4	4/5/2023	81	3,391.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	4/5/2023	300004300
1600	☑	20230406	1900005312		5303325	KR	4	4/6/2023	40	925.47	USD		P160001	161316		SAP_WFRT		300001546	4/6/2023	
1600	☑	20230406	1900005313		5303325	KR	4	4/6/2023	40	1,218.88	USD		P160001	161316		SAP_WFRT		300001546	4/6/2023	
1600	☑	20230406	1900005315		5303890	KR	4	4/6/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	4/6/2023	
1600	☑	20230406	1900005316		5303325	KR	4	4/6/2023	40	1,213.52	USD		P160001	161316		SAP_WFRT		300001546	4/6/2023	
1600	☑	20230406	1900005320		5303325	KR	4	4/6/2023	40	5,790.00	USD		P160001	161311		SAP_WFRT		300005541	4/10/2023	
1600	☑	20230406	5000001598		5303890	WE	4	4/6/2023	81	3,063.00	USD		P160001			CHR4433	169700DREG	2111200	4/6/2023	300001315
1600	☑	20230411	1900005343		5303030	KR	4	4/11/2023	40	551.70	USD		P160001			SAP_WFRT	10118322	300004200	4/13/2023	
1600	☑	20230411	1900005349		5303890	KR	4	4/11/2023	40	59.00	USD		P160001	162736		SAP_WFRT		400003894	4/12/2023	
1600	☑	20230411	1900005354		5303850	KR	4	4/11/2023	40	304.00	USD		P160001	163024		SAP_WFRT		400005387	4/11/2023	
1600	☑	20230411	1900005356		5303850	KR	4	4/11/2023	40	100.00	USD		P160001	163024		SAP_WFRT		400005387	4/11/2023	
1600	☑	20230411	1900005357		5303325	KR	4	4/11/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570	4/11/2023	
1600	☑	20230411	1900005358		5303325	KR	4	4/11/2023	40	532.00	USD		P160001	161310		SAP_WFRT		300001570	4/11/2023	
1600	☑	20230411	5000001608		5303030	WE	4	4/11/2023	81	923.00	USD	Contractor Services	P160001	169108		BRE2957		2111200	4/11/2023	300004325
1600	☑	20230411	5000001609		5303030	WE	4	4/11/2023	81	1,006.57	USD	Contractor Services	P160001	169108		BRE2957		2111200	4/11/2023	300004325
1600	☑	20230411	5000001610		5303030	WE	4	4/11/2023	81	674.28	USD	Contractor Services	P160001	169108		BRE2957		2111200	4/11/2023	300004325
1600	☑	20230411	5000001613		5303030	WE	4	4/11/2023	81	3,756.90	USD	Contractor Services	P160001	162736		BRE2957		2111200	4/11/2023	300004231
1600	☑	20230411	5000001614		5303030	WE	4	4/11/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	4/11/2023	300003187
1600	☑	20230413	1900005366		5303325	KR	4	4/13/2023	40	775.08	USD		P160001	161316		SAP_WFRT		300001546	4/14/2023	
1600	☑	20230413	1900005367		5303325	KR	4	4/13/2023	40	969.54	USD		P160001	161316		SAP_WFRT		300001546	4/14/2023	
1600	☑	20230413	5000001616		5303030	WE	4	4/13/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118186	2111200	4/13/2023	300004300
1600	☑	20230413	5000001616		5303030	WE	4	4/13/2023	81	2,856.00	USD	Contractor Services	P160001			BRE2957	10116192	2111200	4/13/2023	300004300
1600	☑	20230413	5000001616		5303030	WE	4	4/13/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10118808	2111200	4/13/2023	300004300
1600	☑	20230413	5000001616		5303030	WE	4	4/13/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10117802	2111200	4/13/2023	300004300
1600	☑	20230413	5000001617		5303030	WE	4	4/13/2023	81	5,444.25	USD	Contractor Services	P160001			BRE2957	10100852	2111200	4/13/2023	300004300
1600	☑	20230413	5000001617		5303030	WE	4	4/13/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10108901	2111200	4/13/2023	300004300
1600	☑	20230413	5000001618		5303030	WE	4	4/13/2023	81	2,889.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	4/13/2023	300004300
1600	☑	20230413	5000001618		5303030	WE	4	4/13/2023	81	357.00	USD	Contractor Services	P160001		D4400.CORB	BRE2957		2111200	4/13/2023	300004300
1600	☑	20230413	5000001619		5303030	WE	4	4/13/2023	81	321.00	USD	Contractor Services	P160001			BRE2957	10118510	2111200	4/13/2023	300004300
1600	☑	20230413	5000001619		5303030	WE	4	4/13/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10118652	2111200	4/13/2023	300004300
1600	☑	20230413	5000001619		5303030	WE	4	4/13/2023	81	1,785.00	USD	Contractor Services	P160001			BRE2957	10118272	2111200	4/13/2023	300004300
1600	☑	20230414	1900005387		5303890	KR	4	4/14/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	4/17/2023	
1600	☑	20230414	1900005389		5303325	KR	4	4/14/2023	40	21,510.00	USD		P160001	161316		SAP_WFRT		300001610	4/17/2023	
1600	☑	20230414	1900005391		5303890	KR	4	4/14/2023	40	1,185.32	USD		P160001	169556		SAP_WFRT		400001675	4/17/2023	
1300	☑	20230417	5000000082		5303890	WE	4	4/17/2023	81	243.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	4/17/2023	300001042
1600	☑	20230417	1900005398		5303325	KR	4	4/17/2023	40	5,790.00	USD		P160001	161311		SAP_WFRT		300005541	4/17/2023	
1600	☑	20230417	1900005405		5303890	KR	4	4/17/2023	40	129.97	USD		P160001	169556		SAP_WFRT		400003803	4/17/2023	
1600	☑	20230417	1900005412		5303890	KR	4	4/17/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	4/17/2023	

1600	☑	20230418	1900005428	5303325	KR	4	4/18/2023	40	798.00	USD		P160001	162736		SAP_WFRT		300001570	4/20/2023		
1600	☑	20230418	1900005450	5303325	KR	4	4/18/2023	40	7,762.50	USD		P160001	167029		SAP_WFRT		300001610	4/19/2023		
1600	☑	20230418	1900005451	5303325	KR	4	4/18/2023	40	1,952.50	USD		P160001	164410		SAP_WFRT		300001610	4/19/2023		
1600	☑	20230418	5000001623	5303890	WE	4	4/18/2023	81	626.55	USD		P160001			CHR4433	169700DREG	2111200	4/18/2023	300001315	
1600	☑	20230418	5000001631	5303030	WE	4	4/18/2023	81	6,650.00	USD	Contractor Services	P160001			BRE2957	2302251	2111200	4/18/2023	300004403	
1600	☑	20230418	5000001632	5303030	WE	4	4/18/2023	81	11,952.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	4/18/2023	300004300	
1600	☑	20230418	5000001633	5303030	WE	4	4/18/2023	81	12,096.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	4/18/2023	300004300	
1600	☑	20230418	5000001634	5303030	WE	4	4/18/2023	81	11,952.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	4/18/2023	300004300	
1600	☑	20230418	5000001635	5303030	WE	4	4/18/2023	81	71,787.00	USD	Contractor Services	P160001			BRE2957	10113212	2111200	4/18/2023	300004300	
1600	☑	20230418	5000001636	5303030	WE	4	4/18/2023	81	12,096.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	4/18/2023	300004300	
1300	☑	20230419	5000000083	5303890	WE	4	4/19/2023	81	100.01	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	4/19/2023	300001042	
1300	☑	20230419	5000000084	5303890	WE	4	4/19/2023	81	288.02	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	4/19/2023	300001042	
1600	☑	20230419	1900005453	5303325	KR	4	4/19/2023	40	1,013.61	USD		P160001	161316		SAP_WFRT		300001546	4/19/2023		
1600	☑	20230419	1900005454	5303325	KR	4	4/19/2023	40	788.00	USD		P160001	161316		SAP_WFRT		300001546	4/19/2023		
1600	☑	20230419	5000001638	5303030	WE	4	4/19/2023	81	14,003.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	4/19/2023	300004300	
1600	☑	20230419	5000001639	5303030	WE	4	4/19/2023	81	750.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	4/19/2023	300051761	
1600	☑	20230420	1900005478	5303890	KR	4	4/20/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	4/21/2023		
1300	☑	20230424	1900000368	5303890	KR	4	4/24/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	4/25/2023		
1300	☑	20230424	5000000085	5303890	WE	4	4/24/2023	81	426.60	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	4/24/2023	300001042	
1600	☑	20230424	1900005499	5303890	KR	4	4/24/2023	40	97.05	USD		P160001	169556		SAP_WFRT		400003803	4/24/2023		
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	1,785.00	USD	Contractor Services	P160001			BRE2957	10116687	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10115621	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	963.00	USD	Contractor Services	P160001			BRE2957	10118651	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	802.50	USD	Contractor Services	P160001			BRE2957	10093215	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	481.50	USD	Contractor Services	P160001			BRE2957	10119106	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10093219	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001640	5303030	WE	4	4/24/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10093301	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001641	5303030	WE	4	4/24/2023	81	678.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10111320	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10116614	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	178.50	USD	Contractor Services	P160001			BRE2957	10112946	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	178.50	USD	Contractor Services	P160001			BRE2957	10113711	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	178.50	USD	Contractor Services	P160001			BRE2957	10114835	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	178.50	USD	Contractor Services	P160001			BRE2957	10114220	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118316	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118427	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10117795	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001642	5303030	WE	4	4/24/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10117810	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001643	5303030	WE	4	4/24/2023	81	26,766.50	USD	Contractor Services	P160001			BRE2957	10113212	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001644	5303030	WE	4	4/24/2023	81	7,459.50	USD	Contractor Services	P160001			BRE2957	10100852	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001645	5303030	WE	4	4/24/2023	81	8,172.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001645	5303030	WE	4	4/24/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118116	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001645	5303030	WE	4	4/24/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118118	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001645	5303030	WE	4	4/24/2023	81	2,688.00	USD	Contractor Services	P160001			BRE2957	10118114	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001646	5303030	WE	4	4/24/2023	81	13,476.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001647	5303030	WE	4	4/24/2023	81	16,680.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001648	5303030	WE	4	4/24/2023	81	1,272.00	USD	Contractor Services	P160001			BRE2957	10118113	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001648	5303030	WE	4	4/24/2023	81	1,272.00	USD	Contractor Services	P160001			BRE2957	10118112	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001648	5303030	WE	4	4/24/2023	81	10,680.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001649	5303030	WE	4	4/24/2023	81	13,476.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	4/24/2023	300004300	
1600	☑	20230424	5000001650	5303030	WE	4	4/24/2023	81	3,903.00	USD	Contractor Services	P160001			BRE2957	10109986	2111200	4/24/2023	300004287	
1600	☑	20230424	5000001651	5303030	WE	4	4/24/2023	81	124,941.68	USD	Contractor Services	P160001			BRE2957	10100036	2111200	4/24/2023	300051653	
1600	☑	20230424	5000001652	5303030	WE	4	4/24/2023	81	262.50	USD	Contractor Services	P160001			BRE2957	10115774	2111200	4/24/2023	300004287	
1600	☑	20230424	5000001654	5303030	WE	4	4/24/2023	81	3,536.50	USD	Contractor Services	P160001			BRE2957	10109986	2111200	4/24/2023	300004287	
1600	☑	20230424	5000001654	5303030	WE	4	4/24/2023	81	2,581.25	USD	Contractor Services	P160001			BRE2957	10108541	2111200	4/24/2023	300004287	
1600	☑	20230424	5100001486	5303890	RE	4	4/24/2023	40	39.29	USD	Tax	P160001			CHR4668	169700DREG	300001315	4/24/2023		
1600	☑	20230424	5100001486	5303890	RE	4	4/24/2023	40	28.28	USD	Freight	P160001			CHR4668	169700DREG	300001315	4/24/2023		
1600	☑	20230425	1900005520	5303325	KR	4	4/25/2023	40	7,632.83	USD		P160001	161311		SAP_WFRT		300005541	4/26/2023		
1600	☑	20230425	5000001655	5303030	WE	4	4/25/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	4/25/2023	300003187	
1600	☑	20230425	5000001657	5303030	WE	4	4/25/2023	81	660.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	4/25/2023	300004430	
1600	☑	20230425	5000001658	5303030	WE	4	4/25/2023	81	1,540.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	4/25/2023	300004430	
1300	☑	20230426	5000000086	5303890	WE	4	4/26/2023	81	284.93	USD	Misc Outside Services	P130001	130009		NIC1761		2111200	4/26/2023	300000155	
1600	☑	20230426	1900005537	5303325	KR	4	4/26/2023	40	372.40	USD		P160001	161310		SAP_WFRT		300001570	4/27/2023		
1600	☑	20230426	1900005538	5303325	KR	4	4/26/2023	40	5,520.00	USD		P160001	161311		SAP_WFRT		300005541	4/26/2023		
1600	☑	20230426	1900005544	5303325	KR	4	4/26/2023	40	771.23	USD		P160001	161316		SAP_WFRT		300001546	4/26/2023		
1600	☑	20230426	1900005545	5303315	KR	4	4/26/2023	40	17,010.00	USD		P160001			SAP_WFRT	201690024	300001610	4/26/2023		
1600	☑	20230426	1900005546	5303325	KR	4	4/26/2023	40	1,343.54	USD		P160001	161316		SAP_WFRT		300001546	4/26/2023		
1600	☑	20230426	5000001660	5303030	WE	4	4/26/2023	81	2,142.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10119102	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119103	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119107	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119104	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10119105	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119108	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10093213	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10093214	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117561	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001661	5303030	WE	4	4/26/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119502	2111200	4/26/2023	300004300	
1600	☑	20230426	5000001662	5303890	WE	4	4/26/2023	81	2,727.30	USD		P160001			CHR4433	169700DREG	2111200	4/26/2023	300001315	
1600	☑	20230426	5000001667	5303030	WE	4	4/26/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	4/26/2023	300004300	

1600	☑	20230426	5000001668		5303030	WE	4	4/26/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10115270	2111200	4/26/2023 300004300
1600	☑	20230426	5000001668		5303030	WE	4	4/26/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10118704	2111200	4/26/2023 300004300
1600	☑	20230426	5000001668		5303030	WE	4	4/26/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118705	2111200	4/26/2023 300004300
1600	☑	20230426	5000001668		5303030	WE	4	4/26/2023	81	2,320.50	USD	Contractor Services	P160001			BRE2957	10118912	2111200	4/26/2023 300004300
1600	☑	20230426	5000001668		5303030	WE	4	4/26/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119342	2111200	4/26/2023 300004300
1600	☑	20230426	5000001669		5303030	WE	4	4/26/2023	81	12,864.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	4/26/2023 300004300
1600	☑	20230426	5000001670		5303030	WE	4	4/26/2023	81	17,001.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	4/26/2023 300004300
1600	☑	20230426	5000001671		5303030	WE	4	4/26/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	4/26/2023 300004300
1600	☑	20230426	5000001672		5303030	WE	4	4/26/2023	81	12,936.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	4/26/2023 300004300
1600	☑	20230426	5000001673		5303030	WE	4	4/26/2023	81	13,008.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	4/26/2023 300004300
1600	☑	20230426	5000001674		5303030	WE	4	4/26/2023	81	39,133.00	USD	Contractor Services	P160001			BRE2957	10113212	2111200	4/26/2023 300004300
1600	☑	20230426	5000001675		5303030	WE	4	4/26/2023	81	61,519.47	USD	Contractor Services	P160001			BRE2957	10118322	2111200	4/26/2023 300004248
1600	☑	20230427	1900005571		5303890	KR	4	4/27/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	4/28/2023
1600	☑	20230427	5000001684		5303030	WE	4	4/27/2023	81	11,117.32	USD	Contractor Services	P160001			BRE2957	2302441	2111200	4/27/2023 300052054
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	150.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	370.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	640.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	6,000.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	550.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	2,625.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	1,750.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	1,050.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	875.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001687		5303030	WE	4	4/27/2023	81	805.00	USD		P160001			BRE2957	10102051	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	150.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	185.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	640.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	6,000.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	550.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	1,875.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	1,750.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	1,050.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	625.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001688		5303030	WE	4	4/27/2023	81	575.00	USD		P160001			BRE2957	10102052	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	150.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	290.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	550.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	1,875.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	1,750.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	1,050.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001689		5303030	WE	4	4/27/2023	81	625.00	USD		P160001			BRE2957	10102046	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	150.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	290.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	550.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	1,875.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	1,750.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	1,050.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5000001690		5303030	WE	4	4/27/2023	81	625.00	USD		P160001			BRE2957	10102050	2111200	4/27/2023 300050995
1600	☑	20230427	5100001512		5303890	RE	4	4/27/2023	40	357.32	USD	Tax	P160001			CHR4668	169700DREG	300001315	4/27/2023
1600	☑	20230427	5100001512		5303890	RE	4	4/27/2023	40	164.93	USD	Freight	P160001			CHR4668	169700DREG	300001315	4/27/2023
1600	☑	20230428	5000001691		5303030	WE	4	4/28/2023	81	575.00	USD		P160001			BRE2957	10102050	2111200	4/28/2023 300050995
1600	☑	20230428	5000001693		5303030	WE	4	4/28/2023	81	2,769.34	USD	Contractor Services	P160001		MEASURE.8940	BRE2957		2111200	4/28/2023 300001155
1600	☑	20230428	5100001522		5303030	RE	4	4/28/2023	40	788.10	USD	TAX PAID ON INVOICE	P160001			DEN2956	10102051	400000485	4/28/2023
1600	☑	20230428	5100001523		5303030	RE	4	4/28/2023	40	732.00	USD	TAX PAID ON INVOICE	P160001			DEN2956	10102052	400000485	4/28/2023
1600	☑	20230428	5100001524		5303030	RE	4	4/28/2023	40	339.90	USD	TAX PAID ON INVOICE	P160001			DEN2956	10102050	400000485	4/28/2023
1600	☑	20230428	5100001526		5303030	RE	4	4/28/2023	40	339.90	USD	TAX PAID ON INVOICE	P160001			DEN2956	10102046	400000485	4/28/2023
1600	☑	20230501	1900005590	5/2023	5303310	KE	5	5/1/2023	40	2,750.00	USD		P160001	167182		JEF1474		400003710	5/1/2023
1600	☑	20230501	1900005591	5/2023	5303310	KE	5	5/1/2023	40	2,800.00	USD		P160001	169935		JEF1474		400003798	5/1/2023
1600	☑	20230502	1900005612		5303890	KR	5	5/2/2023	40	3,619.50	USD		P160001		DISTR.8870	SAP_WFRT		400003793	5/3/2023
1600	☑	20230502	5000001698		5303030	WE	5	5/2/2023	81	2,857.76	USD	Contractor Services	P160001	169556		BRE2957		2111200	5/2/2023 300004430
1600	☑	20230502	5000001699		5303030	WE	5	5/2/2023	81	74,570.50	USD	Contractor Services	P160001			BRE2957	10113212	2111200	5/2/2023 300004300
1600	☑	20230502	5000001700		5303030	WE	5	5/2/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/2/2023 300004300
1600	☑	20230502	5000001701		5303030	WE	5	5/2/2023	81	16,533.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	5/2/2023 300004300
1600	☑	20230502	5000001702		5303030	WE	5	5/2/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/2/2023 300004300
1600	☑	20230502	5000001703		5303030	WE	5	5/2/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/2/2023 300004300
1600	☑	20230502	5000001704		5303030	WE	5	5/2/2023	81	5,484.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/2/2023 300004300
1600	☑	20230502	5000001704		5303030	WE	5	5/2/2023	81	2,688.00	USD	Contractor Services	P160001			BRE2957	10118289	2111200	5/2/2023 300004300
1600	☑	20230502	5000001704		5303030	WE	5	5/2/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118287	2111200	5/2/2023 300004300
1600	☑	20230502	5000001704		5303030	WE	5	5/2/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118286	2111200	5/2/2023 300004300
1600	☑	20230502	5000001704		5303030	WE	5	5/2/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118119	2111200	5/2/2023 300004300
1600	☑	20230502	5000001704		5303030	WE	5	5/2/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118200	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10119342	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	696.00	USD	Contractor Services	P160001			BRE2957	10117928	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	1,123.50	USD	Contractor Services	P160001			BRE2957	10118027	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10119045	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10117794	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10119091	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119488	2111200	5/2/2023 300004300
1600	☑	20230502	5000001705		5303030	WE	5	5/2/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10118825	2111200	5/2/2023 300004300

1600	☑	20230502	5000001706	5303030	WE	5	5/2/2023	81	1,606.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10116470	2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119535	2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10115948	2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10115940	2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10115945	2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10119582	2111200	5/2/2023	300004300	
1600	☑	20230502	5000001707	5303030	WE	5	5/2/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10118952	2111200	5/2/2023	300004300	
1300	☑	20230503	5000000087	5303890	WE	5	5/3/2023	81	88.92	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	5/3/2023	300001042	
1300	☑	20230503	5000000088	5303890	WE	5	5/3/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	5/3/2023	300001042	
1600	☑	20230503	1900005623	5303325	KR	5	5/3/2023	40	1,013.61	USD		P160001	161316		SAP_WFRT		300001546	5/3/2023		
1600	☑	20230503	1900005625	5303325	KR	5	5/3/2023	40	1,260.80	USD		P160001	161316		SAP_WFRT		300001546	5/4/2023		
1600	☑	20230503	5000001710	5303030	WE	5	5/3/2023	81	1,335.60	USD	Contractor Services	P160001	169964		BRE2957		2111200	5/3/2023	300050926	
1600	☑	20230503	5000001711	5303030	WE	5	5/3/2023	81	2,067.50	USD	Contractor Services	P160001			BRE2957	10119170	2111200	5/3/2023	300052631	
1600	☑	20230504	1900005663	5303890	KR	5	5/4/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	5/5/2023		
1600	☑	20230504	1900005668	5303890	KR	5	5/4/2023	40	59.00	USD		P160001	162736		SAP_WFRT		400003894	5/14/2023		
1600	☑	20230504	5000001712	5303030	WE	5	5/4/2023	81	11,115.88	USD	Contractor Services	P160001			BRE2957	10098705	2111200	5/4/2023	300004408	
1600	☑	20230504	5000001713	5303030	WE	5	5/4/2023	81	98,232.14	USD	Contractor Services	P160001			BRE2957	10107543	2111200	5/4/2023	300004408	
1600	☑	20230504	5000001714	5303030	WE	5	5/4/2023	81	30,000.98	USD	Contractor Services	P160001			BRE2957	10098706	2111200	5/4/2023	300004408	
1600	☑	20230504	5000001715	5303030	WE	5	5/4/2023	81	643.50	USD	Contractor Services	P160001			BRE2957	10100085	2111200	5/4/2023	300004408	
1600	☑	20230504	5000001716	5303030	WE	5	5/4/2023	81	15,482.05	USD	Contractor Services	P160001			BRE2957	10088375	2111200	5/4/2023	300004408	
1600	☑	20230504	5000001718	5303320	WE	5	5/4/2023	81	19,007.88	USD	Training	P160001	164410		BRE2957		2111200	5/4/2023	300001622	
1600	☑	20230508	1900005676	5303325	KR	5	5/8/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	5/10/2023		
1600	☑	20230508	1900005685	5303890	KR	5	5/8/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	5/9/2023		
1300	☑	20230509	5000000089	5303890	WE	5	5/9/2023	81	340.20	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	5/9/2023	300001042	
1600	☑	20230509	1900005697	5303850	KR	5	5/9/2023	40	56.00	USD		P160001	163024		SAP_WFRT		400005387	5/9/2023		
1600	☑	20230509	1900005698	5303850	KR	5	5/9/2023	40	304.00	USD		P160001	163024		SAP_WFRT		400005387	5/9/2023		
1600	☑	20230509	1900005708	5303890	KR	5	5/9/2023	40	863.89	USD		P160001	169556		SAP_WFRT		400001675	5/10/2023		
1600	☑	20230509	1900005709	5303325	KR	5	5/9/2023	40	1,284.44	USD		P160001	161316		SAP_WFRT		300001546	5/9/2023		
1600	☑	20230509	5000001729	5303030	WE	5	5/9/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	5/9/2023	300003187	
1600	☑	20230509	5000001730	5303030	WE	5	5/9/2023	81	550.00	USD	Contractor Services	P160001			BRE2957	10115334	2111200	5/9/2023	300004287	
1600	☑	20230509	5000001730	5303030	WE	5	5/9/2023	81	787.50	USD	Contractor Services	P160001			BRE2957	10115335	2111200	5/9/2023	300004287	
1600	☑	20230509	5000001730	5303030	WE	5	5/9/2023	81	787.50	USD	Contractor Services	P160001			BRE2957	10116939	2111200	5/9/2023	300004287	
1600	☑	20230509	5000001731	5303030	WE	5	5/9/2023	81	1,510.50	USD	Contractor Services	P160001	169556		BRE2957		2111200	5/9/2023	300051701	
1600	☑	20230509	5000001733	5303030	WE	5	5/9/2023	81	1,050.00	USD	Contractor Services	P160001			BRE2957	10100036	2111200	5/9/2023	300004287	
1600	☑	20230509	5000001734	5303030	WE	5	5/9/2023	81	13,296.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001735	5303030	WE	5	5/9/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001736	5303030	WE	5	5/9/2023	81	9,408.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001736	5303030	WE	5	5/9/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118299	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001736	5303030	WE	5	5/9/2023	81	672.00	USD	Contractor Services	P160001			BRE2957	10118301	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001736	5303030	WE	5	5/9/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118298	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001737	5303030	WE	5	5/9/2023	81	13,296.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001738	5303030	WE	5	5/9/2023	81	1,071.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/9/2023	300004300	
1600	☑	20230509	5000001739	5303030	WE	5	5/9/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10118952	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001739	5303030	WE	5	5/9/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10118911	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001739	5303030	WE	5	5/9/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10119539	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001739	5303030	WE	5	5/9/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10119444	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001739	5303030	WE	5	5/9/2023	81	2,856.00	USD	Contractor Services	P160001			BRE2957	10118980	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119491	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119553	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10119490	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10119492	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10117547	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119347	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119489	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119493	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10119519	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001740	5303030	WE	5	5/9/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10117996	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001741	5303030	WE	5	5/9/2023	81	31,998.50	USD	Contractor Services	P160001			BRE2957	10113212	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001742	5303030	WE	5	5/9/2023	81	17,040.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	5/9/2023	300004300	
1600	☑	20230509	5000001743	5303030	WE	5	5/9/2023	81	13,697.55	USD	Contractor Services	P160001			BRE2957	10107543	2111200	5/9/2023	300004408	
1600	☑	20230510	1900005712	5303325	KR	5	5/10/2023	40	4,567.16	USD		P160001	161311		SAP_WFRT		300005541	5/10/2023		
1300	☑	20230511	1900000385	5303890	KR	5	5/11/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	5/12/2023		
1600	☑	20230511	1900005715	5303890	KR	5	5/11/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	5/11/2023		
1600	☑	20230512	5000001755	5303030	WE	5	5/12/2023	81	3,824.82	USD	Contractor Services	P160001			BRE2957	10119173	2111200	5/12/2023	300004408	
1600	☑	20230512	5000001756	5303030	WE	5	5/12/2023	81	1,899.72	USD	Contractor Services	P160001			BRE2957	10119170	2111200	5/12/2023	300004408	
1600	☑	20230512	5000001757	5303030	WE	5	5/12/2023	81	3,701.69	USD	Contractor Services	P160001			BRE2957	10119174	2111200	5/12/2023	300004408	
1600	☑	20230512	5000001758	5303030	WE	5	5/12/2023	81	7,436.22	USD	Contractor Services	P160001			BRE2957	2302382	2111200	5/12/2023	300005071	
1600	☑	20230512	5000001759	5303890	WE	5	5/12/2023	81	10,980.00	USD		P160001			CHR4433	169700DREG	2111200	5/12/2023	300004672	
1600	☑	20230512	5000001760	5303890	WE	5	5/12/2023	81	1,440.00	USD		P160001			CHR4433	169700DREG	2111200	5/12/2023	300004672	
1600	☑	20230515	1900005731	5303325	KR	5	5/15/2023	40	2,117.50	USD		P160001	164410		SAP_WFRT		300001610	5/16/2023		
1600	☑	20230515	1900005732	5303325	KR	5	5/15/2023	40	16,290.00	USD		P160001	161316		SAP_WFRT		300001610	5/19/2023		
1600	☑	20230515	1900005733	5303325	KR	5	5/15/2023	40	2,100.00	USD		P160001	167029		SAP_WFRT		300001610	5/16/2023		
1600	☑	20230515	1900005733	5303325	KR	5	5/15/2023	40	2,100.00	USD		P160001	167182		SAP_WFRT		300001610	5/16/2023		
1600	☑	20230515	1900005758	5303310	KR	5	5/15/2023	40	872.80	USD		P160001			SAP_WFRT	10118322	400003786	5/22/2023		
1600	☑	20230515	1900005758	5303310	KR	5	5/15/2023	40	800.00	USD		P160001			SAP_WFRT	10118323	400003786	5/22/2023		
1600	☑	20230515	1900005758	5303310	KR	5	5/15/2023	40	75.00	USD		P160001	169935		SAP_WFRT		400003786	5/22/2023		
1600	☑	20230516	1900005765	5303890	KR	5	5/16/2023	40	129.98	USD		P160001	169556		SAP_WFRT		400003803	5/17/2023		
1600	☑	20230516	1900005771	5303325	KR	5	5/16/2023	40	478.80	USD		P160001	161310		SAP_WFRT		300001570	5/16/2023		

1600	☑	20230516	5000001765	5303030	WE	5	5/16/2023	81	10,424.00	USD	Contractor Services	P160001			BRE2957	2302260	2111200	5/16/2023	300004179
1600	☑	20230516	5100001593	5303890	RE	5	5/16/2023	40	691.14	USD	SALES TAX ACCRUAL	P160001			DEN2956	169700DREG	2131010	5/16/2023	
1600	☑	20230516	5100001593	5303890	RE	5	5/16/2023	40	550.49	USD	FREIGHT ON INVOICE	P160001			DEN2956	169700DREG	2131010	5/16/2023	
1600	☑	20230516	5100001594	5303890	RE	5	5/16/2023	40	658.80	USD	TAX PAID ON INVOICE	P160001			DEN2956	169700DREG	300004672	5/16/2023	
1600	☑	20230516	5100001595	5303890	RE	5	5/16/2023	40	86.40	USD		P160001			DEN2956	169700DREG	300004672	5/16/2023	
1600	☑	20230517	1900005791	5303325	KR	5	5/17/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	5/18/2023	
1600	☑	20230517	5000001769	5303030	WE	5	5/17/2023	81	13,296.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/17/2023	300004300
1600	☑	20230517	5000001770	5303030	WE	5	5/17/2023	81	16,973.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	5/17/2023	300004300
1600	☑	20230517	5000001771	5303030	WE	5	5/17/2023	81	8,592.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/17/2023	300004300
1600	☑	20230517	5000001771	5303030	WE	5	5/17/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118283	2111200	5/17/2023	300004300
1600	☑	20230517	5000001771	5303030	WE	5	5/17/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118282	2111200	5/17/2023	300004300
1600	☑	20230517	5000001771	5303030	WE	5	5/17/2023	81	2,016.00	USD	Contractor Services	P160001			BRE2957	10118280	2111200	5/17/2023	300004300
1600	☑	20230517	5000001772	5303030	WE	5	5/17/2023	81	13,296.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/17/2023	300004300
1600	☑	20230517	5000001773	5303030	WE	5	5/17/2023	81	11,756.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/17/2023	300004300
1600	☑	20230517	5000001773	5303030	WE	5	5/17/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10118284	2111200	5/17/2023	300004300
1600	☑	20230517	5000001774	5303030	WE	5	5/17/2023	81	535.50	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	5/17/2023	300004300
1600	☑	20230517	5000001774	5303030	WE	5	5/17/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/17/2023	300004300
1600	☑	20230517	5000001775	5303030	WE	5	5/17/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118980	2111200	5/17/2023	300004300
1600	☑	20230517	5000001775	5303030	WE	5	5/17/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119887	2111200	5/17/2023	300004300
1600	☑	20230517	5000001775	5303030	WE	5	5/17/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10118274	2111200	5/17/2023	300004300
1600	☑	20230517	5000001775	5303030	WE	5	5/17/2023	81	2,856.00	USD	Contractor Services	P160001			BRE2957	10076533	2111200	5/17/2023	300004300
1600	☑	20230517	5000001776	5303030	WE	5	5/17/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	5/17/2023	300004300
1600	☑	20230517	5000001777	5303030	WE	5	5/17/2023	81	1,320.00	USD	Contractor Services	P160001			BRE2957	10120000	2111200	5/17/2023	300004300
1600	☑	20230517	5000001777	5303030	WE	5	5/17/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10119845	2111200	5/17/2023	300004300
1600	☑	20230517	5000001777	5303030	WE	5	5/17/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10119844	2111200	5/17/2023	300004300
1600	☑	20230517	5000001777	5303030	WE	5	5/17/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119846	2111200	5/17/2023	300004300
1600	☑	20230517	5000001777	5303030	WE	5	5/17/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10119600	2111200	5/17/2023	300004300
1600	☑	20230517	5000001777	5303030	WE	5	5/17/2023	81	178.50	USD	Contractor Services	P160001			BRE2957	10117793	2111200	5/17/2023	300004300
1600	☑	20230517	5000001778	5303030	WE	5	5/17/2023	81	30,767.50	USD	Contractor Services	P160001			BRE2957	10113212	2111200	5/17/2023	300004300
1600	☑	20230517	5000001779	5303030	WE	5	5/17/2023	81	3,793.63	USD	Contractor Services	P160001	162736		BRE2957		2111200	5/17/2023	300004231
1600	☑	20230519	1900005796	5303325	KR	5	5/19/2023	40	1,260.80	USD		P160001	161316		SAP_WFRT		300001546	5/22/2023	
1600	☑	20230519	1900005811	5303890	KR	5	5/19/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	5/22/2023	
1600	☑	20230519	1900005822	5303890	KR	5	5/19/2023	40	97.06	USD		P160001	169556		SAP_WFRT		400003803	5/22/2023	
1600	☑	20230519	5000001784	5303030	WE	5	5/19/2023	81	3,342.50	USD	Contractor Services	P160001			BRE2957	10119170	2111200	5/19/2023	300052631
1600	☑	20230519	5000001785	5303030	WE	5	5/19/2023	81	13,596.89	USD	Contractor Services	P160001			BRE2957	10119172	2111200	5/19/2023	300004408
1600	☑	20230519	5000001787	5303030	WE	5	5/19/2023	81	11,471.87	USD	Contractor Services	P160001			BRE2957	10098705	2111200	5/19/2023	300004408
1600	☑	20230519	5000001788	5303030	WE	5	5/19/2023	81	43,394.67	USD	Contractor Services	P160001			BRE2957	10098706	2111200	5/19/2023	300004408
1300	☑	20230524	5000000091	5303890	WE	5	5/24/2023	81	284.93	USD	Misc Outside Services	P130001	130009		NIC1761		2111200	5/24/2023	300000155
1600	☑	20230524	1900005862	5303325	KR	5	5/24/2023	40	1,367.18	USD		P160001	161316		SAP_WFRT		300001546	5/25/2023	
1600	☑	20230525	1900005870	5303890	KR	5	5/25/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	5/26/2023	
1600	☑	20230525	5000001791	5303030	WE	5	5/25/2023	81	33,308.00	USD	Contractor Services	P160001			BRE2957	10113212	2111200	5/25/2023	300004300
1600	☑	20230525	5000001792	5303030	WE	5	5/25/2023	81	3,824.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/25/2023	300004300
1600	☑	20230525	5000001792	5303030	WE	5	5/25/2023	81	2,688.00	USD	Contractor Services	P160001			BRE2957	10118281	2111200	5/25/2023	300004300
1600	☑	20230525	5000001792	5303030	WE	5	5/25/2023	81	5,376.00	USD	Contractor Services	P160001			BRE2957	10118139	2111200	5/25/2023	300004300
1600	☑	20230525	5000001793	5303030	WE	5	5/25/2023	81	17,892.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	5/25/2023	300004300
1600	☑	20230525	5000001794	5303030	WE	5	5/25/2023	81	13,260.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/25/2023	300004300
1600	☑	20230525	5000001795	5303030	WE	5	5/25/2023	81	12,864.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/25/2023	300004300
1600	☑	20230525	5000001796	5303030	WE	5	5/25/2023	81	11,528.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/25/2023	300004300
1600	☑	20230525	5000001797	5303030	WE	5	5/25/2023	81	1,963.50	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	5/25/2023	300004300
1600	☑	20230525	5000001797	5303030	WE	5	5/25/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/25/2023	300004300
1600	☑	20230525	5000001798	5303030	WE	5	5/25/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10119452	2111200	5/25/2023	300004300
1600	☑	20230525	5000001798	5303030	WE	5	5/25/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10119453	2111200	5/25/2023	300004300
1600	☑	20230525	5000001798	5303030	WE	5	5/25/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119357	2111200	5/25/2023	300004300
1600	☑	20230525	5000001798	5303030	WE	5	5/25/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10120152	2111200	5/25/2023	300004300
1600	☑	20230525	5000001798	5303030	WE	5	5/25/2023	81	2,320.50	USD	Contractor Services	P160001			BRE2957	10120034	2111200	5/25/2023	300004300
1600	☑	20230525	5000001799	5303030	WE	5	5/25/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/25/2023	300004300
1600	☑	20230525	5000001800	5303030	WE	5	5/25/2023	81	481.50	USD	Contractor Services	P160001			BRE2957	10117793	2111200	5/25/2023	300004300
1600	☑	20230525	5000001800	5303030	WE	5	5/25/2023	81	481.50	USD	Contractor Services	P160001			BRE2957	10117792	2111200	5/25/2023	300004300
1600	☑	20230525	5000001800	5303030	WE	5	5/25/2023	81	1,427.25	USD	Contractor Services	P160001			BRE2957	10119843	2111200	5/25/2023	300004300
1600	☑	20230525	5000001800	5303030	WE	5	5/25/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10119844	2111200	5/25/2023	300004300
1600	☑	20230525	5000001800	5303030	WE	5	5/25/2023	81	1,284.00	USD	Contractor Services	P160001			BRE2957	10120288	2111200	5/25/2023	300004300
1600	☑	20230525	5000001800	5303030	WE	5	5/25/2023	81	1,284.00	USD	Contractor Services	P160001			BRE2957	10119885	2111200	5/25/2023	300004300
1600	☑	20230525	5000001802	5303030	WE	5	5/25/2023	81	987.00	USD	Contractor Services	P160001			BRE2957	10117100	2111200	5/25/2023	300004287
1600	☑	20230525	5000001802	5303030	WE	5	5/25/2023	81	262.50	USD	Contractor Services	P160001			BRE2957	10117101	2111200	5/25/2023	300004287
1600	☑	20230525	5000001802	5303030	WE	5	5/25/2023	81	50.00	USD	Contractor Services	P160001			BRE2957	10111736	2111200	5/25/2023	300004287
1600	☑	20230525	5000001802	5303030	WE	5	5/25/2023	81	262.50	USD	Contractor Services	P160001			BRE2957	10117102	2111200	5/25/2023	300004287
1600	☑	20230525	5000001803	5303030	WE	5	5/25/2023	81	3,429.09	USD	Contractor Services	P160001	167029		BRE2957		2111200	5/25/2023	300004324
1600	☑	20230526	5000001806	5303030	WE	5	5/26/2023	81	882.00	USD	Contractor Services	P160001			BRE2957	10117347	2111200	5/26/2023	300004287
1300	☑	20230530	1900000394	5303890	KR	5	5/30/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	5/30/2023	
1300	☑	20230530	1900000395	5303890	KR	5	5/30/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	5/30/2023	
1300	☑	20230530	5000000092	5303890	WE	5	5/30/2023	81	257.06	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	5/30/2023	300001042
1600	☑	20230530	5000001810	5303030	WE	5	5/30/2023	81	5,345.47	USD	Contractor Services	P160001	164410		BRE2957		2111200	5/30/2023	300001042
1600	☑	20230531	1900005920	5303325	KR	5	5/31/2023	40	399.00	USD		P160001	161310		SAP_WFRT		300001570	5/31/2023	
1600	☑	20230531	5000001812	5303030	WE	5	5/31/2023	81	26,229.03	USD	Contractor Services	P160001			BRE2957	10119168	2111200	5/31/2023	300004408
1600	☑	20230531	5000001815	5303030	WE	5	5/31/2023	81	4,105.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/31/2023	300004300
1600	☑	20230531	5000001833	5303030	WE	5	5/31/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10120447	2111200	5/31/2023	300004300
1600	☑	20230531	5000001833	5303030	WE	5	5/31/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10120603	2111200	5/31/2023	300004300
1600	☑	20230531	5000001833	5303030	WE	5	5/31/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10120336	2111200	5/31/2023	300004300
1600	☑	20230531	5000001833	5303030	WE	5	5/31/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10119608	2111200	5/31/2023	300004300
1600	☑	20230531	5000001838	5303030	WE	5	5/31/2023	81	13,098.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/31/2023	300004300

1600	☑	20230531	5000001840		5303030	WE	5	5/31/2023	81	16,965.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	5/31/2023	300004300
1600	☑	20230531	5000001847		5303030	WE	5	5/31/2023	81	13,386.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/31/2023	300004300
1600	☑	20230531	5000001850		5303030	WE	5	5/31/2023	81	12,720.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	5/31/2023	300004300
1600	☑	20230531	5000001851		5303030	WE	5	5/31/2023	81	13,296.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	5/31/2023	300004300
1600	☑	20230531	5000001852		5303030	WE	5	5/31/2023	81	1,338.75	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	1,160.25	USD	Contractor Services	P160001			BRE2957	10119499	2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10117767	2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117768	2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119554	2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10119552	2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120581	2111200	5/31/2023	300004300
1600	☑	20230531	5000001853		5303030	WE	5	5/31/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120582	2111200	5/31/2023	300004300
1600	☑	20230531	5000001854		5303030	WE	5	5/31/2023	81	0.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/31/2023	300004300
1600	☑	20230531	5000001855		5303030	WE	5	5/31/2023	91	-0.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/31/2023	300004300
1600	☑	20230531	5000001856		5303030	WE	5	5/31/2023	81	0.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	5/31/2023	300004300
1600	☑	20230601	1900005901		5303325	KR	6	6/1/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	6/1/2023	
1600	☑	20230601	1900005921		5303325	KR	6	6/1/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	6/1/2023	
1600	☑	20230601	1900005922	6/2023	5303310	KE	6	6/1/2023	40	2,750.00	USD		P160001	167182		JEF1474		400003710	6/1/2023	
1600	☑	20230601	1900005924	6/2023	5303310	KE	6	6/1/2023	40	2,800.00	USD		P160001	169935		JEF1474		400003798	6/1/2023	
1600	☑	20230601	1900005928		5303840	KR	6	6/1/2023	40	65.90	USD		P160001	169556		SAP_WFRT		300051682	6/1/2023	
1600	☑	20230601	1900005940		5303325	KR	6	6/1/2023	40	512.20	USD		P160001	161316		SAP_WFRT		300001546	6/1/2023	
1600	☑	20230601	5000001859		5303030	WE	6	6/1/2023	81	2,857.76	USD	Contractor Services	P160001	169556		BRE2957		2111200	6/1/2023	300004430
1600	☑	20230601	5000001860		5303030	WE	6	6/1/2023	81	439.90	USD	Contractor Services	P160001	169556		BRE2957		2111200	6/1/2023	300052172
1600	☑	20230601	5100001681		5303890	RE	6	6/1/2023	40	56.34	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	6/1/2023	
1600	☑	20230601	5100001681		5303890	RE	6	6/1/2023	40	19.02	USD	FREIGHT PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	6/1/2023	
1600	☑	20230601	5100001682		5303890	RE	6	6/1/2023	40	55.74	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	6/1/2023	
1600	☑	20230601	5100001682		5303890	RE	6	6/1/2023	40	19.00	USD		P160001			MAR4916	169700DREG	400003789	6/1/2023	
1600	☑	20230601	5100001683		5303890	RE	6	6/1/2023	40	1,086.35	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	6/1/2023	
1600	☑	20230601	5100001683		5303890	RE	6	6/1/2023	40	185.80	USD	FREIGHT PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	6/1/2023	
1600	☑	20230602	1900005943		5303890	KR	6	6/2/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	6/2/2023	
1600	☑	20230602	5000001866		5303030	WE	6	6/2/2023	81	1,335.60	USD	Contractor Services	P160001	169964		BRE2957		2111200	6/2/2023	300050926
1600	☑	20230602	5000001867		5303030	WE	6	6/2/2023	81	250.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	6/2/2023	300051761
1600	☑	20230605	5000001869		5303030	WE	6	6/5/2023	81	1,525.00	USD	Contractor Services	P160001			BRE2957	10119170	2111200	6/5/2023	300052631
1600	☑	20230605	5000001870		5303030	WE	6	6/5/2023	81	5,376.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/5/2023	300004300
1600	☑	20230605	5000001871		5303030	WE	6	6/5/2023	81	6,885.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	6/5/2023	300004300
1600	☑	20230605	5000001872		5303030	WE	6	6/5/2023	81	5,376.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/5/2023	300004300
1600	☑	20230605	5000001873		5303030	WE	6	6/5/2023	81	5,376.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/5/2023	300004300
1600	☑	20230605	5000001874		5303030	WE	6	6/5/2023	81	5,376.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/5/2023	300004300
1600	☑	20230605	5000001875		5303030	WE	6	6/5/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120665	2111200	6/5/2023	300004300
1600	☑	20230605	5000001875		5303030	WE	6	6/5/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120667	2111200	6/5/2023	300004300
1600	☑	20230605	5000001876		5303030	WE	6	6/5/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120583	2111200	6/5/2023	300004300
1600	☑	20230605	5000001876		5303030	WE	6	6/5/2023	81	2,142.00	USD	Contractor Services	P160001			BRE2957	10120584	2111200	6/5/2023	300004300
1300	☑	20230606	5000000094		5303890	WE	6	6/6/2023	81	281.87	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	6/6/2023	300001042
1300	☑	20230606	5000000095		5303890	WE	6	6/6/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	6/6/2023	300001042
1600	☑	20230606	1900005998		5303325	KR	6	6/6/2023	40	1,000.76	USD		P160001	161316		SAP_WFRT		300001546	6/6/2023	
1600	☑	20230606	5000001877		5303030	WE	6	6/6/2023	81	4,400.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	6/6/2023	300004336
1600	☑	20230606	5000001879		5303030	WE	6	6/6/2023	81	20,908.00	USD	Contractor Services	P160001			BRE2957	10113212	2111200	6/6/2023	300004300
1300	☑	20230607	1900000409		5303890	CP	6	6/7/2023	40	37.50	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	6/8/2023	
1600	☑	20230607	1900006007		5303890	KR	6	6/7/2023	40	836.52	USD		P160001	169556		SAP_WFRT		400003962	6/9/2023	
1600	☑	20230607	5000001881		5303030	WE	6	6/7/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	6/7/2023	300003187
1600	☑	20230608	1900006022		5303325	KR	6	6/8/2023	40	4,320.00	USD		P160001	161311		SAP_WFRT		300005541	6/8/2023	
1600	☑	20230608	1900006023		5303890	KR	6	6/8/2023	40	868.67	USD		P160001	169556		SAP_WFRT		400001675	6/12/2023	
1600	☑	20230609	5000001883		5303030	WE	6	6/9/2023	81	8,500.00	USD	Contractor Services	P160001			BRE2957	10100665	2111200	6/9/2023	300052055
1600	☑	20230612	1900006043		5303890	KR	6	6/12/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	6/13/2023	
1300	☑	20230613	1900000413		5303890	KR	6	6/13/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	6/15/2023	
1600	☑	20230613	1900006064		5303325	KR	6	6/13/2023	40	4,800.00	USD		P160001	161311		SAP_WFRT		300005541	6/13/2023	
1600	☑	20230614	1900006065		5303325	KR	6	6/14/2023	40	4,387.50	USD		P160001	167182		SAP_WFRT		300001610	6/16/2023	
1600	☑	20230614	1900006066		5303325	KR	6	6/14/2023	40	17,460.00	USD		P160001	161316		SAP_WFRT		300001610	6/16/2023	
1600	☑	20230614	1900006067		5303325	KR	6	6/14/2023	40	2,007.50	USD		P160001	164410		SAP_WFRT		300001610	6/16/2023	
1600	☑	20230614	1900006079		5303890	KR	6	6/14/2023	40	129.98	USD		P160001	169556		SAP_WFRT		400003803	6/16/2023	
1600	☑	20230614	5000001890		5303030	WE	6	6/14/2023	81	1,510.50	USD	Contractor Services	P160001	169556		BRE2957		2111200	6/14/2023	300051701
1600	☑	20230615	1900006080		5303325	KR	6	6/15/2023	40	1,046.78	USD		P160001	161316		SAP_WFRT		300001546	6/16/2023	
1600	☑	20230615	1900006085		5303890	KR	6	6/15/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	6/16/2023	
1600	☑	20230616	5000001897		5303030	WE	6	6/16/2023	81	18,126.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/16/2023	300004300
1600	☑	20230616	5000001898		5303030	WE	6	6/16/2023	81	21,177.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	6/16/2023	300004300
1600	☑	20230616	5000001899		5303030	WE	6	6/16/2023	81	18,816.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/16/2023	300004300
1600	☑	20230616	5000001900		5303030	WE	6	6/16/2023	81	18,528.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/16/2023	300004300
1600	☑	20230616	5000001901		5303030	WE	6	6/16/2023	81	18,728.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/16/2023	300004300
1600	☑	20230616	5000001902		5303030	WE	6	6/16/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	6/16/2023	300004300
1600	☑	20230616	5000001902		5303030	WE	6	6/16/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10120666	2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10116045	2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10116044	2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10115943	2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	2,070.00	USD	Contractor Services	P160001			BRE2957	10120597	2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120633	2111200	6/16/2023	300004300
1600	☑	20230616	5000001903		5303030	WE	6	6/16/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120634	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904		5303030	WE	6	6/16/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120961	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904		5303030	WE	6	6/16/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10120442	2111200	6/16/2023	300004300

1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10120443	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10120444	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	561.75	USD	Contractor Services	P160001			BRE2957	10120441	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	2,150.25	USD	Contractor Services	P160001			BRE2957	10120787	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10117765	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	321.00	USD	Contractor Services	P160001			BRE2957	10120185	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	321.00	USD	Contractor Services	P160001			BRE2957	10120180	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	321.00	USD	Contractor Services	P160001			BRE2957	10120181	2111200	6/16/2023	300004300
1600	☑	20230616	5000001904	5303030	WE	6	6/16/2023	81	321.00	USD	Contractor Services	P160001			BRE2957	10120182	2111200	6/16/2023	300004300
1600	☑	20230619	5000001910	5303030	WE	6	6/19/2023	81	750.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	6/19/2023	300051761
1600	☑	20230620	1900006116	5303325	KR	6	6/20/2023	40	1,117.20	USD		P160001	161310		SAP_WFRT		300001570	6/20/2023	
1600	☑	20230620	1900006117	5303890	KR	6	6/20/2023	40	97.06	USD		P160001	169556		SAP_WFRT		400003803	6/21/2023	
1600	☑	20230620	1900006121	5303325	KR	6	6/20/2023	40	1,261.27	USD		P160001	161316		SAP_WFRT		300001546	6/20/2023	
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10120763	2111200	6/20/2023	300004300
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120767	2111200	6/20/2023	300004300
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10120768	2111200	6/20/2023	300004300
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120964	2111200	6/20/2023	300004300
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120963	2111200	6/20/2023	300004300
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10116612	2111200	6/20/2023	300004300
1600	☑	20230620	5000001914	5303030	WE	6	6/20/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120608	2111200	6/20/2023	300004300
1600	☑	20230620	5000001915	5303030	WE	6	6/20/2023	81	1,785.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120920	2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10121006	2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121068	2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10121231	2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10115492	2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	1,249.50	USD	Contractor Services	P160001			BRE2957	10116689	2111200	6/20/2023	300004300
1600	☑	20230620	5000001916	5303030	WE	6	6/20/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10117582	2111200	6/20/2023	300004300
1600	☑	20230620	5000001917	5303030	WE	6	6/20/2023	81	13,088.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/20/2023	300004300
1600	☑	20230620	5000001918	5303030	WE	6	6/20/2023	81	13,290.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/20/2023	300004300
1600	☑	20230620	5000001919	5303030	WE	6	6/20/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/20/2023	300004300
1600	☑	20230620	5000001920	5303030	WE	6	6/20/2023	81	3,468.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	6/20/2023	300004300
1600	☑	20230620	5000001920	5303030	WE	6	6/20/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	6/20/2023	300004300
1600	☑	20230620	5000001921	5303030	WE	6	6/20/2023	81	13,176.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/20/2023	300004300
1600	☑	20230620	5000001922	5303030	WE	6	6/20/2023	81	5,616.77	USD	Contractor Services	P160001	162736		BRE2957		2111200	6/20/2023	300004231
1600	☑	20230621	1900006135	5303325	KR	6	6/21/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	6/27/2023	
1600	☑	20230621	1900006136	5303325	KR	6	6/21/2023	40	1,356.60	USD		P160001	161310		SAP_WFRT		300001570	6/21/2023	
1600	☑	20230621	1900006146	5303890	KR	6	6/21/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	6/21/2023	
1600	☑	20230621	1900006206	5303325	CP	6	6/21/2023	40	1,380.00	USD		P160001	161311		SAP_WFRT		700001000	6/27/2023	
1300	☑	20230627	1900000416	5303890	KR	6	6/27/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	6/30/2023	
1600	☑	20230627	1900006194	5303325	KR	6	6/27/2023	40	1,356.60	USD		P160001	161310		SAP_WFRT		300001570	6/27/2023	
1600	☑	20230627	1900006196	5303325	KR	6	6/27/2023	40	1,238.74	USD		P160001	161316		SAP_WFRT		300001546	6/27/2023	
1600	☑	20230628	1900006212	5303890	KR	6	6/28/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	6/29/2023	
1600	☑	20230629	5000001934	5303030	WE	6	6/29/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	6/29/2023	300003187
1600	☑	20230629	5000001935	5303320	WE	6	6/29/2023	81	4,600.00	USD	Training	P160001	169102		BRE2957		2111200	6/29/2023	300051596
1600	☑	20230629	5000001936	5303030	WE	6	6/29/2023	81	10,950.00	USD	Contractor Services	P160001			BRE2957	10099993	2111200	6/29/2023	300052676
1600	☑	20230630	5000001938	5303030	WE	6	6/30/2023	81	11,280.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/30/2023	300004300
1600	☑	20230630	5000001939	5303030	WE	6	6/30/2023	81	16,068.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	6/30/2023	300004300
1600	☑	20230630	5000001940	5303030	WE	6	6/30/2023	81	11,280.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/30/2023	300004300
1600	☑	20230630	5000001941	5303030	WE	6	6/30/2023	81	10,848.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/30/2023	300004300
1600	☑	20230630	5000001942	5303030	WE	6	6/30/2023	81	11,244.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121066	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121544	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121543	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121067	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10121288	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121484	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121275	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121276	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121274	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121279	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121482	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121454	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121540	2111200	6/30/2023	300004300
1600	☑	20230630	5000001943	5303030	WE	6	6/30/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121541	2111200	6/30/2023	300004300
1600	☑	20230630	5000001944	5303030	WE	6	6/30/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	6/30/2023	300004300
1600	☑	20230630	5000001945	5303030	WE	6	6/30/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10121697	2111200	6/30/2023	300004300
1600	☑	20230630	5000001945	5303030	WE	6	6/30/2023	81	1,785.00	USD	Contractor Services	P160001			BRE2957	10120806	2111200	6/30/2023	300004300
1600	☑	20230630	5000001946	5303030	WE	6	6/30/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	6/30/2023	300004300
1600	☑	20230630	5000001947	5303030	WE	6	6/30/2023	81	16,380.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	6/30/2023	300052055
1600	☑	20230630	5000001948	5303030	WE	6	6/30/2023	81	5,570.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	6/30/2023	300052055
1600	☑	20230630	5000001949	5303030	WE	6	6/30/2023	81	11,967.35	USD	Contractor Services	P160001			BRE2957	10119170	2111200	6/30/2023	300004408
1600	☑	20230630	5000001950	5303030	WE	6	6/30/2023	81	33,062.67	USD	Contractor Services	P160001			BRE2957	10119168	2111200	6/30/2023	300004408
1600	☑	20230630	5000001951	5303030	WE	6	6/30/2023	81	26,341.81	USD	Contractor Services	P160001			BRE2957	10119172	2111200	6/30/2023	300004408
1600	☑	20230630	5000001952	5303030	WE	6	6/30/2023	81	9,655.74	USD	Contractor Services	P160001			BRE2957	10119174	2111200	6/30/2023	300004408
1600	☑	20230630	5000001953	5303030	WE	6	6/30/2023	81	26,340.27	USD	Contractor Services	P160001			BRE2957	10098706	2111200	6/30/2023	300004408
1600	☑	20230630	5000001954	5303030	WE	6	6/30/2023	81	2,647.45	USD	Contractor Services	P160001			BRE2957	10098705	2111200	6/30/2023	300004408
1600	☑	20230630	5000001955	5303030	WE	6	6/30/2023	81	13,797.67	USD	Contractor Services	P160001			BRE2957	10121916	2111200	6/30/2023	300004408
1600	☑	20230630	5000001956	5303030	WE	6	6/30/2023	81	8,463.42	USD	Contractor Services	P160001			BRE2957	10119173	2111200	6/30/2023	300004408
1600	☑	20230630	5000001960	5303030	WE	6	6/30/2023	81	2,511.80	USD	Contractor Services	P160001			BRE2957	10119172	2111200	6/30/2023	300052631

1600	☑	20230701	1900006228		5303325	KR	7	7/1/2023	40	7,276.18	USD		P160001	161311		SAP_WFRT		300005541	7/3/2023	
1600	☑	20230701	1900006246	7/2023	5303310	KE	7	7/1/2023	40	2,750.00	USD		P160001	167182		JEF1474		400003710	7/3/2023	
1600	☑	20230701	1900006247	7/2023	5303310	KE	7	7/1/2023	40	2,800.00	USD		P160001	169935		JEF1474		400003798	7/3/2023	
1600	☑	20230703	1900006254		5303840	KR	7	7/3/2023	40	68.90	USD		P160001	169556		SAP_WFRT		300051682	7/4/2023	
1600	☑	20230703	1900006257		5303890	KR	7	7/3/2023	40	3,823.50	USD		P160001		DISTR.8870	SAP_WFRT		400003793	7/5/2023	
1600	☑	20230703	5000001962		5303030	WE	7	7/3/2023	81	2,857.76	USD	Contractor Services	P160001	169556		BRE2957		2111200	7/3/2023	300004430
1600	☑	20230703	5000001963		5303030	WE	7	7/3/2023	81	2,558.97	USD	Contractor Services	P160001	169556		BRE2957		2111200	7/3/2023	300004179
1600	☑	20230705	1900006277		5303325	KR	7	7/5/2023	40	1,237.16	USD		P160001	161316		SAP_WFRT		300001546	7/6/2023	
1600	☑	20230705	5000001965		5303030	WE	7	7/5/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	7/5/2023	300003187
1300	☑	20230706	1900000431		5303890	CP	7	7/6/2023	40	36.00	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	7/6/2023	
1300	☑	20230706	5000000096		5303890	WE	7	7/6/2023	81	81.41	USD	Misc Outside Services	P130001	130009		NIC1761		2111200	7/6/2023	300000155
1600	☑	20230706	1900006283		5303325	KR	7	7/6/2023	40	1,223.60	USD		P160001	161310		SAP_WFRT		300001570	7/6/2023	
1600	☑	20230706	1900006284		5303890	KR	7	7/6/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	7/7/2023	
1600	☑	20230706	1900006285		5303325	KR	7	7/6/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	7/19/2023	
1600	☑	20230706	5000001966		5303030	WE	7	7/6/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/6/2023	300004300
1600	☑	20230706	5000001967		5303030	WE	7	7/6/2023	81	16,752.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	7/6/2023	300004300
1600	☑	20230706	5000001968		5303030	WE	7	7/6/2023	81	13,116.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	7/6/2023	300004300
1600	☑	20230706	5000001969		5303030	WE	7	7/6/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/6/2023	300004300
1600	☑	20230706	5000001970		5303030	WE	7	7/6/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	7/6/2023	300004300
1600	☑	20230706	5000001971		5303030	WE	7	7/6/2023	81	892.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121398	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121580	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121457	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121545	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121581	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	803.25	USD	Contractor Services	P160001			BRE2957	10121704	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	624.75	USD	Contractor Services	P160001			BRE2957	10121705	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10120949	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10120950	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10120951	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121804	2111200	7/6/2023	300004300
1600	☑	20230706	5000001972		5303030	WE	7	7/6/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10121183	2111200	7/6/2023	300004300
1600	☑	20230706	5000001973		5303030	WE	7	7/6/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120898	2111200	7/6/2023	300004300
1600	☑	20230706	5000001973		5303030	WE	7	7/6/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10121018	2111200	7/6/2023	300004300
1600	☑	20230706	5000001973		5303030	WE	7	7/6/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10121562	2111200	7/6/2023	300004300
1600	☑	20230706	5000001974		5303030	WE	7	7/6/2023	81	2,065.00	USD	Contractor Services	P160001	165018		BRE2957		2111200	7/6/2023	300052469
1600	☑	20230706	5000001975		5303030	WE	7	7/6/2023	81	1,335.60	USD	Contractor Services	P160001	169964		BRE2957		2111200	7/6/2023	300050926
1600	☑	20230711	1900006326		5303890	KR	7	7/11/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	7/12/2023	
1600	☑	20230711	5000001982		5303030	WE	7	7/11/2023	81	57.24	USD	Contractor Services	P160001	169556		BRE2957		2111200	7/11/2023	300004430
1600	☑	20230711	5000001983		5303030	WE	7	7/11/2023	91	-57.24	USD	Contractor Services	P160001	169556		BRE2957		2111200	7/11/2023	300004430
1600	☑	20230711	5000001984		5303030	WE	7	7/11/2023	81	550.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	7/11/2023	300004287
1600	☑	20230711	5000001984		5303030	WE	7	7/11/2023	81	294.00	USD	Contractor Services	P160001			BRE2957	10120666	2111200	7/11/2023	300004287
1600	☑	20230711	5000001985		5303030	WE	7	7/11/2023	81	1,360.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	7/11/2023	300004287
1600	☑	20230711	5000001986		5303030	WE	7	7/11/2023	91	-550.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	7/11/2023	300004287
1600	☑	20230711	5000001986		5303030	WE	7	7/11/2023	91	-294.00	USD	Contractor Services	P160001			BRE2957	10120666	2111200	7/11/2023	300004287
1600	☑	20230711	5000001987		5303030	WE	7	7/11/2023	81	550.00	USD	Contractor Services	P160001			BRE2957	10099954	2111200	7/11/2023	300004287
1600	☑	20230711	5000001987		5303030	WE	7	7/11/2023	81	294.00	USD	Contractor Services	P160001			BRE2957	10120666	2111200	7/11/2023	300004287
1600	☑	20230711	5000001987		5303030	WE	7	7/11/2023	81	777.00	USD	Contractor Services	P160001			BRE2957	10121963	2111200	7/11/2023	300004287
1600	☑	20230712	1900006347		5303850	KR	7	7/12/2023	40	145.00	USD		P160001	163024		SAP_WFRT		400005387	7/17/2023	
1600	☑	20230712	1900006348		5303325	KR	7	7/12/2023	40	4,320.00	USD		P160001	161311		SAP_WFRT		300005541	7/19/2023	
1600	☑	20230712	1900006350		5303325	KR	7	7/12/2023	40	1,308.08	USD		P160001	161316		SAP_WFRT		300001546	7/13/2023	
1600	☑	20230712	1900006352		5303325	KR	7	7/12/2023	40	2,100.00	USD		P160001	167182		SAP_WFRT		300001610	7/13/2023	
1600	☑	20230712	1900006353		5303325	KR	7	7/12/2023	40	2,255.00	USD		P160001	164410		SAP_WFRT		300001610	7/13/2023	
1600	☑	20230712	1900006354		5303325	KR	7	7/12/2023	40	14,535.00	USD		P160001	161316		SAP_WFRT		300001610	7/13/2023	
1600	☑	20230712	1900006355		5303325	KR	7	7/12/2023	40	450.00	USD		P160001	161310		SAP_WFRT		300001610	7/13/2023	
1600	☑	20230712	1900006425		5303325	CP	7	7/12/2023	40	2,185.00	USD		P160001	161311		SAP_WFRT		700001000	7/19/2023	
1600	☑	20230712	5000001988		5303030	WE	7	7/12/2023	81	57.24	USD	Contractor Services	P160001	169556		BRE2957		2111200	7/12/2023	300004430
1600	☑	20230712	5000001989		5303030	WE	7	7/12/2023	81	1,676.02	USD	Contractor Services	P160001	162736		BRE2957		2111200	7/12/2023	300004231
1600	☑	20230712	5000001990		5303030	WE	7	7/12/2023	81	9,890.00	USD	Contractor Services	P160001			BRE2957	10117806	2111200	7/12/2023	300004300
1600	☑	20230712	5000001991		5303030	WE	7	7/12/2023	81	10,016.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/12/2023	300004300
1600	☑	20230712	5000001992		5303030	WE	7	7/12/2023	81	12,711.00	USD	Contractor Services	P160001			BRE2957	10099955	2111200	7/12/2023	300004300
1600	☑	20230712	5000001993		5303030	WE	7	7/12/2023	81	10,320.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	7/12/2023	300004300
1600	☑	20230712	5000001994		5303030	WE	7	7/12/2023	81	10,752.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/12/2023	300004300
1600	☑	20230712	5000001995		5303030	WE	7	7/12/2023	81	10,554.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	7/12/2023	300004300
1600	☑	20230712	5000001996		5303030	WE	7	7/12/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	7/12/2023	300004300
1600	☑	20230712	5000001996		5303030	WE	7	7/12/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	481.50	USD	Contractor Services	P160001			BRE2957	10121183	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	802.50	USD	Contractor Services	P160001			BRE2957	10121456	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121783	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10121568	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121395	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121397	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121567	2111200	7/12/2023	300004300
1600	☑	20230712	5000001997		5303030	WE	7	7/12/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122105	2111200	7/12/2023	300004300
1600	☑	20230712	5000001998		5303030	WE	7	7/12/2023	81	642.00	USD	Contractor Services	P160001			BRE2957	10121561	2111200	7/12/2023	300004300
1600	☑	20230712	5000001998		5303030	WE	7	7/12/2023	81	642.00	USD	Contractor Services	P160001			BRE2957	10121560	2111200	7/12/2023	300004300
1600	☑	20230712	5000001999		5303030	WE	7	7/12/2023	81	2,856.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	7/12/2023	300004300
1300	☑	20230713	1900000435		5303890	KR	7	7/13/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	7/14/2023	
1600	☑	20230713	5000002000		5303030	WE	7	7/13/2023	81	250.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	7/13/2023	300051761
1600	☑	20230713	5000002001		5303030	WE	7	7/13/2023	81	750.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	7/13/2023	300051761

1600	☑	20230714	1900006377	5303325	KR	7	7/14/2023	40	266.00	USD			P160001	161310		SAP_WFRT		300001570	7/18/2023		
1600	☑	20230714	1900006383	5303890	KR	7	7/14/2023	40	752.38	USD			P160001	169556		SAP_WFRT		400001675	7/17/2023		
1600	☑	20230714	1900006384	5303890	KR	7	7/14/2023	40	129.98	USD			P160001	169556		SAP_WFRT		400003803	7/17/2023		
1600	☑	20230714	5000002002	5303030	WE	7	7/14/2023	81	190.80	USD	Contractor Services		P160001	164988		BRE2957		2111200	7/14/2023	300003187	
1600	☑	20230717	5000002005	5303030	WE	7	7/17/2023	81	190.80	USD	Contractor Services		P160001	164988		BRE2957		2111200	7/17/2023	300003187	
1600	☑	20230718	1900006410	5303890	KR	7	7/18/2023	40	836.52	USD			P160001	169556		SAP_WFRT		400003962	7/18/2023		
1600	☑	20230718	5000002009	5303030	WE	7	7/18/2023	81	13,260.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002010	5303030	WE	7	7/18/2023	81	16,896.00	USD	Contractor Services		P160001			BRE2957	10099955	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002011	5303030	WE	7	7/18/2023	81	10,544.00	USD	Contractor Services		P160001			BRE2957	10100663	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002011	5303030	WE	7	7/18/2023	81	2,616.00	USD	Contractor Services		P160001			BRE2957	10118294	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002012	5303030	WE	7	7/18/2023	81	13,362.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002013	5303030	WE	7	7/18/2023	81	2,688.00	USD	Contractor Services		P160001			BRE2957	10118290	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002013	5303030	WE	7	7/18/2023	81	2,688.00	USD	Contractor Services		P160001			BRE2957	10118291	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002013	5303030	WE	7	7/18/2023	81	1,344.00	USD	Contractor Services		P160001			BRE2957	10118292	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002013	5303030	WE	7	7/18/2023	81	1,344.00	USD	Contractor Services		P160001			BRE2957	10118293	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002013	5303030	WE	7	7/18/2023	81	5,376.00	USD	Contractor Services		P160001			BRE2957	10100663	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002014	5303030	WE	7	7/18/2023	81	714.00	USD	Contractor Services		P160001		DISTR.8870	BRE2957		2111200	7/18/2023	300004300	
1600	☑	20230718	5000002014	5303030	WE	7	7/18/2023	81	1,220.00	USD	Contractor Services		P160001		DISTR.8940	BRE2957		2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10122280	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121394	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121393	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121573	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121570	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121569	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	1,071.00	USD	Contractor Services		P160001			BRE2957	10122305	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121571	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121278	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121277	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002015	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121547	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	1,428.00	USD	Contractor Services		P160001			BRE2957	10113328	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	1,428.00	USD	Contractor Services		P160001			BRE2957	10121350	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10121826	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10122174	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10121845	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10122173	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10121844	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002016	5303030	WE	7	7/18/2023	81	1,428.00	USD	Contractor Services		P160001			BRE2957	10122172	2111200	7/18/2023	300004300	
1600	☑	20230718	5000002017	5303030	WE	7	7/18/2023	81	10,350.00	USD	Contractor Services		P160001			BRE2957	10117806	2111200	7/18/2023	300004300	
1600	☑	20230719	1900006417	5303890	KR	7	7/19/2023	40	1,045.65	USD			P160001	169556		SAP_WFRT		400003962	7/19/2023		
1600	☑	20230719	1900006423	5303325	KR	7	7/19/2023	40	1,011.48	USD			P160001	161316		SAP_WFRT		300001546	7/20/2023		
1600	☑	20230719	5000002020	5303030	WE	7	7/19/2023	81	41,887.74	USD	Contractor Services		P160001			BRE2957	10102050	2111200	7/19/2023	300003355	
1300	☑	20230720	5000000099	5303890	WE	7	7/20/2023	81	100.00	USD	Misc Outside Services		P130001	132780		TIF3679		2111200	7/20/2023	300001042	
1300	☑	20230720	5000000100	5303890	WE	7	7/20/2023	81	189.81	USD	Misc Outside Services		P130001	132780		TIF3679		2111200	7/20/2023	300001042	
1600	☑	20230720	1900006446	5303890	KR	7	7/20/2023	40	97.06	USD			P160001	169556		SAP_WFRT		400003803	7/25/2023		
1600	☑	20230721	1900006457	5303325	KR	7	7/21/2023	40	691.60	USD			P160001	161310		SAP_WFRT		300001570	7/21/2023		
1300	☑	20230724	1900000437	5303890	KR	7	7/24/2023	40	374.00	USD			P130001	130002		SAP_WFRT		400000811	7/28/2023		
1600	☑	20230724	1900006472	5303890	KR	7	7/24/2023	40	374.00	USD			P160001	169935		SAP_WFRT		400000811	7/25/2023		
1600	☑	20230724	5000002025	5303890	WE	7	7/24/2023	81	180.00	USD			P160001			CHR4433	169700DREG	2111200	7/24/2023	300004672	
1600	☑	20230725	1900006485	5303325	KR	7	7/25/2023	40	1,064.12	USD			P160001	161316		SAP_WFRT		300001546	7/25/2023		
1600	☑	20230725	1900006486	5303030	KR	7	7/25/2023	40	950.00	USD			P160001			SAP_WFRT	10120207	300052502	7/26/2023		
1600	☑	20230725	5000002028	5303030	WE	7	7/25/2023	81	6,555.03	USD	Contractor Services		P160001			BRE2957	2302641	2111200	7/25/2023	300005071	
1600	☑	20230725	5000002029	5303030	WE	7	7/25/2023	81	2,320.50	USD	Contractor Services		P160001		DISTR.8940	BRE2957		2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	892.50	USD	Contractor Services		P160001			BRE2957	10120743	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	535.50	USD	Contractor Services		P160001			BRE2957	10122175	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	892.50	USD	Contractor Services		P160001			BRE2957	10122313	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	178.50	USD	Contractor Services		P160001			BRE2957	10122674	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	357.00	USD	Contractor Services		P160001			BRE2957	10122763	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	892.50	USD	Contractor Services		P160001			BRE2957	10122373	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	535.50	USD	Contractor Services		P160001			BRE2957	10120156	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002030	5303030	WE	7	7/25/2023	81	535.50	USD	Contractor Services		P160001			BRE2957	10122585	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002031	5303030	WE	7	7/25/2023	81	6,555.03	USD	Contractor Services		P160001			BRE2957	2302642	2111200	7/25/2023	300005071	
1600	☑	20230725	5000002032	5303030	WE	7	7/25/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10121842	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002032	5303030	WE	7	7/25/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10121843	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002032	5303030	WE	7	7/25/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10122232	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002032	5303030	WE	7	7/25/2023	81	714.00	USD	Contractor Services		P160001			BRE2957	10122264	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002032	5303030	WE	7	7/25/2023	81	1,428.00	USD	Contractor Services		P160001			BRE2957	10122564	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002032	5303030	WE	7	7/25/2023	81	1,428.00	USD	Contractor Services		P160001			BRE2957	10121032	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002033	5303030	WE	7	7/25/2023	81	10,608.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002033	5303030	WE	7	7/25/2023	81	2,688.00	USD	Contractor Services		P160001			BRE2957	10105469	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002034	5303030	WE	7	7/25/2023	81	17,040.00	USD	Contractor Services		P160001			BRE2957	10099955	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002035	5303030	WE	7	7/25/2023	81	10,608.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002035	5303030	WE	7	7/25/2023	81	2,688.00	USD	Contractor Services		P160001			BRE2957	10105469	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002036	5303030	WE	7	7/25/2023	81	9,200.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002036	5303030	WE	7	7/25/2023	81	4,032.00	USD	Contractor Services		P160001			BRE2957	10105469	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002037	5303030	WE	7	7/25/2023	81	8,064.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002037	5303030	WE	7	7/25/2023	81	1,344.00	USD	Contractor Services		P160001			BRE2957	10100663	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002037	5303030	WE	7	7/25/2023	81	3,888.00	USD	Contractor Services		P160001			BRE2957	10105469	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002038	5303030	WE	7	7/25/2023	81	35,050.00	USD	Contractor Services		P160001			BRE2957	10117806	2111200	7/25/2023	300004300	
1600	☑	20230725	5000002041	5303030	WE	7	7/25/2023	91	-9,200.00	USD	Contractor Services		P160001			BRE2957	10100664	2111200	7/26/2023	300004300	
1600	☑	20230725	5000002041	5303030	WE	7	7/25/2023	91	-4,032.00	USD	Contractor Services		P160001			BRE2957	10105469	2111200	7/26/2023	300004300	

1600	☑	20230725	5000002042		5303030	WE	7	7/25/2023	81	7,856.00	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/26/2023	300004300
1600	☑	20230725	5000002042		5303030	WE	7	7/25/2023	81	4,032.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	7/26/2023	300004300
1600	☑	20230725	5000002042		5303030	WE	7	7/25/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10100663	2111200	7/26/2023	300004300
1600	☑	20230726	1900006495		5303315	KR	7	7/26/2023	40	16,380.00	USD		P160001			SAP_WFRT	201690024	300001610	7/26/2023	
1600	☑	20230726	1900006496		5303890	KR	7	7/26/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	7/31/2023	
1600	☑	20230726	1900006498		5303325	KR	7	7/26/2023	40	1,117.20	USD		P160001	161310		SAP_WFRT		300001570	7/26/2023	
1600	☑	20230727	5000002043		5303030	WE	7	7/27/2023	81	2,443.50	USD	Contractor Services	P160001			BRE2957	10119170	2111200	7/27/2023	300004408
1600	☑	20230727	5000002044		5303030	WE	7	7/27/2023	81	250.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	7/27/2023	300051761
1600	☑	20230727	5000002045		5303030	WE	7	7/27/2023	81	7,995.70	USD	Contractor Services	P160001			BRE2957	10121916	2111200	7/27/2023	300004408
1600	☑	20230727	5000002046		5303030	WE	7	7/27/2023	81	11,346.95	USD	Contractor Services	P160001			BRE2957	10119172	2111200	7/27/2023	300004408
1600	☑	20230727	5000002047		5303030	WE	7	7/27/2023	81	2,218.30	USD	Contractor Services	P160001			BRE2957	10119173	2111200	7/27/2023	300004408
1600	☑	20230727	5000002048		5303030	WE	7	7/27/2023	81	1,379.48	USD	Contractor Services	P160001			BRE2957	10119174	2111200	7/27/2023	300004408
1600	☑	20230727	5000002049		5303030	WE	7	7/27/2023	81	39,120.88	USD	Contractor Services	P160001			BRE2957	10098706	2111200	7/27/2023	300004408
1600	☑	20230727	5000002050		5303030	WE	7	7/27/2023	81	17,838.33	USD	Contractor Services	P160001			BRE2957	10119168	2111200	7/27/2023	300004408
1600	☑	20230727	5000002051		5303030	WE	7	7/27/2023	81	2,941.23	USD	Contractor Services	P160001			BRE2957	10098705	2111200	7/27/2023	300004408
1600	☑	20230728	5000002052		5303030	WE	7	7/28/2023	81	1,857.21	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/28/2023	300052055
1600	☑	20230728	5000002053		5303030	WE	7	7/28/2023	81	4,339.43	USD	Contractor Services	P160001			BRE2957	10100664	2111200	7/28/2023	300052055
1600	☑	20230728	5000002054		5303030	WE	7	7/28/2023	81	4,155.40	USD	Contractor Services	P160001			BRE2957	10119173	2111200	7/28/2023	300052631
1300	☑	20230731	1900000442		5303890	KR	7	7/31/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	7/31/2023	
1600	☑	20230731	5000002056		5303030	WE	7	7/31/2023	81	25,312.50	USD	Contractor Services	P160001			BRE2957	10117806	2111200	7/31/2023	300004300
1600	☑	20230801	1900006549	8/2023	5303310	KE	8	8/1/2023	40	2,750.00	USD		P160001	167182		JEF1474		400003710	8/1/2023	
1600	☑	20230801	1900006550	8/2023	5303310	KE	8	8/1/2023	40	2,800.00	USD		P160001	169935		JEF1474		400003798	8/1/2023	
1600	☑	20230801	1900006556		5303325	KR	8	8/1/2023	40	1,251.03	USD		P160001	161316		SAP_WFRT		300001546	8/2/2023	
1600	☑	20230801	5000002058		5303030	WE	8	8/1/2023	81	2,915.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	8/1/2023	300004430
1600	☑	20230801	5000002059		5303030	WE	8	8/1/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10088375	2111200	8/1/2023	300004300
1600	☑	20230801	5000002059		5303030	WE	8	8/1/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10119506	2111200	8/1/2023	300004300
1600	☑	20230801	5000002059		5303030	WE	8	8/1/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10121542	2111200	8/1/2023	300004300
1600	☑	20230801	5000002059		5303030	WE	8	8/1/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122797	2111200	8/1/2023	300004300
1600	☑	20230801	5000002059		5303030	WE	8	8/1/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122796	2111200	8/1/2023	300004300
1600	☑	20230801	5000002059		5303030	WE	8	8/1/2023	81	1,249.50	USD	Contractor Services	P160001			BRE2957	10122787	2111200	8/1/2023	300004300
1600	☑	20230801	5000002060		5303030	WE	8	8/1/2023	81	1,963.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	8/1/2023	300004300
1600	☑	20230801	5000002060		5303030	WE	8	8/1/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121968	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10122352	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10122353	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10120612	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10122296	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10122295	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122516	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10122121	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10122298	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10122299	2111200	8/1/2023	300004300
1600	☑	20230801	5000002061		5303030	WE	8	8/1/2023	81	2,128.00	USD	Contractor Services	P160001			BRE2957	10122122	2111200	8/1/2023	300004300
1600	☑	20230801	5000002062		5303030	WE	8	8/1/2023	81	25,312.50	USD	Contractor Services	P160001			BRE2957	10117806	2111200	8/1/2023	300004300
1600	☑	20230801	5000002063		5303030	WE	8	8/1/2023	91	-25,312.50	USD	Contractor Services	P160001			BRE2957	10117806	2111200	8/1/2023	300004300
1600	☑	20230801	5000002064		5303030	WE	8	8/1/2023	81	439.90	USD	Contractor Services	P160001	169556		BRE2957		2111200	8/1/2023	300052172
1600	☑	20230802	1900006481		5303325	KR	8	8/2/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	8/2/2023	
1600	☑	20230802	1900006566		5303890	KR	8	8/2/2023	40	3,798.00	USD		P160001		DISTR.8870	SAP_WFRT		400003793	8/2/2023	
1600	☑	20230802	1900006568		5303890	KR	8	8/2/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	8/3/2023	
1600	☑	20230802	5000002067		5303030	WE	8	8/2/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	8/2/2023	300003187
1600	☑	20230802	5000002068		5303030	WE	8	8/2/2023	81	4,080.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	8/2/2023	300004179
1600	☑	20230802	5000002069		5303030	WE	8	8/2/2023	81	906.30	USD	Contractor Services	P160001	169556		BRE2957		2111200	8/2/2023	300051701
1600	☑	20230803	1900006584		5303325	KR	8	8/3/2023	40	2,128.00	USD		P160001	161310		SAP_WFRT		300001570	8/8/2023	
1600	☑	20230803	1900006587		5303315	KR	8	8/3/2023	40	14,760.00	USD		P160001			SAP_WFRT	201690024	300001610	8/8/2023	
1600	☑	20230803	1900006588		5303315	KR	8	8/3/2023	40	19,620.00	USD		P160001			SAP_WFRT	201690024	300001610	8/8/2023	
1600	☑	20230804	1900006595		5303030	KR	8	8/4/2023	40	1,592.80	USD		P160001			SAP_WFRT	10123818	300004200	8/23/2023	
1600	☑	20230807	1900006620		5303325	KR	8	8/7/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	8/10/2023	
1600	☑	20230807	1900006625		5303890	KR	8	8/7/2023	40	863.77	USD		P160001	169556		SAP_WFRT		400001675	8/9/2023	
1600	☑	20230807	1900006663		5303325	CP	8	8/7/2023	40	920.00	USD		P160001	161311		SAP_WFRT		700001000	8/10/2023	
1300	☑	20230808	5000000104		5303890	WE	8	8/8/2023	81	257.06	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	8/8/2023	300001042
1600	☑	20230808	1900006647		5303325	KR	8	8/8/2023	40	1,316.12	USD		P160001	161316		SAP_WFRT		300001546	8/9/2023	
1600	☑	20230809	1900006659		5303325	KR	8	8/9/2023	40	3,240.00	USD		P160001	161311		SAP_WFRT		300005541	8/10/2023	
1600	☑	20230809	1900006660		5303890	KR	8	8/9/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	8/9/2023	
1600	☑	20230809	1900006664		5303325	CP	8	8/9/2023	40	747.50	USD		P160001	161311		SAP_WFRT		700001000	8/10/2023	
1600	☑	20230810	1900006673		5303850	KR	8	8/10/2023	40	215.00	USD		P160001	163024		SAP_WFRT		400005387	8/14/2023	
1600	☑	20230810	1900006674		5303850	KR	8	8/10/2023	40	500.00	USD		P160001	163024		SAP_WFRT		400005387	8/14/2023	
1600	☑	20230810	5000002080		5303030	WE	8	8/10/2023	81	25,887.50	USD	Contractor Services	P160001			BRE2957	10117806	2111200	8/10/2023	300004300
1600	☑	20230810	5000002082		5303030	WE	8	8/10/2023	81	10,308.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/10/2023	300004300
1600	☑	20230810	5000002083		5303030	WE	8	8/10/2023	81	11,628.00	USD	Contractor Services	P160001			BRE2957	10088375	2111200	8/10/2023	300004300
1600	☑	20230810	5000002084		5303030	WE	8	8/10/2023	81	10,977.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/10/2023	300004300
1600	☑	20230810	5000002085		5303030	WE	8	8/10/2023	81	8,214.00	USD	Contractor Services	P160001			BRE2957	10117520	2111200	8/10/2023	300004300
1600	☑	20230810	5000002085		5303030	WE	8	8/10/2023	81	2,718.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/10/2023	300004300
1600	☑	20230810	5000002086		5303030	WE	8	8/10/2023	81	10,764.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/10/2023	300004300
1600	☑	20230810	5000002087		5303030	WE	8	8/10/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122122	2111200	8/10/2023	300004300
1600	☑	20230810	5000002087		5303030	WE	8	8/10/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10120923	2111200	8/10/2023	300004300
1600	☑	20230810	5000002087		5303030	WE	8	8/10/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122517	2111200	8/10/2023	300004300
1600	☑	20230810	5000002087		5303030	WE	8	8/10/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122504	2111200	8/10/2023	300004300
1600	☑	20230810	5000002087		5303030	WE	8	8/10/2023	81	2,856.00	USD	Contractor Services	P160001			BRE2957	10122383	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088		5303030	WE	8	8/10/2023	81	1,249.50	USD	Contractor Services	P160001			BRE2957	10119506	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088		5303030	WE	8	8/10/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10114483	2111200	8/10/2023	300004300

1600	☑	20230810	5000002088	5303030	WE	8	8/10/2023	81	892.50	USD	Contractor Services	P160001			BRE2957	10112550	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088	5303030	WE	8	8/10/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10123112	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088	5303030	WE	8	8/10/2023	81	178.50	USD	Contractor Services	P160001			BRE2957	10123113	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088	5303030	WE	8	8/10/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121546	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088	5303030	WE	8	8/10/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10121582	2111200	8/10/2023	300004300
1600	☑	20230810	5000002088	5303030	WE	8	8/10/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121572	2111200	8/10/2023	300004300
1600	☑	20230811	5000002092	5303030	WE	8	8/11/2023	81	750.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	8/11/2023	300051761
1600	☑	20230814	1900006703	5303850	KR	8	8/14/2023	40	215.00	USD		P160001	163024		SAP_WFRT		400005387	8/14/2023	
1600	☑	20230815	1900006727	5303325	KR	8	8/15/2023	40	10,530.00	USD		P160001	161316		SAP_WFRT		300001610	8/15/2023	
1600	☑	20230815	1900006728	5303325	KR	8	8/15/2023	40	2,007.50	USD		P160001	164410		SAP_WFRT		300001610	8/15/2023	
1600	☑	20230815	1900006729	5303325	KR	8	8/15/2023	40	135.00	USD		P160001	161310		SAP_WFRT		300001610	8/15/2023	
1600	☑	20230815	1900006730	5303325	KR	8	8/15/2023	40	637.50	USD		P160001	167182		SAP_WFRT		300001610	8/15/2023	
1600	☑	20230815	5000002094	5303020	WE	8	8/15/2023	81	10,397.20	USD		P160001	169108		CHR4433		2111200	8/15/2023	300004202
1600	☑	20230815	5000002094	5303020	WE	8	8/15/2023	81	1,820.00	USD		P160001	169108		CHR4433		2111200	8/15/2023	300004202
1600	☑	20230815	5000002094	5303020	WE	8	8/15/2023	81	539.00	USD		P160001	169108		CHR4433		2111200	8/15/2023	300004202
1600	☑	20230815	5000002094	5303020	WE	8	8/15/2023	81	250.00	USD		P160001	169108		CHR4433		2111200	8/15/2023	300004202
1300	☑	20230816	5000000105	5303890	WE	8	8/16/2023	81	495.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	8/16/2023	300001042
1600	☑	20230816	1900006749	5303890	KR	8	8/16/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	8/17/2023	
1600	☑	20230817	1900006759	5303325	KR	8	8/17/2023	40	904.40	USD		P160001	161310		SAP_WFRT		300001570	8/21/2023	
1600	☑	20230817	5000002102	5303030	WE	8	8/17/2023	81	27,030.00	USD	Contractor Services	P160001			BRE2957	10117806	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10122561	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10122562	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10122932	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	1,284.00	USD	Contractor Services	P160001			BRE2957	10123016	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10123268	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	446.25	USD	Contractor Services	P160001			BRE2957	10123274	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10123265	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	2,142.00	USD	Contractor Services	P160001			BRE2957	10123263	2111200	8/17/2023	300004300
1600	☑	20230817	5000002103	5303030	WE	8	8/17/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10123267	2111200	8/17/2023	300004300
1600	☑	20230817	5000002104	5303030	WE	8	8/17/2023	81	2,142.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	8/17/2023	300004300
1600	☑	20230817	5000002105	5303030	WE	8	8/17/2023	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10122929	2111200	8/17/2023	300004300
1600	☑	20230817	5000002105	5303030	WE	8	8/17/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10123404	2111200	8/17/2023	300004300
1600	☑	20230817	5000002105	5303030	WE	8	8/17/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10123414	2111200	8/17/2023	300004300
1600	☑	20230817	5000002105	5303030	WE	8	8/17/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10119580	2111200	8/17/2023	300004300
1600	☑	20230817	5000002106	5303030	WE	8	8/17/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/17/2023	300004300
1600	☑	20230817	5000002107	5303030	WE	8	8/17/2023	81	13,180.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/17/2023	300004300
1600	☑	20230817	5000002108	5303030	WE	8	8/17/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/17/2023	300004300
1600	☑	20230817	5000002109	5303030	WE	8	8/17/2023	81	15,282.00	USD	Contractor Services	P160001			BRE2957	10088375	2111200	8/17/2023	300004300
1600	☑	20230817	5000002110	5303030	WE	8	8/17/2023	81	13,440.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/17/2023	300004300
1600	☑	20230817	5000002111	5303030	WE	8	8/17/2023	81	1,208.40	USD	Contractor Services	P160001	169556		BRE2957		2111200	8/17/2023	300051701
1600	☑	20230817	5000002112	5303030	WE	8	8/17/2023	81	3,328.52	USD	Contractor Services	P160001	162736		BRE2957		2111200	8/17/2023	300004231
1600	☑	20230818	5000002114	5303030	WE	8	8/18/2023	81	1,176.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	8/18/2023	300004287
1600	☑	20230818	5000002114	5303030	WE	8	8/18/2023	81	287.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	8/18/2023	300004287
1600	☑	20230818	5000002115	5303030	WE	8	8/18/2023	81	550.00	USD	Contractor Services	P160001			BRE2957	10121017	2111200	8/18/2023	300004287
1600	☑	20230818	5000002115	5303030	WE	8	8/18/2023	81	262.50	USD	Contractor Services	P160001			BRE2957	10104822	2111200	8/18/2023	300004287
1600	☑	20230818	5000002116	5303030	WE	8	8/18/2023	81	262.50	USD	Contractor Services	P160001			BRE2957	10119108	2111200	8/18/2023	300004287
1600	☑	20230818	5000002116	5303030	WE	8	8/18/2023	81	2,772.00	USD	Contractor Services	P160001			BRE2957	10072731	2111200	8/18/2023	300004287
1600	☑	20230818	5000002117	5303030	WE	8	8/18/2023	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	8/18/2023	300003187
1600	☑	20230821	1500004580	5303310	KA	8	8/21/2023	50	-3,253.75	USD		P160001		DEL.CM.STORINT	MAR4916		300004191	8/29/2023	
1600	☑	20230821	1900006782	5303310	KR	8	8/21/2023	40	3,253.75	USD		P160001		DEL.CM.STORINT	SAP_WFRT		300004191	8/23/2023	
1600	☑	20230821	1900006799	5303890	KR	8	8/21/2023	40	97.06	USD		P160001	169556		SAP_WFRT		400003803	8/23/2023	
1600	☑	20230821	5100001937	5303020	RE	8	8/21/2023	40	780.37	USD	SALES TAX ACCRUAL	P160001	169108		MAR4916		300004202	8/21/2023	
1300	☑	20230822	5000000106	5303890	WE	8	8/22/2023	81	182.73	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	8/22/2023	300001042
1300	☑	20230822	5000000107	5303890	WE	8	8/22/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	8/22/2023	300001042
1600	☑	20230822	1900006815	5303325	KR	8	8/22/2023	40	1,418.72	USD		P160001	161316		SAP_WFRT		300001546	8/23/2023	
1600	☑	20230823	1900006824	5303325	KR	8	8/23/2023	40	212.80	USD		P160001	161310		SAP_WFRT		300001570	8/23/2023	
1600	☑	20230823	1900006826	5303890	KR	8	8/23/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	8/23/2023	
1600	☑	20230823	1900006827	5303325	KR	8	8/23/2023	40	4,980.00	USD		P160001	161311		SAP_WFRT		300005541	8/24/2023	
1600	☑	20230824	5000002118	5303030	WE	8	8/24/2023	81	4,704.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/24/2023	300004300
1600	☑	20230824	5000002118	5303030	WE	8	8/24/2023	81	2,688.00	USD	Contractor Services	P160001			BRE2957	10123051	2111200	8/24/2023	300004300
1600	☑	20230824	5000002118	5303030	WE	8	8/24/2023	81	2,688.00	USD	Contractor Services	P160001			BRE2957	10122853	2111200	8/24/2023	300004300
1600	☑	20230824	5000002118	5303030	WE	8	8/24/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10122836	2111200	8/24/2023	300004300
1600	☑	20230824	5000002119	5303030	WE	8	8/24/2023	81	11,760.00	USD	Contractor Services	P160001			BRE2957	10088375	2111200	8/24/2023	300004300
1600	☑	20230824	5000002120	5303030	WE	8	8/24/2023	81	11,949.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/24/2023	300004300
1600	☑	20230824	5000002121	5303030	WE	8	8/24/2023	81	5,376.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/24/2023	300004300
1600	☑	20230824	5000002121	5303030	WE	8	8/24/2023	81	2,688.00	USD	Contractor Services	P160001			BRE2957	10122838	2111200	8/24/2023	300004300
1600	☑	20230824	5000002121	5303030	WE	8	8/24/2023	81	1,344.00	USD	Contractor Services	P160001			BRE2957	10123049	2111200	8/24/2023	300004300
1600	☑	20230824	5000002121	5303030	WE	8	8/24/2023	81	2,016.00	USD	Contractor Services	P160001			BRE2957	10122851	2111200	8/24/2023	300004300
1600	☑	20230824	5000002122	5303030	WE	8	8/24/2023	81	11,424.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	8/24/2023	300004300
1600	☑	20230824	5000002123	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122902	2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121782	2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10123442	2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122501	2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10122500	2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10123423	2111200	8/24/2023	300004300
1600	☑	20230824	5000002124	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10122318	2111200	8/24/2023	300004300
1600	☑	20230824	5000002125	5303030	WE	8	8/24/2023	81	29,972.50	USD	Contractor Services	P160001			BRE2957	10117806	2111200	8/24/2023	300004300
1600	☑	20230824	5000002126	5303030	WE	8	8/24/2023	81	1,963.50	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	8/24/2023	300004300
1600	☑	20230824	5000002126	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	8/24/2023	300004300

1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10123269	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10121012	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10121014	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10123417	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	714.00	USD	Contractor Services	P160001			BRE2957	10123273	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10123272	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	535.50	USD	Contractor Services	P160001			BRE2957	10123271	2111200	8/24/2023	300004300
1600	☑	20230824	5000002127	5303030	WE	8	8/24/2023	81	357.00	USD	Contractor Services	P160001			BRE2957	10123270	2111200	8/24/2023	300004300
1300	☑	20230829	1900000466	5303890	KR	8	8/29/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	8/29/2023	
1300	☑	20230829	1900000473	5303890	CP	8	8/29/2023	40	28.50	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	8/31/2023	
1300	☑	20230829	1900000474	5303890	CP	8	8/29/2023	40	34.50	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	8/31/2023	
1600	☑	20230829	1900006870	5303325	KR	8	8/29/2023	40	1,434.79	USD		P160001	161316		SAP_WFRT		300001546	8/30/2023	
1600	☑	20230829	1900006878	5303325	KR	8	8/29/2023	40	4,980.00	USD		P160001	161311		SAP_WFRT		300005541	8/31/2023	
1600	☑	20230829	1900006879	5303325	KR	8	8/29/2023	40	5,700.00	USD		P160001	161311		SAP_WFRT		300005541	8/31/2023	
1600	☑	20230830	1900006881	5303325	KR	8	8/30/2023	40	611.80	USD		P160001	161310		SAP_WFRT		300001570	8/30/2023	
1600	☑	20230830	5000002128	5303030	WE	8	8/30/2023	81	34,080.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	8/30/2023	300004300
1600	☑	20230830	5000002129	5303030	WE	8	8/30/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	8/30/2023	300004300
1600	☑	20230830	5000002129	5303030	WE	8	8/30/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	8/30/2023	300004300
1600	☑	20230830	5000002130	5303030	WE	8	8/30/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10122318	2111200	8/30/2023	300004300
1600	☑	20230830	5000002130	5303030	WE	8	8/30/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10123756	2111200	8/30/2023	300004300
1600	☑	20230830	5000002130	5303030	WE	8	8/30/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10122319	2111200	8/30/2023	300004300
1600	☑	20230830	5000002130	5303030	WE	8	8/30/2023	81	2,052.00	USD	Contractor Services	P160001			ALL3394	10122937	2111200	8/30/2023	300004300
1600	☑	20230830	5000002130	5303030	WE	8	8/30/2023	81	1,785.00	USD	Contractor Services	P160001			ALL3394	10123653	2111200	8/30/2023	300004300
1600	☑	20230830	5000002131	5303030	WE	8	8/30/2023	81	13,232.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10123272	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10123271	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10123270	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10117860	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10121272	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10122273	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10122389	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10122275	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10124000	2111200	8/30/2023	300004300
1600	☑	20230830	5000002132	5303030	WE	8	8/30/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10122274	2111200	8/30/2023	300004300
1600	☑	20230830	5000002134	5303890	WE	8	8/30/2023	81	3,357.75	USD		P160001			CHR4433	169700DREG	2111200	8/30/2023	300001315
1600	☑	20230830	5000002134	5303890	WE	8	8/30/2023	81	2,313.50	USD		P160001			CHR4433	169700DREG	2111200	8/30/2023	300001315
1600	☑	20230830	5000002136	5303030	WE	8	8/30/2023	81	129,626.53	USD	Contractor Services	P160001			ALL3394	201690013	2111200	8/30/2023	300003610
1600	☑	20230830	5000002137	5303030	WE	8	8/30/2023	81	250.00	USD	Contractor Services	P160001	169964		ALL3394		2111200	8/30/2023	300051761
1600	☑	20230830	5000002140	5303030	WE	8	8/30/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123053	2111200	8/30/2023	300004300
1600	☑	20230830	5000002140	5303030	WE	8	8/30/2023	81	1,266.00	USD	Contractor Services	P160001			ALL3394	10123052	2111200	8/30/2023	300004300
1600	☑	20230830	5000002140	5303030	WE	8	8/30/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	8/30/2023	300004300
1600	☑	20230830	5000002140	5303030	WE	8	8/30/2023	81	1,680.00	USD	Contractor Services	P160001			ALL3394	10122850	2111200	8/30/2023	300004300
1600	☑	20230830	5000002140	5303030	WE	8	8/30/2023	81	7,856.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	8/30/2023	300004300
1600	☑	20230830	5000002141	5303030	WE	8	8/30/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	8/30/2023	300004300
1600	☑	20230830	5000002142	5303030	WE	8	8/30/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10122839	2111200	8/30/2023	300004300
1600	☑	20230830	5000002142	5303030	WE	8	8/30/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10122837	2111200	8/30/2023	300004300
1600	☑	20230830	5000002142	5303030	WE	8	8/30/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123050	2111200	8/30/2023	300004300
1600	☑	20230830	5000002142	5303030	WE	8	8/30/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123048	2111200	8/30/2023	300004300
1600	☑	20230830	5000002142	5303030	WE	8	8/30/2023	81	1,908.00	USD	Contractor Services	P160001			ALL3394	10122849	2111200	8/30/2023	300004300
1600	☑	20230830	5000002142	5303030	WE	8	8/30/2023	81	6,012.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	8/30/2023	300004300
1600	☑	20230830	5000002143	5303030	WE	8	8/30/2023	81	13,383.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	8/30/2023	300004300
1300	☑	20230831	1900000470	5303890	KR	8	8/31/2023	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	8/31/2023	
1600	☑	20230831	5000002144	5303030	WE	8	8/31/2023	81	2,045.00	USD	Contractor Services	P160001			ALL3394	10119173	2111200	8/31/2023	300052631
1600	☑	20230831	5000002145	5303030	WE	8	8/31/2023	81	1,136.05	USD	Contractor Services	P160001			ALL3394	10115866	2111200	8/31/2023	300004408
1600	☑	20230831	5000002146	5303030	WE	8	8/31/2023	81	540.25	USD	Contractor Services	P160001			ALL3394	10119174	2111200	8/31/2023	300004408
1600	☑	20230831	5000002147	5303030	WE	8	8/31/2023	81	4,950.50	USD	Contractor Services	P160001			ALL3394	10119173	2111200	8/31/2023	300004408
1600	☑	20230831	5000002148	5303030	WE	8	8/31/2023	81	43,904.78	USD	Contractor Services	P160001			ALL3394	10100874	2111200	8/31/2023	300004408
1600	☑	20230831	5000002149	5303030	WE	8	8/31/2023	81	11,416.90	USD	Contractor Services	P160001			ALL3394	10119172	2111200	8/31/2023	300004408
1600	☑	20230831	5000002150	5303030	WE	8	8/31/2023	81	5,945.57	USD	Contractor Services	P160001			ALL3394	10098705	2111200	8/31/2023	300004408
1600	☑	20230831	5000002151	5303030	WE	8	8/31/2023	81	2,147.75	USD	Contractor Services	P160001			ALL3394	10121916	2111200	8/31/2023	300004408
1600	☑	20230831	5000002152	5303030	WE	8	8/31/2023	81	16,793.19	USD	Contractor Services	P160001			ALL3394	10107543	2111200	8/31/2023	300004408
1600	☑	20230831	5000002154	5303030	WE	8	8/31/2023	81	3,333.70	USD	Contractor Services	P160001	169556		ALL3394		2111200	8/31/2023	300005733
1600	☑	20230901	1900006902	5303890	KR	9	9/1/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	9/1/2023	
1600	☑	20230901	1900006925	5303310	KR	9	9/1/2023	40	2,800.00	USD		P160001	169935		SAP_WFRT		400003798	9/5/2023	
1600	☑	20230901	1900006926	5303310	KR	9	9/1/2023	40	2,750.00	USD		P160001	167182		SAP_WFRT		400003710	9/5/2023	
1600	☑	20230905	1500004883	5303840	KA	9	9/5/2023	50	-68.90	USD		P160001	169556		DEN2956		300051682	9/27/2023	
1600	☑	20230905	1900006941	5303840	KR	9	9/5/2023	40	68.90	USD		P160001	169556		SAP_WFRT		300051682	9/7/2023	
1600	☑	20230905	1900006943	5303890	KR	9	9/5/2023	40	4,069.50	USD		P160001		DISTR.8870	SAP_WFRT		400003793	9/6/2023	
1600	☑	20230905	5000002155	5303030	WE	9	9/5/2023	81	958.07	USD	Contractor Services	P160001	169556		ALL3394		2111200	9/5/2023	300052172
1600	☑	20230905	5000002156	5303030	WE	9	9/5/2023	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200	9/5/2023	300052172
1600	☑	20230905	5000002157	5303030	WE	9	9/5/2023	81	730.00	USD	Contractor Services	P160001	162737		ALL3394		2111200	9/5/2023	300051877
1300	☑	20230906	5000000110	5303890	WE	9	9/6/2023	81	1,267.68	USD	Misc Outside Services	P130001			NIC1761	139700KMTR	2111200	9/6/2023	300000155
1600	☑	20230906	1900006949	5303890	KR	9	9/6/2023	40	964.99	USD		P160001	169556		SAP_WFRT		400001675	9/7/2023	
1600	☑	20230906	1900006968	5303890	KR	9	9/6/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	9/7/2023	
1600	☑	20230906	1900006970	5303325	KR	9	9/6/2023	40	1,344.01	USD		P160001	161316		SAP_WFRT		300001546	9/7/2023	
1600	☑	20230907	5000002160	5303030	WE	9	9/7/2023	81	1,800.00	USD	Contractor Services	P160001			ALL3394	10123090	2111200	9/7/2023	300004300
1600	☑	20230907	5000002160	5303030	WE	9	9/7/2023	81	5,976.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/7/2023	300004300
1600	☑	20230907	5000002160	5303030	WE	9	9/7/2023	81	2,688.00	USD	Contractor Services	P160001			ALL3394	10123006	2111200	9/7/2023	300004300
1600	☑	20230907	5000002161	5303030	WE	9	9/7/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/7/2023	300004300
1600	☑	20230907	5000002162	5303030	WE	9	9/7/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10123877	2111200	9/7/2023	300004300

1600	☑	20230907	5000002162	5303030	WE	9	9/7/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10100664	2111200		9/7/2023	300004300
1600	☑	20230907	5000002162	5303030	WE	9	9/7/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10123266	2111200		9/7/2023	300004300
1600	☑	20230907	5000002162	5303030	WE	9	9/7/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10124203	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10123653	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10123695	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10122580	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10122581	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10122499	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10122496	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10122498	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10122497	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10122582	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	267.75	USD	Contractor Services	P160001			ALL3394	10122583	2111200		9/7/2023	300004300
1600	☑	20230907	5000002163	5303030	WE	9	9/7/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10124400	2111200		9/7/2023	300004300
1600	☑	20230907	5000002164	5303030	WE	9	9/7/2023	81	11,001.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200		9/7/2023	300004300
1600	☑	20230907	5000002165	5303030	WE	9	9/7/2023	81	10,400.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200		9/7/2023	300004300
1600	☑	20230907	5000002166	5303030	WE	9	9/7/2023	81	1,680.00	USD	Contractor Services	P160001			ALL3394	10123626	2111200		9/7/2023	300004300
1600	☑	20230907	5000002166	5303030	WE	9	9/7/2023	81	9,072.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200		9/7/2023	300004300
1600	☑	20230907	5000002167	5303030	WE	9	9/7/2023	81	10,777.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200		9/7/2023	300004300
1600	☑	20230907	5000002168	5303030	WE	9	9/7/2023	81	14,490.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200		9/7/2023	300004300
1600	☑	20230907	5000002169	5303030	WE	9	9/7/2023	81	3,253.75	USD	Contractor Services	P160001		DEL.CM.STORINT	ALL3394		2111200		9/7/2023	300004191
1600	☑	20230907	5000002170	5303030	WE	9	9/7/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200		9/7/2023	300003187
1600	☑	20230907	5000002171	5303030	WE	9	9/7/2023	81	3,332.50	USD	Contractor Services	P160001			ALL3394	10105469	2111200		9/7/2023	300005432
1600	☑	20230907	5000002171	5303030	WE	9	9/7/2023	81	2,221.25	USD	Contractor Services	P160001			ALL3394	10105469	2111200		9/7/2023	300005432
1600	☑	20230907	5000002171	5303030	WE	9	9/7/2023	81	693.75	USD	Contractor Services	P160001			ALL3394	10118321	2111200		9/7/2023	300005432
1600	☑	20230907	5000002171	5303030	WE	9	9/7/2023	81	138.75	USD	Contractor Services	P160001			ALL3394	10116239	2111200		9/7/2023	300005432
1600	☑	20230907	5000002171	5303030	WE	9	9/7/2023	81	763.75	USD	Contractor Services	P160001			ALL3394	10117071	2111200		9/7/2023	300005432
1600	☑	20230907	5000002172	5303030	WE	9	9/7/2023	81	1,208.40	USD	Contractor Services	P160001	169556		ALL3394		2111200		9/7/2023	300051701
1600	☑	20230907	5000002173	5303030	WE	9	9/7/2023	81	932.80	USD	Contractor Services	P160001	169964		ALL3394		2111200		9/7/2023	300050926
1600	☑	20230907	5000002174	5303030	WE	9	9/7/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200		9/7/2023	300003187
1600	☑	20230907	5000002175	5303030	WE	9	9/7/2023	81	212,000.00	USD	Contractor Services	P160001			ALL3394	10122970	2111200		9/7/2023	300003725
1300	☑	20230911	5000000111	5303890	WE	9	9/11/2023	81	181.03	USD	Misc Outside Services	P130001	132780		TIF3679		2111200		9/11/2023	300001042
1300	☑	20230911	5000000112	5303890	WE	9	9/11/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200		9/11/2023	300001042
1300	☑	20230911	5000000113	5303890	WE	9	9/11/2023	81	257.06	USD	Misc Outside Services	P130001	132780		TIF3679		2111200		9/11/2023	300001042
1600	☑	20230911	5000002181	5303890	WE	9	9/11/2023	81	3,212.85	USD		P160001			CHR4433	169700DREG	2111200		9/11/2023	300001315
1600	☑	20230911	5000002181	5303890	WE	9	9/11/2023	81	4,208.80	USD		P160001			CHR4433	169700DREG	2111200		9/11/2023	300001315
1600	☑	20230911	5000002182	5303890	WE	9	9/11/2023	81	2,556.60	USD		P160001			CHR4433	169700DREG	2111200		9/11/2023	300004292
1600	☑	20230911	5000002182	5303890	WE	9	9/11/2023	81	2,556.60	USD		P160001			CHR4433	169700DREG	2111200		9/11/2023	300004292
1600	☑	20230911	5000002182	5303890	WE	9	9/11/2023	81	2,556.60	USD		P160001			CHR4433	169700DREG	2111200		9/11/2023	300004292
1600	☑	20230911	5000002183	5303890	WE	9	9/11/2023	81	790.00	USD		P160001			CHR4433	169700DREG	2111200		9/11/2023	300004288
1600	☑	20230911	5000002188	5303030	WE	9	9/11/2023	81	12,356.90	USD	Contractor Services	P160001			ALL3394	10100692	2111200		9/11/2023	300004555
1600	☑	20230912	1500004874	5303890	KA	9	9/12/2023	50	-1,530.00	USD		P160001	164710		DEN2956		400004055		9/13/2023	
1600	☑	20230912	1900007017	5303890	KR	9	9/12/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055		9/13/2023	
1600	☑	20230912	5000002189	5303030	WE	9	9/12/2023	81	750.00	USD	Contractor Services	P160001	169964		ALL3394		2111200		9/12/2023	300051761
1600	☑	20230913	1900007029	5303325	KR	9	9/13/2023	40	557.85	USD		P160001	161311		SAP_WFRT		300005541		9/14/2023	
1600	☑	20230913	1900007030	5303850	KR	9	9/13/2023	40	300.00	USD		P160001	163024		SAP_WFRT		400005387		9/13/2023	
1600	☑	20230913	1900007031	5303325	KR	9	9/13/2023	40	3,840.00	USD		P160001	161311		SAP_WFRT		300005541		9/14/2023	
1600	☑	20230913	1900007040	5303890	KR	9	9/13/2023	40	836.52	USD		P160001	169556		SAP_WFRT		400003962		9/14/2023	
1600	☑	20230913	1900007047	5303890	KR	9	9/13/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055		9/13/2023	
1600	☑	20230913	1900007050	5303890	KR	9	9/13/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055		9/13/2023	
1600	☑	20230913	1900007086	5303325	CP	9	9/13/2023	40	115.00	USD		P160001	161311		SAP_WFRT		700001000		9/14/2023	
1600	☑	20230913	5000002196	5303890	WE	9	9/13/2023	81	8,608.00	USD		P160001			CHR4433	169700DREG	2111200		9/13/2023	300004288
1600	☑	20230914	1900007058	5303325	KR	9	9/14/2023	40	4,800.00	USD		P160001	161311		SAP_WFRT		300005541		9/14/2023	
1600	☑	20230914	1900007060	5303325	KR	9	9/14/2023	40	1,925.00	USD		P160001			SAP_WFRT	10117806	400017828		9/19/2023	
1600	☑	20230914	1900007061	5303325	CP	9	9/14/2023	40	345.00	USD		P160001	161311		TAN4667		700001000		9/14/2023	
1600	☑	20230914	1900007062	5303325	KR	9	9/14/2023	40	1,043.31	USD		P160001	161316		SAP_WFRT		300001546		9/15/2023	
1600	☑	20230914	1900007063	5303325	KR	9	9/14/2023	40	14,445.00	USD		P160001	161316		SAP_WFRT		300001610		9/15/2023	
1600	☑	20230914	1900007064	5303325	KR	9	9/14/2023	40	2,200.00	USD		P160001	164410		SAP_WFRT		300001610		9/15/2023	
1600	☑	20230914	1900007065	5303325	KR	9	9/14/2023	40	4,162.50	USD		P160001	167182		SAP_WFRT		300001610		9/15/2023	
1600	☑	20230914	1900007075	5303890	KR	9	9/14/2023	40	139.42	USD		P160001	169556		SAP_WFRT		400003803		9/15/2023	
1600	☑	20230914	1900007079	5303325	KR	9	9/14/2023	40	1,850.00	USD		P160001			SAP_WFRT	10117806	400017828		9/19/2023	
1600	☑	20230914	1900007080	5303325	KR	9	9/14/2023	40	2,037.50	USD		P160001			SAP_WFRT	10117806	400017828		9/19/2023	
1600	☑	20230914	1900007081	5303325	KR	9	9/14/2023	40	1,450.00	USD		P160001			SAP_WFRT	10117806	400017828		9/19/2023	
1600	☑	20230914	1900007082	5303325	KR	9	9/14/2023	40	350.00	USD		P160001			SAP_WFRT	10117806	400017828		9/19/2023	
1600	☑	20230914	1900007087	5303325	CP	9	9/14/2023	40	345.00	USD		P160001	161311		SAP_WFRT		700001000		9/14/2023	
1600	☑	20230914	5000002198	5303030	WE	9	9/14/2023	81	178.50	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10121012	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10124239	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10124230	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10124231	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	1,249.50	USD	Contractor Services	P160001			ALL3394	10124091	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10124008	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10124546	2111200		9/14/2023	300004300
1600	☑	20230914	5000002199	5303030	WE	9	9/14/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10122354	2111200		9/14/2023	300004300
1600	☑	20230914	5000002200	5303030	WE	9	9/14/2023	81	3,212.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200		9/14/2023	300004300
1600	☑	20230914	5000002200	5303030	WE	9	9/14/2023	81	535.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200		9/14/2023	300004300
1600	☑	20230914	5000002200	5303030	WE	9	9/14/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200		9/14/2023	300004300
1600	☑	20230914	5000002201	5303030	WE	9	9/14/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10123629	2111200		9/14/2023	300004300
1600	☑	20230914	5000002201	5303030	WE	9	9/14/2023	81	1,249.50	USD	Contractor Services	P160001			ALL3394	10124147	2111200		9/14/2023	300004300
1600	☑	20230914	5000002201	5303030	WE	9	9/14/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10123610	2111200		9/14/2023	300004300

1600	☑	20230914	5000002202	5303030	WE	9	9/14/2023	81	13,302.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/14/2023	300004300
1600	☑	20230914	5000002203	5303030	WE	9	9/14/2023	81	6,512.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/14/2023	300004300
1600	☑	20230914	5000002203	5303030	WE	9	9/14/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10123030	2111200	9/14/2023	300004300
1600	☑	20230914	5000002203	5303030	WE	9	9/14/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10123029	2111200	9/14/2023	300004300
1600	☑	20230914	5000002203	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123031	2111200	9/14/2023	300004300
1600	☑	20230914	5000002203	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123032	2111200	9/14/2023	300004300
1600	☑	20230914	5000002203	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123035	2111200	9/14/2023	300004300
1600	☑	20230914	5000002204	5303030	WE	9	9/14/2023	81	13,232.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/14/2023	300004300
1600	☑	20230914	5000002205	5303030	WE	9	9/14/2023	81	13,257.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	3,360.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10122835	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10123025	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123040	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123041	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123038	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123039	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123037	2111200	9/14/2023	300004300
1600	☑	20230914	5000002206	5303030	WE	9	9/14/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123036	2111200	9/14/2023	300004300
1600	☑	20230914	5000002207	5303030	WE	9	9/14/2023	81	70,585.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	9/14/2023	300004300
1600	☑	20230914	5000002208	5303030	WE	9	9/14/2023	81	9,838.50	USD	Contractor Services	P160001			ALL3394	10099954	2111200	9/14/2023	300004287
1600	☑	20230914	5000002209	5303030	WE	9	9/14/2023	81	525.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/14/2023	300004287
1600	☑	20230914	5000002240	5303030	WE	9	9/14/2023	91	-3,212.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/26/2023	300004300
1600	☑	20230914	5000002240	5303030	WE	9	9/14/2023	91	-535.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	9/26/2023	300004300
1600	☑	20230914	5000002240	5303030	WE	9	9/14/2023	91	-714.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/26/2023	300004300
1600	☑	20230914	5000002241	5303030	WE	9	9/14/2023	81	3,213.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/26/2023	300004300
1600	☑	20230914	5000002241	5303030	WE	9	9/14/2023	81	535.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	9/26/2023	300004300
1600	☑	20230914	5000002241	5303030	WE	9	9/14/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/26/2023	300004300
1600	☑	20230918	5000002212	5303030	WE	9	9/18/2023	81	163,842.00	USD	Contractor Services	P160001		TRANS.8560	ALL3394		2111200	9/18/2023	300052676
1600	☑	20230919	1900007114	5303325	KR	9	9/19/2023	40	2,675.00	USD		P160001			SAP_WFRT	10117806	400017828	9/22/2023	
1600	☑	20230919	1900007115	5303325	KR	9	9/19/2023	40	1,750.00	USD		P160001			SAP_WFRT	10117806	400017828	9/22/2023	
1600	☑	20230919	1900007120	5303325	KR	9	9/19/2023	40	1,410.68	USD		P160001	161316		SAP_WFRT		300001546	9/20/2023	
1600	☑	20230919	5100002032	5303890	RE	9	9/19/2023	40	350.13	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	9/19/2023	
1600	☑	20230919	5100002032	5303890	RE	9	9/19/2023	40	164.19	USD	FREIGHT PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	9/19/2023	
1600	☑	20230919	5100002033	5303890	RE	9	9/19/2023	40	194.48	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	9/19/2023	
1600	☑	20230919	5100002033	5303890	RE	9	9/19/2023	40	28.46	USD	FRIEGHT PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	9/19/2023	
1600	☑	20230919	5100002034	5303890	RE	9	9/19/2023	40	254.81	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	9/19/2023	
1600	☑	20230919	5100002034	5303890	RE	9	9/19/2023	40	37.94	USD	FREIGHT PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	9/19/2023	
1600	☑	20230920	1900007131	5303890	KR	9	9/20/2023	40	84.55	USD		P160001	169556		SAP_WFRT		400003803	9/20/2023	
1600	☑	20230920	1900007132	5303890	KR	9	9/20/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	9/20/2023	
1600	☑	20230920	1900007133	5303890	KR	9	9/20/2023	40	1,620.75	USD		P160001	164410		SAP_WFRT		300000300	9/21/2023	
1600	☑	20230920	5000002223	5303030	WE	9	9/20/2023	81	16,567.50	USD	Contractor Services	P160001			ALL3394	10117806	2111200	9/20/2023	300004300
1600	☑	20230920	5000002224	5303030	WE	9	9/20/2023	81	13,815.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/20/2023	300004300
1600	☑	20230920	5000002225	5303030	WE	9	9/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10123502	2111200	9/20/2023	300004300
1600	☑	20230920	5000002225	5303030	WE	9	9/20/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10123092	2111200	9/20/2023	300004300
1600	☑	20230920	5000002225	5303030	WE	9	9/20/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10124009	2111200	9/20/2023	300004300
1600	☑	20230920	5000002225	5303030	WE	9	9/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10123082	2111200	9/20/2023	300004300
1600	☑	20230920	5000002226	5303030	WE	9	9/20/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	9/20/2023	300004300
1600	☑	20230920	5000002227	5303030	WE	9	9/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10124595	2111200	9/20/2023	300004300
1600	☑	20230920	5000002227	5303030	WE	9	9/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10123871	2111200	9/20/2023	300004300
1600	☑	20230920	5000002227	5303030	WE	9	9/20/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10124088	2111200	9/20/2023	300004300
1600	☑	20230920	5000002227	5303030	WE	9	9/20/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10123623	2111200	9/20/2023	300004300
1600	☑	20230920	5000002227	5303030	WE	9	9/20/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10123477	2111200	9/20/2023	300004300
1600	☑	20230920	5000002228	5303030	WE	9	9/20/2023	81	2,856.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/20/2023	300004300
1600	☑	20230920	5000002229	5303030	WE	9	9/20/2023	81	2,688.00	USD	Contractor Services	P160001			ALL3394	10122975	2111200	9/20/2023	300004300
1600	☑	20230920	5000002229	5303030	WE	9	9/20/2023	81	10,464.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/20/2023	300004300
1600	☑	20230920	5000002230	5303030	WE	9	9/20/2023	81	13,008.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/20/2023	300004300
1600	☑	20230920	5000002231	5303030	WE	9	9/20/2023	81	13,023.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123042	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123034	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123028	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10122833	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	1,240.00	USD	Contractor Services	P160001			ALL3394	10123003	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123002	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10123010	2111200	9/20/2023	300004300
1600	☑	20230920	5000002232	5303030	WE	9	9/20/2023	81	4,704.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/20/2023	300004300
1600	☑	20230922	1900007150	5303310	KR	9	9/22/2023	40	2,750.00	USD		P160001	167182		SAP_WFRT		400003710	9/22/2023	
1600	☑	20230922	1900007152	5303310	KR	9	9/22/2023	40	2,800.00	USD		P160001	169935		SAP_WFRT		400003798	9/22/2023	
1600	☑	20230922	1900007156	5303325	KR	9	9/22/2023	40	1,478.29	USD		P160001	161316		SAP_WFRT		300001546	9/22/2023	
1600	☑	20230925	1900007162	5303325	KR	9	9/25/2023	40	4,800.00	USD		P160001	161311		SAP_WFRT		300005541	9/26/2023	
1600	☑	20230925	5000002234	5303030	WE	9	9/25/2023	81	59,262.00	USD	Contractor Services	P160001		TRANS.8560	ALL3394		2111200	9/25/2023	300052676
1600	☑	20230925	5000002235	5303030	WE	9	9/25/2023	81	250.00	USD	Contractor Services	P160001	169964		ALL3394		2111200	9/25/2023	300051761
1600	☑	20230925	5000002236	5303030	WE	9	9/25/2023	81	3,222.70	USD	Contractor Services	P160001			ALL3394	10119173	2111200	9/25/2023	300052631
1600	☑	20230926	1900007198	5303325	KR	9	9/26/2023	40	1,426.28	USD		P160001	161316		SAP_WFRT		300001546	9/29/2023	
1600	☑	20230926	5000002238	5303030	WE	9	9/26/2023	81	3,248.50	USD	Contractor Services	P160001	162736		ALL3394		2111200	9/26/2023	300004231
1600	☑	20230926	5000002239	5303030	WE	9	9/26/2023	81	6,907.00	USD	Contractor Services	P160001	163024		ALL3394		2111200	9/26/2023	300053129
1600	☑	20230927	1900007200	5303315	KR	9	9/27/2023	40	17,730.00	USD		P160001			SAP_WFRT	201690024	300001610	9/29/2023	
1600	☑	20230927	5000002245	5303890	WE	9	9/27/2023	81	2,125.60	USD		P160001			CHR4433	169700DREG	2111200	9/27/2023	300000127
1600	☑	20230927	5000002249	5303030	WE	9	9/27/2023	81	68.90	USD	Contractor Services	P160001			ALL3394	2301221	2111200	9/27/2023	300051682
1600	☑	20230927	5000002251	5303030	WE	9	9/27/2023	81	13,902.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	9/27/2023	300004300
1600	☑	20230927	5000002252	5303030	WE	9	9/27/2023	81	3,500.00	USD	Contractor Services	P160001			ALL3394	10100663	2111200	9/27/2023	300052055

1600	☑	20230927	5000002253	5303030	WE	9	9/27/2023	81	1,166.00	USD	Contractor Services	P160001	162756		ALL3394		2111200	9/27/2023	300004216
1600	☑	20230927	5000002254	5303030	WE	9	9/27/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/27/2023	300004300
1600	☑	20230927	5000002255	5303030	WE	9	9/27/2023	81	2,856.00	USD	Contractor Services	P160001			ALL3394	10123082	2111200	9/27/2023	300004300
1600	☑	20230927	5000002255	5303030	WE	9	9/27/2023	81	640.50	USD	Contractor Services	P160001			ALL3394	10124009	2111200	9/27/2023	300004300
1600	☑	20230927	5000002255	5303030	WE	9	9/27/2023	81	2,138.50	USD	Contractor Services	P160001			ALL3394	10125298	2111200	9/27/2023	300004300
1600	☑	20230927	5000002255	5303030	WE	9	9/27/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10125297	2111200	9/27/2023	300004300
1600	☑	20230927	5000002255	5303030	WE	9	9/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125299	2111200	9/27/2023	300004300
1600	☑	20230927	5000002256	5303030	WE	9	9/27/2023	81	178.50	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10123477	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10123935	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10124926	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10124881	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10124619	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10124880	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10124926	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10124530	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10122857	2111200	9/27/2023	300004300
1600	☑	20230927	5000002257	5303030	WE	9	9/27/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10110548	2111200	9/27/2023	300004300
1600	☑	20230927	5100002056	5303890	RE	9	9/27/2023	40	86.80	USD		P160001			WEN3310	169700DREG	300000127	9/27/2023	
1600	☑	20230927	5100002056	5303890	RE	9	9/27/2023	40	132.75	USD		P160001			WEN3310	169700DREG	300000127	9/27/2023	
1600	☑	20230927	5100002057	5303890	RE	9	9/27/2023	40	460.20	USD	TAX PAID ON INVOICE	P160001			WEN3310	169700DREG	300004292	9/27/2023	
1600	☑	20230927	5100002057	5303890	RE	9	9/27/2023	40	214.50	USD	FREIGHT PAID ON INVOICE	P160001			WEN3310	169700DREG	300004292	9/27/2023	
1600	☑	20230927	5100002057	5303890	RE	9	9/27/2023	40	12.87	USD	SALES TAX ACCRUAL	P160001			WEN3310	169700DREG	300004292	9/27/2023	
1600	☑	20230927	5100002071	5303890	RE	9	9/27/2023	40	526.42	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	9/27/2023	
1600	☑	20230927	5100002071	5303890	RE	9	9/27/2023	40	165.66	USD	FREIGHT PAID ON INVOIVE	P160001			MAR4916	169700DREG	400003789	9/27/2023	
1600	☑	20230928	1900007206	5303890	KR	9	9/28/2023	40	1,045.65	USD		P160001	169556		MAR4916		400003962	9/28/2023	
1600	☑	20230928	1900007210	5303325	CP	9	9/28/2023	40	230.00	USD		P160001	161311		TAN4667		700001000	9/28/2023	
1600	☑	20230928	1900007212	5303325	CP	9	9/28/2023	40	1,437.50	USD		P160001	161311		TAN4667		700001000	9/28/2023	
1600	☑	20230928	5000002258	5303030	WE	9	9/28/2023	81	7,609.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	9/28/2023	300004300
1600	☑	20230928	5000002259	5303030	WE	9	9/28/2023	81	13,232.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/28/2023	300004300
1600	☑	20230928	5000002260	5303030	WE	9	9/28/2023	81	13,581.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/28/2023	300004300
1600	☑	20230928	5000002261	5303030	WE	9	9/28/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	9/28/2023	300004300
1600	☑	20230928	5000002262	5303030	WE	9	9/28/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	9/28/2023	300003187
1600	☑	20230928	5000002263	5303030	WE	9	9/28/2023	81	1,070.06	USD	Contractor Services	P160001			ALL3394	10115866	2111200	9/28/2023	300004408
1600	☑	20230928	5000002264	5303030	WE	9	9/28/2023	81	894.36	USD	Contractor Services	P160001			ALL3394	10119173	2111200	9/28/2023	300004408
1600	☑	20230928	5000002265	5303030	WE	9	9/28/2023	81	16,682.75	USD	Contractor Services	P160001			ALL3394	10116835	2111200	9/28/2023	300052412
1600	☑	20230928	5000002266	5303030	WE	9	9/28/2023	81	1,478.80	USD	Contractor Services	P160001			ALL3394	10100874	2111200	9/28/2023	300004408
1600	☑	20230928	5000002266	5303030	WE	9	9/28/2023	81	29,619.14	USD	Contractor Services	P160001			ALL3394	10122328	2111200	9/28/2023	300004408
1600	☑	20230928	5000002267	5303030	WE	9	9/28/2023	81	2,382.00	USD	Contractor Services	P160001			ALL3394	10107543	2111200	9/28/2023	300004408
1600	☑	20230928	5000002267	5303030	WE	9	9/28/2023	81	3,393.80	USD	Contractor Services	P160001			ALL3394	10119172	2111200	9/28/2023	300004408
1600	☑	20230928	5000002268	5303030	WE	9	9/28/2023	81	10,166.20	USD	Contractor Services	P160001			ALL3394	10098705	2111200	9/28/2023	300004408
1600	☑	20230928	5000002268	5303030	WE	9	9/28/2023	81	5,470.45	USD	Contractor Services	P160001			ALL3394	10122329	2111200	9/28/2023	300004408
1600	☑	20230928	5000002269	5303030	WE	9	9/28/2023	81	896.10	USD	Contractor Services	P160001			ALL3394	10119174	2111200	9/28/2023	300004408
1600	☑	20230928	5000002270	5303030	WE	9	9/28/2023	81	3,780.75	USD	Contractor Services	P160001			ALL3394	10117874	2111200	9/28/2023	300004408
1600	☑	20230928	5000002271	5303030	WE	9	9/28/2023	81	13,212.85	USD	Contractor Services	P160001			ALL3394	10121916	2111200	9/28/2023	300004408
1600	☑	20230928	5000002272	5303030	WE	9	9/28/2023	81	2,915.00	USD	Contractor Services	P160001	169556		ALL3394		2111200	9/28/2023	300004430
1600	☑	20230928	5000002273	5303030	WE	9	9/28/2023	81	509.98	USD	Contractor Services	P160001			ALL3394	10119168	2111200	9/28/2023	300004408
1600	☑	20230928	5000002273	5303030	WE	9	9/28/2023	81	20,607.55	USD	Contractor Services	P160001			ALL3394	10107543	2111200	9/28/2023	300004408
1600	☑	20231002	1900007219	5303325	KR	10	10/2/2023	40	4,800.00	USD		P160001	161311		SAP_WFRT		300005541	10/5/2023	
1600	☑	20231002	1900007232	5303325	KR	10	10/2/2023	40	2,000.00	USD		P160001			SAP_WFRT	10117806	400017828	10/4/2023	
1600	☑	20231002	1900007234	5303890	KR	10	10/2/2023	40	3,612.00	USD		P160001		DISTR.8870	SAP_WFRT		400003793	10/4/2023	
1600	☑	20231003	5000002274	5303030	WE	10	10/3/2023	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200	10/3/2023	300052172
1600	☑	20231003	5000002275	5303030	WE	10	10/3/2023	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200	10/3/2023	300052172
1600	☑	20231003	5000002277	5303030	WE	10	10/3/2023	81	2,915.00	USD	Contractor Services	P160001	169556		ALL3394		2111200	10/3/2023	300004430
1300	☑	20231004	5000000115	5303890	WE	10	10/4/2023	81	426.60	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	10/4/2023	300001042
1300	☑	20231004	5000000116	5303890	WE	10	10/4/2023	81	180.51	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	10/4/2023	300001042
1300	☑	20231004	5000000117	5303890	WE	10	10/4/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	10/4/2023	300001042
1600	☑	20231004	1900007274	5303890	KR	10	10/4/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	10/5/2023	
1600	☑	20231004	5000002278	5303030	WE	10	10/4/2023	81	13,296.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/4/2023	300004300
1600	☑	20231004	5000002279	5303030	WE	10	10/4/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/4/2023	300004300
1600	☑	20231004	5000002280	5303030	WE	10	10/4/2023	81	10,782.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/4/2023	300004300
1600	☑	20231004	5000002281	5303030	WE	10	10/4/2023	81	1,695.75	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/4/2023	300004300
1600	☑	20231004	5000002282	5303030	WE	10	10/4/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10124473	2111200	10/4/2023	300004300
1600	☑	20231004	5000002282	5303030	WE	10	10/4/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10125348	2111200	10/4/2023	300004300
1600	☑	20231004	5000002282	5303030	WE	10	10/4/2023	81	446.25	USD	Contractor Services	P160001			ALL3394	10124765	2111200	10/4/2023	300004300
1600	☑	20231004	5000002282	5303030	WE	10	10/4/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10124455	2111200	10/4/2023	300004300
1600	☑	20231004	5000002283	5303030	WE	10	10/4/2023	81	13,088.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/4/2023	300004300
1600	☑	20231004	5000002284	5303030	WE	10	10/4/2023	81	13,296.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/4/2023	300004300
1600	☑	20231004	5000002285	5303030	WE	10	10/4/2023	81	650.00	USD	Contractor Services	P160001		CONST.8870	ALL3394		2111200	10/4/2023	300004300
1600	☑	20231004	5000002286	5303030	WE	10	10/4/2023	81	24,670.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	10/4/2023	300004300
1600	☑	20231004	5000002287	5303030	WE	10	10/4/2023	81	1,963.50	USD	Contractor Services	P160001			ALL3394	10123302	2111200	10/4/2023	300004300
1600	☑	20231004	5000002287	5303030	WE	10	10/4/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10124168	2111200	10/4/2023	300004300
1600	☑	20231004	5000002287	5303030	WE	10	10/4/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10122822	2111200	10/4/2023	300004300
1600	☑	20231004	5000002287	5303030	WE	10	10/4/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10125294	2111200	10/4/2023	300004300
1600	☑	20231005	1900007283	5303890	KR	10	10/5/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	10/9/2023	
1600	☑	20231006	5000002293	5303030	WE	10	10/6/2023	81	3,333.70	USD	Contractor Services	P160001	169556		ALL3394		2111200	10/6/2023	300005733
1600	☑	20231006	5000002294	5303030	WE	10	10/6/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	10/6/2023	300003187
1600	☑	20231006	5000002295	5303030	WE	10	10/6/2023	81	27,600.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	10/6/2023	300004300
1600	☑	20231006	5000002296	5303030	WE	10	10/6/2023	81	5,100.00	USD	Contractor Services	P160001			ALL3394	10125633	2111200	10/6/2023	300053206
1600	☑	20231009	1900007297	5303325	KR	10	10/9/2023	40	4,800.00	USD		P160001	161311		SAP_WFRT		300005541	10/11/2023	

1300	☑	20231010	5000000120	5303890	WE	10	10/10/2023	81	645.00	USD	Misc Outside Services	P130001	132790		TIF3679		2111200	10/10/2023	300001042
1600	☑	20231010	1900007305	5303325	KR	10	10/10/2023	40	1,650.00	USD		P160001			SAP_WFRT	10117806	400017828	10/10/2023	
1600	☑	20231010	1900007318	5303890	KR	10	10/10/2023	40	836.29	USD		P160001	169556		SAP_WFRT		400001675	10/12/2023	
1600	☑	20231011	5000002299	5303890	WE	10	10/11/2023	81	10,027.45	USD		P160001			CHR4433	169700DREG	2111200	10/11/2023	300001315
1600	☑	20231011	5000002300	5303890	WE	10	10/11/2023	81	640.05	USD		P160001			CHR4433	169700DREG	2111200	10/11/2023	300001315
1600	☑	20231011	5000002301	5303030	WE	10	10/11/2023	81	15,144.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/11/2023	300004300
1600	☑	20231011	5000002302	5303030	WE	10	10/11/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/11/2023	300004300
1600	☑	20231011	5000002303	5303030	WE	10	10/11/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/11/2023	300004300
1600	☑	20231011	5000002304	5303030	WE	10	10/11/2023	81	13,008.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/11/2023	300004300
1600	☑	20231011	5000002305	5303030	WE	10	10/11/2023	81	13,296.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/11/2023	300004300
1600	☑	20231011	5000002306	5303030	WE	10	10/11/2023	81	2,320.50	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/11/2023	300004300
1600	☑	20231011	5000002307	5303030	WE	10	10/11/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10125463	2111200	10/11/2023	300004300
1600	☑	20231011	5000002307	5303030	WE	10	10/11/2023	81	2,856.00	USD	Contractor Services	P160001			ALL3394	10123597	2111200	10/11/2023	300004300
1600	☑	20231011	5000002307	5303030	WE	10	10/11/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125742	2111200	10/11/2023	300004300
1600	☑	20231011	5000002307	5303030	WE	10	10/11/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10125549	2111200	10/11/2023	300004300
1600	☑	20231011	5000002307	5303030	WE	10	10/11/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10123415	2111200	10/11/2023	300004300
1600	☑	20231011	5000002308	5303030	WE	10	10/11/2023	81	714.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/11/2023	300004300
1600	☑	20231011	5000002309	5303030	WE	10	10/11/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10122741	2111200	10/11/2023	300004300
1600	☑	20231011	5000002309	5303030	WE	10	10/11/2023	81	1,963.50	USD	Contractor Services	P160001			ALL3394	10125171	2111200	10/11/2023	300004300
1600	☑	20231011	5000002309	5303030	WE	10	10/11/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125189	2111200	10/11/2023	300004300
1600	☑	20231011	5000002309	5303030	WE	10	10/11/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125193	2111200	10/11/2023	300004300
1600	☑	20231011	5000002309	5303030	WE	10	10/11/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125192	2111200	10/11/2023	300004300
1600	☑	20231011	5000002309	5303030	WE	10	10/11/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10125307	2111200	10/11/2023	300004300
1600	☑	20231011	5000002310	5303030	WE	10	10/11/2023	81	27,447.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	10/11/2023	300004300
1600	☑	20231011	5000002311	5303030	WE	10	10/11/2023	81	5,303.25	USD	Contractor Services	P160001			ALL3394	10102050	2111200	10/11/2023	300053038
1600	☑	20231012	1900007357	5303890	KR	10	10/12/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	10/16/2023	
1600	☑	20231012	1900007361	5303315	KR	10	10/12/2023	40	14,850.00	USD		P160001			SAP_WFRT	201690024	300001610	10/13/2023	
1600	☑	20231013	1900007362	5303325	KR	10	10/13/2023	40	2,000.00	USD		P160001			SAP_WFRT	10117806	400017828	10/17/2023	
1600	☑	20231013	1900007363	5303325	KR	10	10/13/2023	40	13,590.00	USD		P160001	161316		SAP_WFRT		300001610	10/16/2023	
1600	☑	20231013	1900007364	5303325	KR	10	10/13/2023	40	5,175.00	USD		P160001	167029		SAP_WFRT		300001610	10/16/2023	
1600	☑	20231013	1900007365	5303325	KR	10	10/13/2023	40	1,402.50	USD		P160001	164410		SAP_WFRT		300001610	10/17/2023	
1600	☑	20231013	5000002312	5303030	WE	10	10/13/2023	81	1,000.00	USD	Contractor Services	P160001			ALL3394	10102050	2111200	10/13/2023	300053038
1600	☑	20231016	1900007383	5303315	KR	10	10/16/2023	40	21,870.00	USD		P160001			SAP_WFRT	201690024	300001610	10/20/2023	
1300	☑	20231017	1900000518	5303890	KR	10	10/17/2023	40	1,535.00	USD		P130001	130002V		SAP_WFRT	133800KPIKE	400004082	10/17/2023	
1600	☑	20231017	1900007385	5303325	KR	10	10/17/2023	40	4,800.00	USD		P160001	161311		SAP_WFRT		300005541	10/19/2023	
1600	☑	20231017	1900007386	5303890	KR	10	10/17/2023	40	256.88	USD		P160001	169556		SAP_WFRT		400003803	10/18/2023	
1600	☑	20231017	1900007394	5303850	KR	10	10/17/2023	40	404.00	USD		P160001	163024		SAP_WFRT		400005387	10/17/2023	
1600	☑	20231017	1900007395	5303850	KR	10	10/17/2023	40	100.00	USD		P160001	163024		SAP_WFRT		400005387	10/17/2023	
1600	☑	20231017	5000002314	5303030	WE	10	10/17/2023	81	520.70	USD	Contractor Services	P160001			ALL3394	10119173	2111200	10/17/2023	300052631
1600	☑	20231017	5000002315	5303030	WE	10	10/17/2023	81	5,147.10	USD	Contractor Services	P160001			ALL3394	10119173	2111200	10/17/2023	300052631
1600	☑	20231017	5000002316	5303030	WE	10	10/17/2023	81	7,420.00	USD	Contractor Services	P160001	165103		ALL3394		2111200	10/17/2023	300003762
1600	☑	20231017	5000002317	5303030	WE	10	10/17/2023	81	750.00	USD	Contractor Services	P160001	169964		ALL3394		2111200	10/17/2023	300051761
1600	☑	20231017	5000002318	5303030	WE	10	10/17/2023	81	700.00	USD	Contractor Services	P160001			ALL3394	10125801	2111200	10/17/2023	300052055
1600	☑	20231018	1900007410	5303030	KR	10	10/18/2023	40	1,250.00	USD		P160001			SAP_WFRT	10125958	ONETIME	10/20/2023	
1600	☑	20231018	5000002319	5303030	WE	10	10/18/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/18/2023	300004300
1600	☑	20231018	5000002320	5303030	WE	10	10/18/2023	81	15,816.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/18/2023	300004300
1600	☑	20231018	5000002321	5303030	WE	10	10/18/2023	81	13,088.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/18/2023	300004300
1600	☑	20231018	5000002322	5303030	WE	10	10/18/2023	81	12,990.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/18/2023	300004300
1600	☑	20231018	5000002323	5303030	WE	10	10/18/2023	81	12,720.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/18/2023	300004300
1600	☑	20231018	5000002324	5303030	WE	10	10/18/2023	81	535.50	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/18/2023	300004300
1600	☑	20231018	5000002325	5303030	WE	10	10/18/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10125201	2111200	10/18/2023	300004300
1600	☑	20231018	5000002325	5303030	WE	10	10/18/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10125659	2111200	10/18/2023	300004300
1600	☑	20231018	5000002325	5303030	WE	10	10/18/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10124611	2111200	10/18/2023	300004300
1600	☑	20231018	5000002325	5303030	WE	10	10/18/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10124095	2111200	10/18/2023	300004300
1600	☑	20231018	5000002325	5303030	WE	10	10/18/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10125780	2111200	10/18/2023	300004300
1600	☑	20231018	5000002326	5303030	WE	10	10/18/2023	81	8,972.50	USD	Contractor Services	P160001			ALL3394	10117806	2111200	10/18/2023	300004300
1600	☑	20231018	5000002327	5303030	WE	10	10/18/2023	81	6,443.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/18/2023	300004300
1600	☑	20231018	5000002328	5303030	WE	10	10/18/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10125306	2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	2,142.00	USD	Contractor Services	P160001			ALL3394	10125129	2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125595	2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10124852	2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10114278	2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10125145	2111200	10/18/2023	300004300
1600	☑	20231018	5000002329	5303030	WE	10	10/18/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10125130	2111200	10/18/2023	300004300
1600	☑	20231019	1900007414	5303020	KR	10	10/19/2023	40	1,150.29	USD		P160001			SAP_WFRT	10105469	ONETIME	10/20/2023	
1600	☑	20231019	1900007428	5303890	KR	10	10/19/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	10/20/2023	
1600	☑	20231020	1900007444	5303890	KR	10	10/20/2023	40	97.06	USD		P160001	169556		SAP_WFRT		400003803	10/20/2023	
1600	☑	20231020	5000002332	5303030	WE	10	10/20/2023	81	20,572.32	USD	Contractor Services	P160001			ALL3394	2302980	2111200	10/20/2023	300001296
1600	☑	20231020	5000002333	5303030	WE	10	10/20/2023	81	530.00	USD	Contractor Services	P160001	169964		ALL3394		2111200	10/20/2023	300050926
1600	☑	20231020	5000002334	5303030	WE	10	10/20/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	10/20/2023	300003187
1600	☑	20231020	5000002335	5303030	WE	10	10/20/2023	81	819.22	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/20/2023	300004287
1600	☑	20231020	5000002336	5303030	WE	10	10/20/2023	81	262.50	USD	Contractor Services	P160001			ALL3394	10123756	2111200	10/20/2023	300004287
1600	☑	20231020	5000002336	5303030	WE	10	10/20/2023	81	262.50	USD	Contractor Services	P160001			ALL3394	10123423	2111200	10/20/2023	300004287
1600	☑	20231020	5000002336	5303030	WE	10	10/20/2023	81	430.50	USD	Contractor Services	P160001			ALL3394	10122319	2111200	10/20/2023	300004287
1600	☑	20231020	5000002337	5303030	WE	10	10/20/2023	81	12,796.45	USD	Contractor Services	P160001			ALL3394	2302980	2111200	10/20/2023	300001296
1600	☑	20231023	1900007468	5303310	KR	10	10/23/2023	40	2,800.00	USD		P160001	169935		SAP_WFRT		400003798	10/24/2023	
1600	☑	20231023	1900007474	5303325	KR	10	10/23/2023	40	240.00	USD		P160001	161311		SAP_WFRT		300005541	10/25/2023	
1600	☑	20231023	5000002338	5303030	WE	10	10/23/2023	81	5,840.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/23/2023	300052502
1600	☑	20231023	5000002339	5303030	WE	10	10/23/2023	81	5,120.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/23/2023	300052502

1600	☑	20231023	5000002340	5303030	WE	10	10/23/2023	81	1,166.00	USD	Contractor Services	P160001	162756		ALL3394		2111200	10/23/2023	300004216
1600	☑	20231024	1900007478	5303315	KR	10	10/24/2023	40	1,669.50	USD		P160001			SAP_WFRT	201690024	400003877	10/24/2023	
1600	☑	20231026	1900007499	5303325	KR	10	10/26/2023	40	540.00	USD		P160001	161311		SAP_WFRT		300005541	10/27/2023	
1600	☑	20231026	1900007500	5303890	KR	10	10/26/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	10/27/2023	
1600	☑	20231027	1900007530	5303325	KR	10	10/27/2023	40	2,000.00	USD		P160001			SAP_WFRT	10117806	400017828	10/31/2023	
1600	☑	20231027	5000002346	5303030	WE	10	10/27/2023	81	525.00	USD	Contractor Services	P160001			ALL3394	10123597	2111200	10/27/2023	300004287
1600	☑	20231027	5000002347	5303030	WE	10	10/27/2023	81	315.00	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	10/27/2023	300004287
1600	☑	20231027	5000002349	5303030	WE	10	10/27/2023	81	441.00	USD	Contractor Services	P160001			ALL3394	10100680	2111200	10/27/2023	300004287
1600	☑	20231027	5000002349	5303030	WE	10	10/27/2023	81	15,874.25	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/27/2023	300004287
1600	☑	20231027	5000002350	5303030	WE	10	10/27/2023	81	29,950.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/27/2023	300005432
1600	☑	20231027	5000002351	5303030	WE	10	10/27/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	10/27/2023	300003187
1600	☑	20231027	5000002352	5303030	WE	10	10/27/2023	81	3,677.93	USD	Contractor Services	P160001			ALL3394	10119172	2111200	10/27/2023	300052631
1600	☑	20231027	5000002353	5303030	WE	10	10/27/2023	81	11,152.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/27/2023	300004300
1600	☑	20231027	5000002354	5303030	WE	10	10/27/2023	81	1,200.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	10/27/2023	300004300
1600	☑	20231027	5000002355	5303030	WE	10	10/27/2023	81	1,249.50	USD	Contractor Services	P160001			ALL3394	10125130	2111200	10/27/2023	300004300
1600	☑	20231027	5000002355	5303030	WE	10	10/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126252	2111200	10/27/2023	300004300
1600	☑	20231027	5000002355	5303030	WE	10	10/27/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10126200	2111200	10/27/2023	300004300
1600	☑	20231027	5000002355	5303030	WE	10	10/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10125548	2111200	10/27/2023	300004300
1600	☑	20231027	5000002355	5303030	WE	10	10/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126112	2111200	10/27/2023	300004300
1600	☑	20231027	5000002355	5303030	WE	10	10/27/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10126041	2111200	10/27/2023	300004300
1600	☑	20231027	5000002356	5303030	WE	10	10/27/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	10/27/2023	300004300
1600	☑	20231027	5000002356	5303030	WE	10	10/27/2023	81	642.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	10/27/2023	300004300
1600	☑	20231027	5000002356	5303030	WE	10	10/27/2023	81	401.25	USD	Contractor Services	P160001		D4400.CORB	ALL3394		2111200	10/27/2023	300004300
1600	☑	20231027	5000002357	5303030	WE	10	10/27/2023	81	1,785.00	USD	Contractor Services	P160001			ALL3394	10125164	2111200	10/27/2023	300004300
1600	☑	20231027	5000002357	5303030	WE	10	10/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126307	2111200	10/27/2023	300004300
1600	☑	20231027	5000002357	5303030	WE	10	10/27/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10125895	2111200	10/27/2023	300004300
1600	☑	20231027	5000002357	5303030	WE	10	10/27/2023	81	321.00	USD	Contractor Services	P160001			ALL3394	10126114	2111200	10/27/2023	300004300
1600	☑	20231027	5000002358	5303030	WE	10	10/27/2023	81	7,866.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/27/2023	300004300
1600	☑	20231027	5000002358	5303030	WE	10	10/27/2023	81	5,376.00	USD	Contractor Services	P160001			ALL3394	10117520	2111200	10/27/2023	300004300
1600	☑	20231027	5000002359	5303030	WE	10	10/27/2023	81	11,808.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/27/2023	300004300
1600	☑	20231027	5000002359	5303030	WE	10	10/27/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123746	2111200	10/27/2023	300004300
1600	☑	20231027	5000002360	5303030	WE	10	10/27/2023	81	14,619.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/27/2023	300004300
1600	☑	20231027	5000002361	5303030	WE	10	10/27/2023	81	3,191.49	USD	Contractor Services	P160001	162736		ALL3394		2111200	10/27/2023	300004231
1600	☑	20231027	5000002364	5303020	WE	10	10/27/2023	81	9,911.00	USD		P160001	169108		CHR4433		2111200	10/27/2023	300004202
1600	☑	20231027	5000002364	5303020	WE	10	10/27/2023	81	2,405.00	USD		P160001	169108		CHR4433		2111200	10/27/2023	300004202
1600	☑	20231027	5000002364	5303020	WE	10	10/27/2023	81	686.00	USD		P160001	169108		CHR4433		2111200	10/27/2023	300004202
1600	☑	20231027	5100002168	5303020	RE	10	10/27/2023	40	780.12	USD	SALES TAX ACCRUAL	P160001	169108		MAR4916		300004202	10/27/2023	
1600	☑	20231027	5100002169	5303890	RE	10	10/27/2023	40	612.63	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	10/27/2023	
1600	☑	20231027	5100002169	5303890	RE	10	10/27/2023	40	182.97	USD	FREIGHT PAID ON INVOIVE	P160001			MAR4916	169700DREG	300001315	10/27/2023	
1600	☑	20231027	5100002170	5303890	RE	10	10/27/2023	40	40.11	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	300001315	10/27/2023	
1600	☑	20231027	5100002170	5303890	RE	10	10/27/2023	40	28.58	USD	FREIGHT PAID ON INVOIVE	P160001			MAR4916	169700DREG	300001315	10/27/2023	
1600	☑	20231030	5000002365	5303030	WE	10	10/30/2023	81	13,440.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/30/2023	300004300
1600	☑	20231030	5000002366	5303030	WE	10	10/30/2023	81	5,050.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/30/2023	300004300
1600	☑	20231030	5000002366	5303030	WE	10	10/30/2023	81	7,521.00	USD	Contractor Services	P160001			ALL3394	10117520	2111200	10/30/2023	300004300
1600	☑	20231030	5000002367	5303030	WE	10	10/30/2023	81	22,360.75	USD	Contractor Services	P160001			ALL3394	10102051	2111200	10/30/2023	300003355
1600	☑	20231030	5000002368	5303030	WE	10	10/30/2023	81	15,500.00	USD	Contractor Services	P160001			ALL3394	10102046	2111200	10/30/2023	300003355
1600	☑	20231030	5100002180	5303030	RE	10	10/30/2023	91	-100,000.00	USD		P160001			MAR4916	10100874	2111200	10/31/2023	
1600	☑	20231031	1900007549	5303315	KR	10	10/31/2023	40	11,766.00	USD		P160001			SAP_WFRT	201690013	300004218	10/31/2023	
1600	☑	20231031	1900007550	5303315	KR	10	10/31/2023	40	11,766.00	USD		P160001			SAP_WFRT	201690013	300004218	10/31/2023	
1600	☑	20231031	5000002369	5303030	WE	10	10/31/2023	81	23,088.02	USD	Contractor Services	P160001			ALL3394	10123818	2111200	10/31/2023	300053038
1600	☑	20231031	5000002370	5303030	WE	10	10/31/2023	81	19,262.44	USD	Contractor Services	P160001			ALL3394	10123818	2111200	10/31/2023	300053038
1600	☑	20231031	5000002371	5303030	WE	10	10/31/2023	81	28,240.74	USD	Contractor Services	P160001			ALL3394	10123818	2111200	10/31/2023	300053038
1600	☑	20231031	5000002372	5303030	WE	10	10/31/2023	81	61,610.36	USD	Contractor Services	P160001			ALL3394	10123818	2111200	10/31/2023	300053038
1600	☑	20231031	5000002373	5303030	WE	10	10/31/2023	81	4,425.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	10/31/2023	300053038
1600	☑	20231031	5000002374	5303030	WE	10	10/31/2023	81	3,680.10	USD	Contractor Services	P160001			ALL3394	10102050	2111200	10/31/2023	300053038
1600	☑	20231031	5000002375	5303030	WE	10	10/31/2023	81	645.75	USD	Contractor Services	P160001			ALL3394	10121916	2111200	10/31/2023	300004408
1600	☑	20231031	5000002376	5303030	WE	10	10/31/2023	81	22,838.34	USD	Contractor Services	P160001			ALL3394	10122328	2111200	10/31/2023	300004408
1600	☑	20231031	5000002377	5303030	WE	10	10/31/2023	81	115,676.05	USD	Contractor Services	P160001			ALL3394	10100874	2111200	10/31/2023	300004408
1600	☑	20231031	5000002378	5303030	WE	10	10/31/2023	81	1,565.97	USD	Contractor Services	P160001			ALL3394	10122329	2111200	10/31/2023	300004408
1600	☑	20231031	5000002379	5303030	WE	10	10/31/2023	81	1,740.70	USD	Contractor Services	P160001			ALL3394	10098705	2111200	10/31/2023	300004408
1600	☑	20231031	5000002380	5303030	WE	10	10/31/2023	81	3,351.42	USD	Contractor Services	P160001			ALL3394	10119172	2111200	10/31/2023	300004408
1600	☑	20231031	5000002382	5303030	WE	10	10/31/2023	81	3,538.70	USD	Contractor Services	P160001			ALL3394	10119174	2111200	10/31/2023	300004408
1600	☑	20231031	5000002383	5303030	WE	10	10/31/2023	81	37,001.45	USD	Contractor Services	P160001			ALL3394	10107543	2111200	10/31/2023	300004408
1600	☑	20231031	5000002384	5303030	WE	10	10/31/2023	81	1,029.20	USD	Contractor Services	P160001			ALL3394	10119173	2111200	10/31/2023	300004408
1600	☑	20231031	5000002386	5303030	WE	10	10/31/2023	81	4,305.00	USD	Contractor Services	P160001			ALL3394	10117806	2111200	10/31/2023	300004287
1600	☑	20231031	5000002388	5303030	WE	10	10/31/2023	81	13,602.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/31/2023	300004300
1600	☑	20231031	5000002389	5303030	WE	10	10/31/2023	81	13,296.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/31/2023	300004300
1600	☑	20231031	5000002390	5303030	WE	10	10/31/2023	81	2,677.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	10/31/2023	300004300
1600	☑	20231031	5000002391	5303890	WE	10	10/31/2023	81	8,521.20	USD		P160001			BRA4152	169700DREG	2111200	10/31/2023	300000511
1600	☑	20231031	5000002392	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126501	2111200	10/31/2023	300004300
1600	☑	20231031	5000002392	5303030	WE	10	10/31/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10124506	2111200	10/31/2023	300004300
1600	☑	20231031	5000002392	5303030	WE	10	10/31/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10126310	2111200	10/31/2023	300004300
1600	☑	20231031	5000002392	5303030	WE	10	10/31/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126308	2111200	10/31/2023	300004300
1600	☑	20231031	5000002392	5303030	WE	10	10/31/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10126512	2111200	10/31/2023	300004300
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126041	2111200	10/31/2023	300004300
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10126271	2111200	10/31/2023	300004300
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126027	2111200	10/31/2023	300004300
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126026	2111200	10/31/2023	300004300
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10125401	2111200	10/31/2023	300004300
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10124963	2111200	10/31/2023	300004300

1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10125178	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10126029	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126546	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10125400	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126348	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002393	5303030	WE	10	10/31/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10125200	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002394	5303030	WE	10	10/31/2023	81	5,376.00	USD	Contractor Services	P160001			ALL3394	10117520	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002394	5303030	WE	10	10/31/2023	81	8,064.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002395	5303030	WE	10	10/31/2023	81	14,453.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002396	5303030	WE	10	10/31/2023	81	10,752.00	USD	Contractor Services	P160001			ALL3394	10117520	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002396	5303030	WE	10	10/31/2023	81	2,688.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002397	5303030	WE	10	10/31/2023	81	1,496.00	USD	Contractor Services	P160001			ALL3394	10123745	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002397	5303030	WE	10	10/31/2023	81	9,072.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002397	5303030	WE	10	10/31/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126436	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002397	5303030	WE	10	10/31/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126409	2111200	10/31/2023	300004300	
1600	☑	20231031	5000002398	5303030	WE	10	10/31/2023	81	16,583.44	USD	Contractor Services	P160001			ALL3394	10123818	2111200	10/31/2023	300053038	
1600	☑	20231031	5000002399	5303030	WE	10	10/31/2023	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200	10/31/2023	300052172	
1600	☑	20231031	5100002203	5303890	RF	10	10/31/2023	91	-21.30	USD		P160001			PNG_BATCH	169700DREG	2111200	10/31/2023		
1300	☑	20231101	1900000527	5303890	CP	11	11/1/2023	40	27.00	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	11/2/2023		
1300	☑	20231101	5000000123	5303890	WE	11	11/1/2023	81	257.06	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	11/1/2023	300001042	
1600	☑	20231101	1900007568	5303315	KR	11	11/1/2023	40	1,669.50	USD		P160001			SAP_WFRT	201690024	400003877	11/2/2023		
1600	☑	20231101	1900007569	5303890	KR	11	11/1/2023	40	4,549.50	USD		P160001		DISTR.8870	SAP_WFRT		400003793	11/2/2023		
1600	☑	20231101	5000002400	5303030	WE	11	11/1/2023	81	4,536.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/1/2023	300005432	
1600	☑	20231101	5000002401	5303030	WE	11	11/1/2023	81	2,915.00	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/1/2023	300004430	
1600	☑	20231102	1900007575	5303890	KR	11	11/2/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	11/7/2023		
1600	☑	20231103	1900007595	5303325	KR	11	11/3/2023	40	2,520.00	USD		P160001	161311		SAP_WFRT		300005541	11/15/2023		
1300	☑	20231106	5000000124	5303890	WE	11	11/6/2023	81	105.87	USD	Misc Outside Services	P130001	132790		TIF3679		2111200	11/6/2023	300003960	
1300	☑	20231106	5000000125	5303890	WE	11	11/6/2023	81	100.00	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	11/6/2023	300001042	
1300	☑	20231106	5000000126	5303890	WE	11	11/6/2023	81	181.82	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	11/6/2023	300001042	
1600	☑	20231106	1900007603	5303890	KR	11	11/6/2023	40	509.99	USD		P160001			WEN3310	169700DREG	300000511	11/6/2023		
1600	☑	20231106	1900007605	5303890	KR	11	11/6/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	11/7/2023		
1600	☑	20231106	1900007612	5303890	KR	11	11/6/2023	40	1,079.06	USD		P160001	169556		SAP_WFRT		400001675	11/7/2023		
1600	☑	20231107	1900007617	5303325	KR	11	11/7/2023	40	1,000.00	USD		P160001	161316		SAP_WFRT		300001546	11/8/2023		
1600	☑	20231107	5100002212	5303310	RE	11	11/7/2023	40	375.90	USD		P160001			WEN3310	10106766	300004200	11/9/2023		
1600	☑	20231107	5100002213	5303310	RE	11	11/7/2023	40	19.50	USD		P160001			WEN3310	10123818	300004200	11/8/2023		
1600	☑	20231107	5100002214	5303310	RE	11	11/7/2023	40	649.20	USD		P160001			WEN3310	10122434	300004200	11/8/2023		
1600	☑	20231107	5100002215	5303310	RE	11	11/7/2023	40	100.80	USD		P160001			WEN3310	10123818	300004200	11/8/2023		
1600	☑	20231108	1900007629	5303890	KR	11	11/8/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	11/9/2023		
1600	☑	20231108	5000002410	5303030	WE	11	11/8/2023	81	60,000.00	USD	Contractor Services	P160001			ALL3394	10098705	2111200	11/8/2023	300000456	
1600	☑	20231108	5000002411	5303030	WE	11	11/8/2023	81	2,790.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/8/2023	300052502	
1600	☑	20231108	5000002412	5303030	WE	11	11/8/2023	81	6,956.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/8/2023	300052502	
1600	☑	20231108	5000002413	5303030	WE	11	11/8/2023	81	530.00	USD	Contractor Services	P160001	169964		ALL3394		2111200	11/8/2023	300050926	
1600	☑	20231108	5000002414	5303030	WE	11	11/8/2023	81	906.30	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/8/2023	300051701	
1600	☑	20231108	5000002415	5303030	WE	11	11/8/2023	81	480.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002416	5303030	WE	11	11/8/2023	81	360.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002417	5303030	WE	11	11/8/2023	81	480.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002418	5303030	WE	11	11/8/2023	81	720.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002419	5303030	WE	11	11/8/2023	81	360.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002420	5303030	WE	11	11/8/2023	81	480.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002421	5303030	WE	11	11/8/2023	81	50.40	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002422	5303030	WE	11	11/8/2023	81	1,560.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002423	5303030	WE	11	11/8/2023	81	780.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002424	5303030	WE	11	11/8/2023	81	640.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002425	5303030	WE	11	11/8/2023	81	720.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002426	5303030	WE	11	11/8/2023	81	180.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002427	5303030	WE	11	11/8/2023	81	4,750.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002428	5303030	WE	11	11/8/2023	81	350.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002429	5303030	WE	11	11/8/2023	81	125.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002430	5303030	WE	11	11/8/2023	81	116.40	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002431	5303030	WE	11	11/8/2023	81	140.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002432	5303030	WE	11	11/8/2023	81	780.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002433	5303030	WE	11	11/8/2023	81	510.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002434	5303030	WE	11	11/8/2023	81	480.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002435	5303030	WE	11	11/8/2023	81	540.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002436	5303030	WE	11	11/8/2023	81	125.00	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002437	5303030	WE	11	11/8/2023	81	69.30	USD	Contractor Services	P160001			ALL3394	10122434	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002438	5303030	WE	11	11/8/2023	81	360.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002439	5303030	WE	11	11/8/2023	81	325.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002440	5303030	WE	11	11/8/2023	81	125.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002441	5303030	WE	11	11/8/2023	81	9.75	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002442	5303030	WE	11	11/8/2023	81	600.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002443	5303030	WE	11	11/8/2023	81	600.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002444	5303030	WE	11	11/8/2023	81	520.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002445	5303030	WE	11	11/8/2023	81	340.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002446	5303030	WE	11	11/8/2023	81	320.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002447	5303030	WE	11	11/8/2023	81	360.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002448	5303030	WE	11	11/8/2023	81	1,560.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002449	5303030	WE	11	11/8/2023	81	125.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002450	5303030	WE	11	11/8/2023	81	680.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	
1600	☑	20231108	5000002451	5303030	WE	11	11/8/2023	81	640.00	USD	Contractor Services	P160001			ALL3394	10106766	2111200	11/8/2023	300004200	

1600	☑	20231108	5000002452	5303030	WE	11	11/8/2023	81	640.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002453	5303030	WE	11	11/8/2023	91	-640.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002454	5303030	WE	11	11/8/2023	81	720.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002455	5303030	WE	11	11/8/2023	81	350.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002456	5303030	WE	11	11/8/2023	81	4,085.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002457	5303030	WE	11	11/8/2023	81	108.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002458	5303030	WE	11	11/8/2023	81	650.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002459	5303030	WE	11	11/8/2023	81	450.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002460	5303030	WE	11	11/8/2023	81	33.00	USD	Contractor Services	P160001		ALL3394	10106766	2111200	11/8/2023	300004200
1600	☑	20231108	5000002461	5303030	WE	11	11/8/2023	81	11,424.00	USD	Contractor Services	P160001		ALL3394	10105469	2111200	11/8/2023	300004300
1600	☑	20231108	5000002462	5303030	WE	11	11/8/2023	81	57,205.78	USD	Contractor Services	P160001		ALL3394	10107543	2111200	11/8/2023	300004300
1600	☑	20231108	5000002463	5303030	WE	11	11/8/2023	81	7,721.00	USD	Contractor Services	P160001		ALL3394	10088375	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126028	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126025	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126518	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126751	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	714.00	USD	Contractor Services	P160001		ALL3394	10126233	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	714.00	USD	Contractor Services	P160001		ALL3394	10126232	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	714.00	USD	Contractor Services	P160001		ALL3394	10126008	2111200	11/8/2023	300004300
1600	☑	20231108	5000002464	5303030	WE	11	11/8/2023	81	2,422.00	USD	Contractor Services	P160001		ALL3394	10126234	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	892.50	USD	Contractor Services	P160001		ALL3394	10126425	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	1,963.50	USD	Contractor Services	P160001		ALL3394	10126649	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	535.50	USD	Contractor Services	P160001		ALL3394	10126549	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	892.50	USD	Contractor Services	P160001		ALL3394	10126547	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126548	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	714.00	USD	Contractor Services	P160001		ALL3394	10126326	2111200	11/8/2023	300004300
1600	☑	20231108	5000002465	5303030	WE	11	11/8/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126650	2111200	11/8/2023	300004300
1600	☑	20231108	5000002466	5303030	WE	11	11/8/2023	81	840.00	USD	Contractor Services	P160001		ALL3394	10105469	2111200	11/8/2023	300004300
1600	☑	20231108	5000002466	5303030	WE	11	11/8/2023	81	2,688.00	USD	Contractor Services	P160001		ALL3394	10124695	2111200	11/8/2023	300004300
1600	☑	20231108	5000002466	5303030	WE	11	11/8/2023	81	1,272.00	USD	Contractor Services	P160001		ALL3394	10124696	2111200	11/8/2023	300004300
1600	☑	20231108	5000002466	5303030	WE	11	11/8/2023	81	1,272.00	USD	Contractor Services	P160001		ALL3394	10124697	2111200	11/8/2023	300004300
1600	☑	20231108	5000002466	5303030	WE	11	11/8/2023	81	2,688.00	USD	Contractor Services	P160001		ALL3394	10124698	2111200	11/8/2023	300004300
1600	☑	20231108	5000002466	5303030	WE	11	11/8/2023	81	2,688.00	USD	Contractor Services	P160001		ALL3394	10124699	2111200	11/8/2023	300004300
1600	☑	20231108	5000002467	5303030	WE	11	11/8/2023	81	10,218.00	USD	Contractor Services	P160001		ALL3394	10105469	2111200	11/8/2023	300004300
1600	☑	20231108	5000002467	5303030	WE	11	11/8/2023	81	1,272.00	USD	Contractor Services	P160001		ALL3394	10126696	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	840.00	USD	Contractor Services	P160001		ALL3394	10105469	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	2,688.00	USD	Contractor Services	P160001		ALL3394	10123744	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	1,344.00	USD	Contractor Services	P160001		ALL3394	10124725	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	1,344.00	USD	Contractor Services	P160001		ALL3394	10124726	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	1,344.00	USD	Contractor Services	P160001		ALL3394	10124692	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	1,344.00	USD	Contractor Services	P160001		ALL3394	10124693	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	1,344.00	USD	Contractor Services	P160001		ALL3394	10124691	2111200	11/8/2023	300004300
1600	☑	20231108	5000002468	5303030	WE	11	11/8/2023	81	1,344.00	USD	Contractor Services	P160001		ALL3394	10124690	2111200	11/8/2023	300004300
1600	☑	20231108	5000002469	5303030	WE	11	11/8/2023	81	10,920.00	USD	Contractor Services	P160001		ALL3394	10088375	2111200	11/8/2023	300004300
1600	☑	20231108	5000002470	5303030	WE	11	11/8/2023	81	942.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002471	5303030	WE	11	11/8/2023	81	11,538.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002472	5303030	WE	11	11/8/2023	81	1,250.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002473	5303030	WE	11	11/8/2023	81	475.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002474	5303030	WE	11	11/8/2023	81	2,534.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002475	5303030	WE	11	11/8/2023	81	837.90	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002476	5303030	WE	11	11/8/2023	81	1,260.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002477	5303030	WE	11	11/8/2023	81	1,306.20	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002478	5303030	WE	11	11/8/2023	81	744.80	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002479	5303030	WE	11	11/8/2023	81	898.80	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002480	5303030	WE	11	11/8/2023	81	65.80	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002481	5303030	WE	11	11/8/2023	81	5,145.00	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002482	5303030	WE	11	11/8/2023	81	65.80	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5000002483	5303030	WE	11	11/8/2023	81	1,505.60	USD	Contractor Services	P160001		ALL3394	10123818	2111200	11/8/2023	300003355
1600	☑	20231108	5100002232	5303310	RE	11	11/8/2023	40	56.52	USD		P160001		MAR4916	10123818	400002680	11/10/2023	
1600	☑	20231109	1900007631	5303325	KR	11	11/9/2023	40	2,400.00	USD		P160001	161311	SAP_WFRT		300005541	11/16/2023	
1600	☑	20231109	1900007649	5303325	KR	11	11/9/2023	40	468.78	USD		P160001	167182	SAP_WFRT		400017828	11/9/2023	
1600	☑	20231109	1900007650	5303325	KR	11	11/9/2023	40	625.00	USD		P160001	167145	SAP_WFRT		400017828	11/9/2023	
1600	☑	20231109	1900007651	5303325	KR	11	11/9/2023	40	201.72	USD		P160001	162737	SAP_WFRT		400017828	11/9/2023	
1600	☑	20231109	1900007652	5303325	KR	11	11/9/2023	40	293.72	USD		P160001	169104	SAP_WFRT		400017828	11/9/2023	
1600	☑	20231109	1900007653	5303325	KR	11	11/9/2023	40	141.60	USD		P160001	167182	SAP_WFRT		400017828	11/9/2023	
1600	☑	20231110	5000002485	5303030	WE	11	11/10/2023	81	2,106.54	USD	Contractor Services	P160001		ALL3394	10119172	2111200	11/10/2023	300052631
1300	☑	20231114	1900000525	5303890	KR	11	11/14/2023	40	1,535.00	USD		P130001	130002	TAN4667	133800KPIKE	400004082	11/14/2023	
1300	☑	20231114	1900000530	5303890	KR	11	11/14/2023	40	1,535.00	USD		P130001	130002	TAN4667	133800KPIKE	400004082	11/14/2023	
1600	☑	20231114	1900007693	5303890	KR	11	11/14/2023	40	32.92	USD		P160001	169556	SAP_WFRT		400003803	11/16/2023	
1600	☑	20231115	5000002488	5303030	WE	11	11/15/2023	81	10,346.25	USD	Contractor Services	P160001		ALL3394	10105469	2111200	11/15/2023	300005432
1600	☑	20231115	5000002492	5303030	WE	11	11/15/2023	81	2,561.10	USD	Contractor Services	P160001		ALL3394	10107543	2111200	11/15/2023	300052061
1600	☑	20231115	5000002493	5303030	WE	11	11/15/2023	81	114,601.59	USD	Contractor Services	P160001		ALL3394	10107543	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	714.00	USD	Contractor Services	P160001		ALL3394	10126332	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	714.00	USD	Contractor Services	P160001		ALL3394	10126230	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	1,428.00	USD	Contractor Services	P160001		ALL3394	10124710	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	2,639.00	USD	Contractor Services	P160001		ALL3394	10126234	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126925	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	357.00	USD	Contractor Services	P160001		ALL3394	10126030	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	535.50	USD	Contractor Services	P160001		ALL3394	10126929	2111200	11/15/2023	300004300
1600	☑	20231115	5000002494	5303030	WE	11	11/15/2023	81	535.50	USD	Contractor Services	P160001		ALL3394	10127002	2111200	11/15/2023	300004300

1600	☑	20231115	5000002495	5303030	WE	11	11/15/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	11/15/2023	300004300
1600	☑	20231115	5000002496	5303030	WE	11	11/15/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126676	2111200	11/15/2023	300004300
1600	☑	20231115	5000002496	5303030	WE	11	11/15/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10126441	2111200	11/15/2023	300004300
1600	☑	20231115	5000002496	5303030	WE	11	11/15/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126865	2111200	11/15/2023	300004300
1600	☑	20231115	5000002496	5303030	WE	11	11/15/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10126309	2111200	11/15/2023	300004300
1600	☑	20231115	5000002497	5303030	WE	11	11/15/2023	81	6,384.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/15/2023	300004300
1600	☑	20231115	5000002497	5303030	WE	11	11/15/2023	81	2,016.00	USD	Contractor Services	P160001			ALL3394	10124700	2111200	11/15/2023	300004300
1600	☑	20231115	5000002497	5303030	WE	11	11/15/2023	81	2,688.00	USD	Contractor Services	P160001			ALL3394	10124687	2111200	11/15/2023	300004300
1600	☑	20231115	5000002497	5303030	WE	11	11/15/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10124569	2111200	11/15/2023	300004300
1600	☑	20231115	5000002497	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124571	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124678	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124679	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10124907	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10124909	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10124911	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10124913	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,326.00	USD	Contractor Services	P160001			ALL3394	10124916	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124918	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124942	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	990.00	USD	Contractor Services	P160001			ALL3394	10124904	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10124960	2111200	11/15/2023	300004300
1600	☑	20231115	5000002498	5303030	WE	11	11/15/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10124961	2111200	11/15/2023	300004300
1600	☑	20231115	5000002499	5303030	WE	11	11/15/2023	81	11,040.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124901	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124900	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10124905	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10124910	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10124912	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10124915	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10124917	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10124919	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10124941	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	1,254.00	USD	Contractor Services	P160001			ALL3394	10124755	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10124908	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10124737	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10124738	2111200	11/15/2023	300004300
1600	☑	20231115	5000002500	5303030	WE	11	11/15/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10124739	2111200	11/15/2023	300004300
1600	☑	20231115	5000002501	5303030	WE	11	11/15/2023	81	604.20	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/15/2023	300051701
1600	☑	20231115	5000002502	5303030	WE	11	11/15/2023	81	2,625.00	USD	Contractor Services	P160001			ALL3394	10126938	2111200	11/15/2023	300053042
1600	☑	20231115	5000002502	5303030	WE	11	11/15/2023	81	2,625.00	USD	Contractor Services	P160001			ALL3394	10126939	2111200	11/15/2023	300053042
1300	☑	20231116	1900000561	5303890	CP	11	11/16/2023	40	28.50	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	11/28/2023	
1600	☑	20231116	1900007722	5303030	KR	11	11/16/2023	40	1,800.00	USD		P160001			SAP_WFRT	10105469	ONETIME	11/16/2023	
1600	☑	20231117	1900007744	5303325	KR	11	11/17/2023	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	11/17/2023	
1600	☑	20231117	1900007745	5303325	KR	11	11/17/2023	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	11/17/2023	
1600	☑	20231117	1900007746	5303325	KR	11	11/17/2023	40	141.60	USD		P160001	169104		SAP_WFRT		400017828	11/17/2023	
1600	☑	20231117	1900007747	5303325	KR	11	11/17/2023	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	11/17/2023	
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	4,032.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,680.00	USD	Contractor Services	P160001			ALL3394	10124688	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10124685	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124684	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,680.00	USD	Contractor Services	P160001			ALL3394	10124574	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10124576	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124572	2111200	11/20/2023	300004300
1600	☑	20231120	5000002504	5303030	WE	11	11/20/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124573	2111200	11/20/2023	300004300
1600	☑	20231120	5000002505	5303030	WE	11	11/20/2023	81	3,343.75	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/20/2023	300005432
1600	☑	20231120	5000002507	5303030	WE	11	11/20/2023	81	1,039.15	USD	Contractor Services	P160001			ALL3394	10107543	2111200	11/20/2023	300052061
1600	☑	20231121	1900007794	5303310	KR	11	11/21/2023	40	2,800.00	USD		P160001	169935		SAP_WFRT		400003798	11/22/2023	
1600	☑	20231121	1900007796	5303890	KR	11	11/21/2023	40	106.50	USD		P160001	169556		SAP_WFRT		400003803	11/22/2023	
1600	☑	20231124	1900007820	5303850	KR	11	11/24/2023	40	300.00	USD		P160001	163024		SAP_WFRT		400005387	11/28/2023	
1600	☑	20231124	1900007821	5303850	KR	11	11/24/2023	40	100.00	USD		P160001	163024		SAP_WFRT		400005387	11/28/2023	
1600	☑	20231127	5000002512	5303030	WE	11	11/27/2023	81	934.50	USD	Contractor Services	P160001			ALL3394	10088375	2111200	11/27/2023	300004287
1600	☑	20231127	5000002513	5303030	WE	11	11/27/2023	81	1,982.54	USD	Contractor Services	P160001			ALL3394	10107543	2111200	11/27/2023	300052061
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126738	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126736	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126734	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126732	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10126727	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10126730	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126725	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126557	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126559	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126721	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126723	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	2,688.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126803	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10127443	2111200	11/27/2023	300004300
1600	☑	20231127	5000002514	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10126802	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	5,088.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10126805	2111200	11/27/2023	300004300

1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10126715	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10126716	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10126717	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10126718	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	636.00	USD	Contractor Services	P160001			ALL3394	10126755	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	954.00	USD	Contractor Services	P160001			ALL3394	10126804	2111200	11/27/2023	300004300
1600	☑	20231127	5000002515	5303030	WE	11	11/27/2023	81	1,590.00	USD	Contractor Services	P160001			ALL3394	10117520	2111200	11/27/2023	300004300
1600	☑	20231127	5000002516	5303030	WE	11	11/27/2023	81	13,728.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126740	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126739	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126737	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126735	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	1,240.00	USD	Contractor Services	P160001			ALL3394	10126731	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	1,240.00	USD	Contractor Services	P160001			ALL3394	10126733	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126726	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	930.00	USD	Contractor Services	P160001			ALL3394	10126728	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	930.00	USD	Contractor Services	P160001			ALL3394	10126729	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126724	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126722	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126720	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	620.00	USD	Contractor Services	P160001			ALL3394	10126558	2111200	11/27/2023	300004300
1600	☑	20231127	5000002517	5303030	WE	11	11/27/2023	81	2,480.00	USD	Contractor Services	P160001			ALL3394	10126556	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126554	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	4,032.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126822	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126821	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126820	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10126719	2111200	11/27/2023	300004300
1600	☑	20231127	5000002518	5303030	WE	11	11/27/2023	81	2,997.00	USD	Contractor Services	P160001			ALL3394	10117520	2111200	11/27/2023	300004300
1600	☑	20231127	5000002519	5303030	WE	11	11/27/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	11/27/2023	300004300
1600	☑	20231127	5000002519	5303030	WE	11	11/27/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	11/27/2023	300004300
1600	☑	20231127	5000002520	5303030	WE	11	11/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10127046	2111200	11/27/2023	300004300
1600	☑	20231127	5000002520	5303030	WE	11	11/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126879	2111200	11/27/2023	300004300
1600	☑	20231127	5000002520	5303030	WE	11	11/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10127044	2111200	11/27/2023	300004300
1600	☑	20231127	5000002520	5303030	WE	11	11/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126867	2111200	11/27/2023	300004300
1600	☑	20231127	5000002520	5303030	WE	11	11/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10127101	2111200	11/27/2023	300004300
1600	☑	20231127	5000002520	5303030	WE	11	11/27/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10125464	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	3,213.00	USD	Contractor Services	P160001			ALL3394	10126347	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126011	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126012	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10126007	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126009	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126999	2111200	11/27/2023	300004300
1600	☑	20231127	5000002521	5303030	WE	11	11/27/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10127160	2111200	11/27/2023	300004300
1600	☑	20231127	5000002522	5303030	WE	11	11/27/2023	81	89,615.16	USD	Contractor Services	P160001			ALL3394	10107543	2111200	11/27/2023	300004300
1300	☑	20231128	1900000548	5303890	KR	11	11/28/2023	40	1,535.00	USD		P130001	130002		TAN4667	133800KPIKE	400004082	11/28/2023	
1300	☑	20231128	1900000554	5303890	KR	11	11/28/2023	40	1,535.00	USD		P130001	130002		TAN4667	133800KPIKE	400004082	11/28/2023	
1300	☐	20231128	1900000555	5303890	KR	11	11/28/2023	40	1,535.00	USD		P130001	130002		TAN4667	133800KPIKE	400004082	11/28/2023	
1600	☑	20231128	1900007851	5303315	KR	11	11/28/2023	40	22,320.00	USD		P160001			SAP_WFRT	201690024	300001610	11/29/2023	
1600	☑	20231129	1900007876	5303315	KR	11	11/29/2023	40	1,669.50	USD		P160001			SAP_WFRT	201690024	400003877	11/30/2023	
1600	☑	20231129	5000002524	5303890	WE	11	11/29/2023	81	3,116.00	USD		P160001			CHR4433	169700DREG	2111200	11/29/2023	300004288
1600	☑	20231129	5000002531	5303030	WE	11	11/29/2023	81	1,516.80	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/29/2023	300004179
1600	☑	20231129	5000002532	5303030	WE	11	11/29/2023	81	2,016.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/29/2023	300004300
1600	☑	20231129	5000002532	5303030	WE	11	11/29/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10123669	2111200	11/29/2023	300004300
1600	☑	20231129	5000002532	5303030	WE	11	11/29/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10123668	2111200	11/29/2023	300004300
1600	☑	20231129	5000002532	5303030	WE	11	11/29/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124050	2111200	11/29/2023	300004300
1600	☑	20231129	5000002533	5303030	WE	11	11/29/2023	81	2,688.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	11/29/2023	300004300
1600	☑	20231129	5000002534	5303030	WE	11	11/29/2023	81	1,908.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/29/2023	300004300
1600	☑	20231129	5000002534	5303030	WE	11	11/29/2023	81	2,544.00	USD	Contractor Services	P160001			ALL3394	10126579	2111200	11/29/2023	300004300
1600	☑	20231129	5000002534	5303030	WE	11	11/29/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126577	2111200	11/29/2023	300004300
1600	☑	20231129	5000002535	5303030	WE	11	11/29/2023	81	2,016.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/29/2023	300004300
1600	☑	20231129	5000002535	5303030	WE	11	11/29/2023	81	672.00	USD	Contractor Services	P160001			ALL3394	10124055	2111200	11/29/2023	300004300
1600	☑	20231129	5000002535	5303030	WE	11	11/29/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10124054	2111200	11/29/2023	300004300
1600	☑	20231129	5000002535	5303030	WE	11	11/29/2023	81	1,008.00	USD	Contractor Services	P160001			ALL3394	10124056	2111200	11/29/2023	300004300
1600	☑	20231129	5000002535	5303030	WE	11	11/29/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10124049	2111200	11/29/2023	300004300
1600	☑	20231129	5000002536	5303030	WE	11	11/29/2023	81	2,016.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	11/29/2023	300004300
1600	☑	20231129	5000002536	5303030	WE	11	11/29/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126800	2111200	11/29/2023	300004300
1600	☑	20231129	5000002536	5303030	WE	11	11/29/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126801	2111200	11/29/2023	300004300
1600	☑	20231129	5000002536	5303030	WE	11	11/29/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126742	2111200	11/29/2023	300004300
1600	☑	20231129	5000002537	5303030	WE	11	11/29/2023	81	1,284.00	USD	Contractor Services	P160001			ALL3394	10126626	2111200	11/29/2023	300004300
1600	☑	20231129	5000002538	5303030	WE	11	11/29/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10117704	2111200	11/29/2023	300004300
1600	☑	20231129	5000002538	5303030	WE	11	11/29/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10117703	2111200	11/29/2023	300004300
1600	☑	20231129	5000002539	5303030	WE	11	11/29/2023	81	1,428.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	11/29/2023	300004300
1600	☑	20231130	5000002540	5303030	WE	11	11/30/2023	81	3,333.70	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/30/2023	300005733
1600	☑	20231130	5000002541	5303030	WE	11	11/30/2023	81	3,333.70	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/30/2023	300005733
1600	☑	20231130	5000002542	5303030	WE	11	11/30/2023	81	3,730.33	USD	Contractor Services	P160001			ALL3394	10119172	2111200	11/30/2023	300052631
1600	☑	20231130	5000002543	5303030	WE	11	11/30/2023	81	3,954.50	USD	Contractor Services	P160001			ALL3394	10121916	2111200	11/30/2023	300004408
1600	☑	20231130	5000002544	5303030	WE	11	11/30/2023	81	159.50	USD	Contractor Services	P160001			ALL3394	10107543	2111200	11/30/2023	300004408
1600	☑	20231130	5000002545	5303030	WE	11	11/30/2023	81	1,445.00	USD	Contractor Services	P160001			ALL3394	10098705	2111200	11/30/2023	300004408
1600	☑	20231130	5000002546	5303030	WE	11	11/30/2023	81	240.00	USD	Contractor Services	P160001			ALL3394	10107543	2111200	11/30/2023	300004408

1600	☑	20231130	5000002547	5303030	WE	11	11/30/2023	81	768.24	USD	Contractor Services	P160001			ALL3394	10119168	2111200	11/30/2023	300004408
1600	☑	20231130	5000002548	5303030	WE	11	11/30/2023	81	67,377.38	USD	Contractor Services	P160001			ALL3394	10107543	2111200	11/30/2023	300004300
1600	☑	20231130	5000002549	5303030	WE	11	11/30/2023	81	23,088.12	USD	Contractor Services	P160001			ALL3394	10122328	2111200	11/30/2023	300004408
1600	☑	20231130	5000002550	5303030	WE	11	11/30/2023	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200	11/30/2023	300052172
1600	☑	20231130	5100002303	5303890	RE	11	11/30/2023	40	186.96	USD	TAX PAID ON INVOICE	P160001			MAR4916	169700DREG	400003789	11/30/2023	
1600	☑	20231201	1900007845	5303030	KR	12	12/1/2023	40	1,800.00	USD		P160001			SAP_WFRT	10105469	ONETIME	12/6/2023	
1600	☑	20231201	1900007882	5303890	KR	12	12/1/2023	40	836.52	USD		P160001	169556		SAP_WFRT		400003962	12/1/2023	
1600	☑	20231201	1900007893	5303030	KR	12	12/1/2023	40	650.00	USD		P160001		DISTR.8870	SAP_WFRT		ONETIME	12/7/2023	
1600	☑	20231201	1900007897	5303325	KR	12	12/1/2023	40	2,160.00	USD		P160001	161311		SAP_WFRT		300005541	12/5/2023	
1600	☑	20231201	5000002553	5303030	WE	12	12/1/2023	81	2,331.48	USD		P160001		TRANS.8560	CHR4433		2111200	12/1/2023	300002635
1600	☑	20231201	5000002553	5303030	WE	12	12/1/2023	81	541.76	USD		P160001		TRANS.8560	CHR4433		2111200	12/1/2023	300002635
1600	☑	20231201	5000002553	5303030	WE	12	12/1/2023	81	3,085.76	USD		P160001		TRANS.8560	CHR4433		2111200	12/1/2023	300002635
1600	☑	20231201	5000002553	5303030	WE	12	12/1/2023	81	624.04	USD		P160001		TRANS.8560	CHR4433		2111200	12/1/2023	300002635
1600	☑	20231201	5000002553	5303030	WE	12	12/1/2023	81	699.48	USD		P160001		TRANS.8560	CHR4433		2111200	12/1/2023	300002635
1600	☑	20231201	5000002555	5303030	WE	12	12/1/2023	81	530.00	USD	Contractor Services	P160001	169964		ALL3394		2111200	12/1/2023	300050926
1600	☑	20231201	5000002557	5303030	WE	12	12/1/2023	81	3,628.00	USD	Contractor Services	P160001			ALL3394	10119174	2111200	12/1/2023	300004408
1600	☑	20231201	5000002558	5303030	WE	12	12/1/2023	81	3,571.96	USD	Contractor Services	P160001			ALL3394	10119172	2111200	12/1/2023	300004408
1600	☑	20231201	5000002559	5303030	WE	12	12/1/2023	81	4,569.25	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/1/2023	300004408
1600	☑	20231201	5000002560	5303030	WE	12	12/1/2023	81	2,945.45	USD	Contractor Services	P160001			ALL3394	10119173	2111200	12/1/2023	300004408
1600	☑	20231201	5000002561	5303030	WE	12	12/1/2023	81	28,412.35	USD	Contractor Services	P160001			ALL3394	10126519	2111200	12/1/2023	300004408
1600	☑	20231201	5000002562	5303030	WE	12	12/1/2023	81	995.24	USD	Contractor Services	P160001			ALL3394	10122329	2111200	12/1/2023	300004408
1600	☑	20231201	5000002563	5303030	WE	12	12/1/2023	81	9,251.30	USD	Contractor Services	P160001			ALL3394	10100874	2111200	12/1/2023	300004408
1600	☑	20231201	5000002564	5303030	WE	12	12/1/2023	81	986.47	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/1/2023	300052061
1600	☑	20231204	5000002565	5303030	WE	12	12/4/2023	81	11,103.30	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/4/2023	300004408
1300	☑	20231205	5000000129	5303890	WE	12	12/5/2023	81	85.05	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	12/5/2023	300001042
1300	☑	20231205	5000000130	5303890	WE	12	12/5/2023	81	129.74	USD	Misc Outside Services	P130001	132780		TIF3679		2111200	12/5/2023	300001042
1600	☑	20231205	1900007947	5303890	KR	12	12/5/2023	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	12/7/2023	
1600	☑	20231205	5100002320	5303030	RE	12	12/5/2023	40	445.05	USD	TAX PAID ON INVOICE	P160001		TRANS.8560	MAR4916		300002635	12/5/2023	
1600	☑	20231205	5100002320	5303030	RE	12	12/5/2023	40	134.86	USD	FREIGHT PAID ON INVOICE	P160001		TRANS.8560	MAR4916		300002635	12/5/2023	
1600	☑	20231205	5100002324	5303030	RE	12	12/5/2023	91	-100.00	USD		P160001			WEN3310	10105469	2111200	12/6/2023	
1600	☑	20231206	1900007963	5303890	KR	12	12/6/2023	40	1,001.48	USD		P160001	169556		SAP_WFRT		400001675	12/7/2023	
1600	☑	20231206	5000002566	5303030	WE	12	12/6/2023	81	8,064.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	12/6/2023	300004300
1600	☑	20231206	5000002566	5303030	WE	12	12/6/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123667	2111200	12/6/2023	300004300
1600	☑	20231206	5000002566	5303030	WE	12	12/6/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10123068	2111200	12/6/2023	300004300
1600	☑	20231206	5000002567	5303030	WE	12	12/6/2023	81	5,232.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	12/6/2023	300004300
1600	☑	20231206	5000002567	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126578	2111200	12/6/2023	300004300
1600	☑	20231206	5000002567	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126576	2111200	12/6/2023	300004300
1600	☑	20231206	5000002567	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126013	2111200	12/6/2023	300004300
1600	☑	20231206	5000002567	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126014	2111200	12/6/2023	300004300
1600	☑	20231206	5000002568	5303030	WE	12	12/6/2023	81	9,336.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	12/6/2023	300004300
1600	☑	20231206	5000002568	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10124058	2111200	12/6/2023	300004300
1600	☑	20231206	5000002569	5303030	WE	12	12/6/2023	81	5,395.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	12/6/2023	300004300
1600	☑	20231206	5000002569	5303030	WE	12	12/6/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126741	2111200	12/6/2023	300004300
1600	☑	20231206	5000002569	5303030	WE	12	12/6/2023	81	1,344.00	USD	Contractor Services	P160001			ALL3394	10126743	2111200	12/6/2023	300004300
1600	☑	20231206	5000002569	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126744	2111200	12/6/2023	300004300
1600	☑	20231206	5000002569	5303030	WE	12	12/6/2023	81	1,272.00	USD	Contractor Services	P160001			ALL3394	10126745	2111200	12/6/2023	300004300
1600	☑	20231206	5000002570	5303030	WE	12	12/6/2023	81	892.50	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	12/6/2023	300004300
1600	☑	20231206	5000002571	5303030	WE	12	12/6/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10127616	2111200	12/6/2023	300004300
1600	☑	20231206	5000002571	5303030	WE	12	12/6/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10127585	2111200	12/6/2023	300004300
1600	☑	20231206	5000002571	5303030	WE	12	12/6/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10127586	2111200	12/6/2023	300004300
1600	☑	20231206	5000002571	5303030	WE	12	12/6/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10099954	2111200	12/6/2023	300004300
1600	☑	20231206	5000002571	5303030	WE	12	12/6/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10127424	2111200	12/6/2023	300004300
1600	☑	20231206	5000002571	5303030	WE	12	12/6/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10088375	2111200	12/6/2023	300004300
1600	☑	20231206	5000002572	5303030	WE	12	12/6/2023	81	357.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	12/6/2023	300004300
1600	☑	20231206	5000002573	5303030	WE	12	12/6/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10117703	2111200	12/6/2023	300004300
1600	☑	20231206	5000002573	5303030	WE	12	12/6/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10117704	2111200	12/6/2023	300004300
1600	☑	20231206	5000002573	5303030	WE	12	12/6/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10126987	2111200	12/6/2023	300004300
1600	☑	20231206	5000002573	5303030	WE	12	12/6/2023	81	1,606.50	USD	Contractor Services	P160001			ALL3394	10127542	2111200	12/6/2023	300004300
1600	☑	20231206	5000002573	5303030	WE	12	12/6/2023	81	1,606.50	USD	Contractor Services	P160001			ALL3394	10127541	2111200	12/6/2023	300004300
1600	☑	20231206	5000002573	5303030	WE	12	12/6/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10127717	2111200	12/6/2023	300004300
1600	☑	20231206	5000002574	5303030	WE	12	12/6/2023	81	182,030.22	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/6/2023	300004300
1600	☑	20231206	5000002575	5303030	WE	12	12/6/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	12/6/2023	300003187
1600	☑	20231206	5000002576	5303030	WE	12	12/6/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	12/6/2023	300003187
1600	☑	20231206	5000002577	5303030	WE	12	12/6/2023	81	2,033.81	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/6/2023	300052061
1600	☑	20231207	1900007988	5303890	KR	12	12/7/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	12/8/2023	
1600	☑	20231207	5000002580	5303030	WE	12	12/7/2023	81	12,813.66	USD	Contractor Services	P160001	165103		ALL3394		2111200	12/7/2023	300003798
1600	☑	20231207	5000002581	5303030	WE	12	12/7/2023	81	10,232.25	USD	Contractor Services	P160001			ALL3394	10100852	2111200	12/7/2023	300004287
1600	☑	20231207	5000002584	5303030	WE	12	12/7/2023	81	487.30	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/7/2023	300052061
1600	☑	20231208	5000002589	5303030	WE	12	12/8/2023	81	1,008.18	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/8/2023	300052061
1600	☑	20231211	1900008006	5303325	KR	12	12/11/2023	40	1,457.50	USD		P160001	164410		SAP_WFRT		300001610	12/13/2023	
1600	☑	20231211	1900008007	5303325	KR	12	12/11/2023	40	3,645.00	USD		P160001	161316		SAP_WFRT		300001610	12/13/2023	
1600	☑	20231211	1900008008	5303325	KR	12	12/11/2023	40	4,800.00	USD		P160001	167029		SAP_WFRT		300001610	12/13/2023	
1600	☑	20231211	5000002592	5303030	WE	12	12/11/2023	81	441.00	USD	Contractor Services	P160001		CORRO.8940	ALL3394		2111200	12/11/2023	300004287
1600	☑	20231212	5000002594	5303030	WE	12	12/12/2023	81	535.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	12/12/2023	300004300
1600	☑	20231212	5000002595	5303030	WE	12	12/12/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10127617	2111200	12/12/2023	300004300
1600	☑	20231212	5000002595	5303030	WE	12	12/12/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10127803	2111200	12/12/2023	300004300
1600	☑	20231212	5000002595	5303030	WE	12	12/12/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10127862	2111200	12/12/2023	300004300
1600	☑	20231212	5000002595	5303030	WE	12	12/12/2023	81	2,856.00	USD	Contractor Services	P160001			ALL3394	10127795	2111200	12/12/2023	300004300
1600	☑	20231212	5000002595	5303030	WE	12	12/12/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10127831	2111200	12/12/2023	300004300
1600	☑	20231212	5000002596	5303030	WE	12	12/12/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10127858	2111200	12/12/2023	300004300

1600	☑	20231212	5000002596	5303030	WE	12	12/12/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10127716	2111200	12/12/2023	300004300	
1600	☑	20231212	5000002596	5303030	WE	12	12/12/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10126585	2111200	12/12/2023	300004300	
1600	☑	20231212	5000002596	5303030	WE	12	12/12/2023	81	1,963.50	USD	Contractor Services	P160001			ALL3394	10126663	2111200	12/12/2023	300004300	
1600	☑	20231212	5000002596	5303030	WE	12	12/12/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127102	2111200	12/12/2023	300004300	
1600	☑	20231212	5000002597	5303030	WE	12	12/12/2023	81	1,491.53	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/12/2023	300052061	
1600	☑	20231212	5000002598	5303030	WE	12	12/12/2023	81	12,750.00	USD	Contractor Services	P160001	169524		ALL3394		2111200	12/12/2023	300053340	
1300	☑	20231213	1900000562	5303890	KR	12	12/13/2023	40	1,535.00	USD		P130001	130002		TAN4667	133800KPIKE	400004082	12/13/2023		
1600	☑	20231213	1500005725	5303325	KA	12	12/13/2023	50	-1,649.20	USD		P160001	161310		WEN3310		300001570	12/13/2023		
1600	☑	20231213	1900008050	5303325	KR	12	12/13/2023	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	12/13/2023		
1600	☑	20231213	1900008051	5303325	KR	12	12/13/2023	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	12/13/2023		
1600	☑	20231213	1900008052	5303325	KR	12	12/13/2023	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	12/13/2023		
1600	☑	20231213	1900008053	5303325	KR	12	12/13/2023	40	141.60	USD		P160001	162737		SAP_WFRT		400017828	12/13/2023		
1600	☑	20231213	1900008061	5303325	KR	12	12/13/2023	40	1,649.20	USD		P160001	161310		WEN3310		300001570	12/13/2023		
1600	☑	20231213	1900008062	5303325	KR	12	12/13/2023	40	1,649.20	USD		P160001	161310		SAP_WFRT		300001570	12/13/2023		
1600	☑	20231213	1900008068	5303325	CP	12	12/13/2023	40	115.00	USD		P160001	161311		SAP_WFRT		700001000	12/14/2023		
1600	☑	20231214	1900008072	5303890	KR	12	12/14/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	12/15/2023		
1600	☑	20231214	1900008073	5303890	KR	12	12/14/2023	40	129.98	USD		P160001	169556		SAP_WFRT		400003803	12/18/2023		
1600	☑	20231214	1900008074	5303890	KR	12	12/14/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	12/15/2023		
1600	☑	20231214	1900008076	5303890	KR	12	12/14/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	12/18/2023		
1600	☑	20231215	5000002603	5303030	WE	12	12/15/2023	81	2,915.00	USD	Contractor Services	P160001	169556		ALL3394		2111200	12/15/2023	300004430	
1600	☑	20231215	5000002607	5303030	WE	12	12/15/2023	81	9,000.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	12/15/2023	300053038	
1600	☑	20231215	5000002608	5303030	WE	12	12/15/2023	81	7,200.00	USD	Contractor Services	P160001			ALL3394	10123818	2111200	12/15/2023	300053038	
1600	☑	20231215	5000002610	5303030	WE	12	12/15/2023	81	190.80	USD	Contractor Services	P160001	164988		ALL3394		2111200	12/15/2023	300003187	
1600	☑	20231215	5000002611	5303030	WE	12	12/15/2023	81	512.09	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/15/2023	300052061	
1600	☑	20231218	1900008106	5303315	KR	12	12/18/2023	40	14,760.00	USD		P160001			SAP_WFRT	201690024	300001610	12/19/2023		
1600	☑	20231219	1900008145	5303890	KR	12	12/19/2023	40	106.50	USD		P160001	169556		SAP_WFRT		400003803	12/21/2023		
1600	☑	20231219	5000002619	5303030	WE	12	12/19/2023	81	1,442.93	USD	Contractor Services	P160001	162736		ALL3394		2111200	12/19/2023	300004231	
1600	☑	20231219	5000002620	5303030	WE	12	12/19/2023	81	11,470.58	USD	Contractor Services	P160001			ALL3394	10123818	2111200	12/19/2023	300053339	
1600	☑	20231219	5000002621	5303030	WE	12	12/19/2023	81	10,219.30	USD	Contractor Services	P160001			ALL3394	10123818	2111200	12/19/2023	300053339	
1600	☑	20231219	5100002377	5303890	RE	12	12/19/2023	40	3,635.93	USD	SALES TAX ACCRUAL ON FREIGHT	P160001	164410		MAR4916		300000300	12/19/2023		
1600	☑	20231219	5100002378	5303890	RE	12	12/19/2023	40	155.70	USD	SALES TAX ACCRUAL ON FREIGHT	P160001	164410		MAR4916		300000300	12/19/2023		
1300	☑	20231220	1900000583	5303890	CP	12	12/20/2023	40	28.50	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	12/22/2023		
1300	☑	20231220	1900000584	5303890	CP	12	12/20/2023	40	27.00	USD		P130001		KYPYMNTPROCESS	SAP_WFRT		700001000	12/22/2023		
1600	☑	20231220	1500005736	5303890	KA	12	12/20/2023	50	-1,045.65	USD		P160001	169556		MAR4916		400003962	12/22/2023		
1600	☑	20231220	1500005737	5303890	KA	12	12/20/2023	50	-1,045.65	USD		P160001	169556		MAR4916		400003962	12/22/2023		
1600	☑	20231220	1900008154	5303850	KR	12	12/20/2023	40	200.00	USD		P160001	163024		SAP_WFRT		400005387	12/20/2023		
1600	☑	20231220	1900008155	5303850	KR	12	12/20/2023	40	100.00	USD		P160001	163024		SAP_WFRT		400005387	12/20/2023		
1600	☑	20231220	1900008156	5303890	KR	12	12/20/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	12/21/2023		
1600	☑	20231220	1900008157	5303890	KR	12	12/20/2023	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	12/21/2023		
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127710	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10127237	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10126665	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127835	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10128236	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10128237	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	178.50	USD	Contractor Services	P160001			ALL3394	10128238	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002622	5303030	WE	12	12/20/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10128421	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002623	5303030	WE	12	12/20/2023	81	20,491.98	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002624	5303030	WE	12	12/20/2023	81	45,081.45	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002625	5303030	WE	12	12/20/2023	81	535.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	714.00	USD	Contractor Services	P160001			ALL3394	10127952	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10127903	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	357.00	USD	Contractor Services	P160001			ALL3394	10125074	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127951	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10127781	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10127761	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10127806	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	535.50	USD	Contractor Services	P160001			ALL3394	10126793	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002626	5303030	WE	12	12/20/2023	81	892.50	USD	Contractor Services	P160001			ALL3394	10128062	2111200	12/20/2023	300004300	
1600	☑	20231220	5000002627	5303030	WE	12	12/20/2023	81	13,851.85	USD	Contractor Services	P160001			ALL3394	10100874	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002628	5303030	WE	12	12/20/2023	81	28,450.94	USD	Contractor Services	P160001			ALL3394	10122328	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002629	5303030	WE	12	12/20/2023	81	4,400.21	USD	Contractor Services	P160001			ALL3394	10119170	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002630	5303030	WE	12	12/20/2023	81	1,941.20	USD	Contractor Services	P160001			ALL3394	10098705	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002631	5303030	WE	12	12/20/2023	81	5,594.25	USD	Contractor Services	P160001			ALL3394	10107543	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002632	5303030	WE	12	12/20/2023	81	9,718.75	USD	Contractor Services	P160001			ALL3394	10126519	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002633	5303030	WE	12	12/20/2023	81	662.22	USD	Contractor Services	P160001			ALL3394	10122329	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002634	5303030	WE	12	12/20/2023	81	213.10	USD	Contractor Services	P160001			ALL3394	10119172	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002635	5303030	WE	12	12/20/2023	81	26,858.90	USD	Contractor Services	P160001			ALL3394	10126761	2111200	12/20/2023	300004408	
1600	☑	20231220	5000002636	5303030	WE	12	12/20/2023	81	17,156.75	USD	Contractor Services	P160001			ALL3394	10126519	2111200	12/20/2023	300004408	
1600	☑	20231221	1900008100	5303325	KR	12	12/21/2023	40	1,440.00	USD		P160001	161311		SAP_WFRT		300005541	12/22/2023		
1600	☑	20231221	1900008169	5303325	CP	12	12/21/2023	40	115.00	USD		P160001	161311		SAP_WFRT		700001000	12/22/2023		
1600	☑	20231227	1900008210	5303325	KR	12	12/27/2023	40	240.00	USD		P160001	161311		SAP_WFRT		300005541	12/29/2023		
1600	☑	20231227	1900008230	5303325	CP	12	12/27/2023	40	115.00	USD		P160001	161311		SAP_WFRT		700001000	12/29/2023		
1600	☑	20231228	1900008224	5303325	KR	12	12/28/2023	40	480.00	USD		P160001	161311		SAP_WFRT		300005541	12/29/2023		
1600	☑	20231228	1900008225	5303325	KR	12	12/28/2023	40	4,600.00	USD		P160001	161311		SAP_WFRT		300005541	12/29/2023		
1600	☑	20231228	1900008227	5303325	KR	12	12/28/2023	40	1,320.00	USD		P160001	161311		SAP_WFRT		300005541	12/29/2023		
1600	☑	20231228	1900008229	5303325	CP	12	12/28/2023	40	2,645.00	USD		P160001	161311		SAP_WFRT		700001000	12/29/2023		
1600	☑	20231228	5000002642	5303030	WE	12	12/28/2023	81	9,229.00	USD	Contractor Services	P160001			ALL3394	10105469	2111200	12/28/2023	300052502	
1600	☑	20231228	5000002643	5303030	WE	12	12/28/2023	81	604.20	USD	Contractor Services	P160001	169556		ALL3394		2111200	12/28/2023	300051701	

1600	☑	20231228	5000002644	5303030	WE	12	12/28/2023	81	11,470.58	USD	Contractor Services	P160001			ALL3394	10123818	2111200	12/28/2023	300053339			
1600	☑	20231228	5100002401	5303030	RE	12	12/28/2023	40	601.64	USD	SALES TAX ACCRUAL ON FREIGHT	P160001			MAR4916	10123818	300053339	12/28/2023				
1600	☑	20231228	5100002402	5303030	RE	12	12/28/2023	40	538.70	USD	SALES TAX ACCRUAL ON FREIGHT	P160001			MAR4916	10123818	300053339	12/28/2023				
1600	☑	20240102	1900008244	5303890	KR	1	1/2/2024	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	1/2/2024				
1600	☑	20240102	1900008245	5303310	KR	1	1/2/2024	40	1,575.00	USD		P160001	169935		SAP_WFRT		400003798	1/2/2024				
1600	☑	20240102	1900008251	5303315	KR	1	1/2/2024	40	1,520.50	USD		P160001			SAP_WFRT	201690024	400003877	1/4/2024				
1600	☑	20240102	5000002650	5303030	WE	1	1/2/2024	81	2,502.83	USD	Contractor Services	P160001			ALL3394	10119174	2111200	1/2/2024	300052631			
1600	☑	20240102	5000002651	5303030	WE	1	1/2/2024	81	7,693.75	USD	Contractor Services	P160001			ALL3394	10105469	2111200	1/2/2024	300005432			
1600	☑	20240102	5000002652	5303030	WE	1	1/2/2024	81	439.90	USD	Contractor Services	P160001	169556		ALL3394		2111200	1/2/2024	300052172			
1600	☑	20240103	1900008267	5303325	KR	1	1/3/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008268	5303325	KR	1	1/3/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008270	5303325	KR	1	1/3/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008277	5303325	KR	1	1/3/2024	40	3,750.00	USD		P160001	167182		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008280	5303325	KR	1	1/3/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008282	5303325	KR	1	1/3/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008283	5303325	KR	1	1/3/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008284	5303325	KR	1	1/3/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008285	5303325	KR	1	1/3/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008286	5303325	KR	1	1/3/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008287	5303325	KR	1	1/3/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008288	5303325	KR	1	1/3/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/3/2024				
1600	☑	20240103	1900008295	5303325	KR	1	1/3/2024	40	904.40	USD		P160001	161310		SAP_WFRT		300001570	1/4/2024				
1600	☑	20240103	1900008297	5303890	KR	1	1/3/2024	40	836.52	USD		P160001	169556		SAP_WFRT		400003962	1/4/2024				
1600	☑	20240103	5000002653	5303030	WE	1	1/3/2024	81	535.50	USD	Contractor Services	P160001			ALL3394	10128295	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002653	5303030	WE	1	1/3/2024	81	714.00	USD	Contractor Services	P160001			ALL3394	10127426	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002653	5303030	WE	1	1/3/2024	81	714.00	USD	Contractor Services	P160001			ALL3394	10127535	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002653	5303030	WE	1	1/3/2024	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127986	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002653	5303030	WE	1	1/3/2024	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127183	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002653	5303030	WE	1	1/3/2024	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10127182	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002654	5303030	WE	1	1/3/2024	81	892.50	USD	Contractor Services	P160001		DISTR.8870	ALL3394		2111200	1/3/2024	300004300			
1600	☑	20240103	5000002655	5303030	WE	1	1/3/2024	81	1,284.00	USD	Contractor Services	P160001		DISTR.8940	ALL3394		2111200	1/3/2024	300004300			
1600	☑	20240103	5000002656	5303030	WE	1	1/3/2024	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10128421	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002656	5303030	WE	1	1/3/2024	81	535.50	USD	Contractor Services	P160001			ALL3394	10128236	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002656	5303030	WE	1	1/3/2024	81	535.50	USD	Contractor Services	P160001			ALL3394	10128238	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002656	5303030	WE	1	1/3/2024	81	714.00	USD	Contractor Services	P160001			ALL3394	10127730	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002656	5303030	WE	1	1/3/2024	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10127732	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002656	5303030	WE	1	1/3/2024	81	1,428.00	USD	Contractor Services	P160001			ALL3394	10128296	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002657	5303030	WE	1	1/3/2024	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10127662	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002657	5303030	WE	1	1/3/2024	81	1,606.50	USD	Contractor Services	P160001			ALL3394	10127100	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002657	5303030	WE	1	1/3/2024	81	178.50	USD	Contractor Services	P160001			ALL3394	10127043	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002658	5303030	WE	1	1/3/2024	81	1,071.00	USD	Contractor Services	P160001			ALL3394	10127662	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002658	5303030	WE	1	1/3/2024	81	892.50	USD	Contractor Services	P160001			ALL3394	10127821	2111200	1/3/2024	300004300			
1600	☑	20240103	5000002660	5303030	WE	1	1/3/2024	81	662.50	USD	Contractor Services	P160001	169964		ALL3394		2111200	1/3/2024	300050926			
1600	☑	20240104	1900008266	5303325	KR	1	1/4/2024	40	1,850.00	USD		P160001	167145		TAN4667		400017828	1/4/2024				
1600	☑	20240104	1900008315	5303890	KR	1	1/4/2024	40	1,530.00	USD		P160001	164710		SAP_WFRT		400004055	1/5/2024				
1600	☑	20240104	1900008324	5303325	CP	1	1/4/2024	40	1,150.00	USD		P160001	161311		SAP_WFRT		700001000	1/7/2024				
1600	☑	20240104	5000002661	5303030	WE	1	1/4/2024	81	6,552.00	USD	Contractor Services	P160001			ALL3394	10099955	2111200	1/4/2024	300004287			
1600	☑	20240104	5000002662	5303030	WE	1	1/4/2024	81	2,184.00	USD	Contractor Services	P160001			ALL3394	10128611	2111200	1/4/2024	300004548			
1600	☑	20240104	5000002663	5303030	WE	1	1/4/2024	81	3,433.34	USD	Contractor Services	P160001	169556		ALL3394		2111200	1/4/2024	300005733			
1600	☑	20240109	5000002667	5303030	WE	1	1/9/2024	81	892.50	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	1/9/2024	300004300			
1600	☑	20240109	5000002668	5303030	WE	1	1/9/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10128323	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002668	5303030	WE	1	1/9/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10128587	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002668	5303030	WE	1	1/9/2024	81	535.50	USD	Contractor Services	P160001			BRE2957	10127324	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002668	5303030	WE	1	1/9/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10127043	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002668	5303030	WE	1	1/9/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10128265	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002668	5303030	WE	1	1/9/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10128584	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002669	5303030	WE	1	1/9/2024	81	714.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	1/9/2024	300004300			
1600	☑	20240109	5000002669	5303030	WE	1	1/9/2024	81	1,963.50	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	1/9/2024	300004300			
1600	☑	20240109	5000002670	5303030	WE	1	1/9/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10127873	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002670	5303030	WE	1	1/9/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10125532	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002670	5303030	WE	1	1/9/2024	81	892.50	USD	Contractor Services	P160001			BRE2957	10128891	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002671	5303030	WE	1	1/9/2024	81	45,229.09	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/9/2024	300004300			
1600	☑	20240109	5000002672	5303030	WE	1	1/9/2024	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	1/9/2024	300003187			
1600	☑	20240109	5000002675	5303030	WE	1	1/9/2024	81	101,127.46	USD	Contractor Services	P160001			BRE2957	10118323	2111200	1/9/2024	300004248			
1600	☑	20240110	1900008361	5303890	KR	1	1/10/2024	40	990.55	USD		P160001	169556		SAP_WFRT		400001675	1/11/2024				
1300	☑	20240111	1900000585	5303890	KR	1	1/11/2024	40	1,535.00	USD		P130001	130002		TAN4667	133800KPIKE	400004082	1/11/2024				
1600	☑	20240111	1900008372	5303325	KR	1	1/11/2024	40	507.85	USD		P160001	167182		SAP_WFRT		400017828	1/11/2024				
1600	☑	20240111	1900008373	5303325	KR	1	1/11/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/11/2024				
1600	☑	20240111	1900008374	5303325	KR	1	1/11/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/11/2024				
1600	☑	20240111	5000002684	5303320	WE	1	1/11/2024	81	4,500.00	USD	Training	P160001	169103		BRE2957		2111200	1/11/2024	300005772			
1600	☑	20240111	5000002685	5303320	WE	1	1/11/2024	81	4,500.00	USD	Training	P160001	169103		BRE2957		2111200	1/11/2024	300005772			
1600	☑	20240111	5000002686	5303320	WE	1	1/11/2024	81	4,500.00	USD	Training	P160001	169103		BRE2957		2111200	1/11/2024	300005772			
1600	☑	20240111	5000002687	5303030	WE	1	1/11/2024	81	132,500.00	USD	Contractor Services	P160001			BRE2957	10122970	2111200	1/11/2024	300003725			
1600	☑	20240116	1900008388	5303890	KR	1	1/16/2024	40	836.52	USD		P160001	169556		SAP_WFRT		400003962	1/17/2024				
1600	☑	20240116	1900008398	5303325	KR	1	1/16/2024	40	5,895.00	USD		P160001	161316		SAP_WFRT		300001610	1/17/2024				
1600	☑	20240116	1900008399	5303325	KR	1	1/16/2024	40	4,612.50	USD		P160001	167029		SAP_WFRT		300001610	1/17/2024				
1600	☑	20240116	1900008400	5303325	KR	1	1/16/2024	40	3,960.00	USD		P160001	164410		SAP_WFRT		300001610	1/17/2024				
1600	☑	20240116	5000002690	5303030	WE	1	1/16/2024	81	954.19	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/16/2024	300052061			
1600	☑	20240116	5000002691	5303030	WE	1	1/16/2024	81	979.71	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/16/2024	300052061			
1600	☑	20240116	5000002692	5303030	WE	1	1/16/2024	81	488.81	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/16/2024	300052061			

1600	☑	20240116	5000002693	5303030	WE	1	1/16/2024	81	4,852.24	USD	Contractor Services	P160001	162736		BRE2957		2111200	1/16/2024	300004231	
1600	☑	20240116	5000002694	5303030	WE	1	1/16/2024	81	59,403.02	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002695	5303030	WE	1	1/16/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10128894	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002695	5303030	WE	1	1/16/2024	81	178.50	USD	Contractor Services	P160001			BRE2957	10129382	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002695	5303030	WE	1	1/16/2024	81	1,249.50	USD	Contractor Services	P160001			BRE2957	10129383	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002695	5303030	WE	1	1/16/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10129312	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002696	5303030	WE	1	1/16/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10129462	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002696	5303030	WE	1	1/16/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10129298	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002696	5303030	WE	1	1/16/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10128645	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002696	5303030	WE	1	1/16/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10129460	2111200	1/16/2024	300004300	
1600	☑	20240116	5000002696	5303030	WE	1	1/16/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10129461	2111200	1/16/2024	300004300	
1600	☑	20240117	1900008432	5303890	KR	1	1/17/2024	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	1/18/2024		
1600	☑	20240117	5000002701	5303030	WE	1	1/17/2024	81	488.81	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/17/2024	300052061	
1600	☑	20240118	1900008433	5303890	KR	1	1/18/2024	40	139.42	USD		P160001	169556		SAP_WFRT		400003803	1/18/2024		
1600	☑	20240119	1900008443	5303890	KR	1	1/19/2024	40	83.32	USD		P160001	169556		SAP_WFRT		400003803	1/22/2024		
1600	☑	20240122	1900008444	5303325	KR	1	1/22/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/22/2024		
1600	☑	20240122	1900008445	5303325	KR	1	1/22/2024	40	141.60	USD		P160001	167182		SAP_WFRT		400017828	1/22/2024		
1600	☑	20240122	1900008446	5303325	KR	1	1/22/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/22/2024		
1600	☑	20240122	1900008448	5303325	KR	1	1/22/2024	40	2,090.00	USD		P160001	164410		SAP_WFRT		300001610	1/23/2024		
1600	☑	20240122	1900008449	5303325	KR	1	1/22/2024	40	6,750.00	USD		P160001	161316		SAP_WFRT		300001610	1/23/2024		
1600	☑	20240122	1900008450	5303325	KR	1	1/22/2024	40	5,737.50	USD		P160001	167029		SAP_WFRT		300001610	1/23/2024		
1300	☑	20240123	1900000608	5303890	KR	1	1/23/2024	40	1,535.00	USD		P130001	130002		SAP_WFRT	133800KPIKE	400004082	1/24/2024		
1600	☑	20240123	5000002705	5303030	WE	1	1/23/2024	81	2,915.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	1/23/2024	300004430	
1600	☑	20240123	5000002709	5303030	WE	1	1/23/2024	81	422.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	1/23/2024	300004179	
1600	☑	20240123	5000002712	5303030	WE	1	1/23/2024	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	1/23/2024	300003187	
1600	☑	20240123	5000002713	5303030	WE	1	1/23/2024	81	101,419.11	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/23/2024	300004300	
1600	☑	20240123	5000002714	5303890	WE	1	1/23/2024	81	14,062.62	USD		P160001			CHR4433	169700DMTR	2111200	1/23/2024	300003725	
1600	☑	20240123	5000002717	5303320	WE	1	1/23/2024	81	2,800.00	USD	Training	P160001	167182		BRE2957		2111200	1/23/2024	300004210	
1600	☑	20240123	5000002719	5303030	WE	1	1/23/2024	81	16,796.23	USD	Contractor Services	P160001			BRE2957	10102046	2111200	1/23/2024	300050995	
1600	☑	20240123	5000002721	5303030	WE	1	1/23/2024	81	1,067.15	USD	Contractor Services	P160001	169556		BRE2957		2111200	1/23/2024	300004291	
1600	☑	20240123	5000002722	5303030	WE	1	1/23/2024	81	6,024.57	USD	Contractor Services	P160001	162736		BRE2957		2111200	1/23/2024	300004231	
1600	☑	20240123	5000002723	5303030	WE	1	1/23/2024	81	34,000.00	USD	Contractor Services	P160001			BRE2957	10122970	2111200	1/23/2024	300003725	
1600	☑	20240123	5000002724	5303030	WE	1	1/23/2024	81	9,623.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	1/23/2024	300005003	
1600	☑	20240124	1900008469	5303315	KR	1	1/24/2024	40	1,720.00	USD		P160001			SAP_WFRT	201690013	300004218	1/26/2024		
1600	☑	20240124	1900008471	5303310	KR	1	1/24/2024	40	1,852.50	USD		P160001		DEL.CM.STORINT	SAP_WFRT		300004191	1/25/2024		
1600	☑	20240124	1900008473	5303325	KR	1	1/24/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008474	5303325	KR	1	1/24/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008475	5303325	KR	1	1/24/2024	40	480.00	USD		P160001	161311		SAP_WFRT		300005541	1/26/2024		
1600	☑	20240124	1900008476	5303325	KR	1	1/24/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008481	5303325	KR	1	1/24/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008482	5303325	KR	1	1/24/2024	40	83.92	USD		P160001	169104		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008483	5303325	KR	1	1/24/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008485	5303325	KR	1	1/24/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008486	5303325	KR	1	1/24/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008487	5303325	KR	1	1/24/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008488	5303325	KR	1	1/24/2024	40	2,450.00	USD		P160001	167145		SAP_WFRT		400017828	1/24/2024		
1600	☑	20240124	1900008490	5303315	KR	1	1/24/2024	40	11,340.00	USD		P160001			SAP_WFRT	201690024	300001610	1/29/2024		
1600	☑	20240124	1900008496	5303310	KR	1	1/24/2024	40	1,575.00	USD		P160001	169935		SAP_WFRT		400003798	1/26/2024		
1600	☑	20240124	1900008499	5303325	KR	1	1/24/2024	40	41.96	USD		P160001	169964		SAP_WFRT		400017828	1/25/2024		
1600	☑	20240125	1900008525	5303890	KR	1	1/25/2024	40	836.52	USD		P160001	169556		SAP_WFRT		400003962	1/26/2024		
1600	☑	20240130	1900008566	5303325	KR	1	1/30/2024	40	468.78	USD		P160001	167182		SAP_WFRT		400017828	1/30/2024		
1600	☑	20240130	1900008567	5303325	KR	1	1/30/2024	40	1,750.00	USD		P160001	167145		SAP_WFRT		400017828	1/30/2024		
1600	☑	20240130	1900008568	5303325	KR	1	1/30/2024	40	201.72	USD		P160001	162737		SAP_WFRT		400017828	1/30/2024		
1600	☑	20240130	1900008569	5303325	KR	1	1/30/2024	40	41.96	USD		P160001	169104		SAP_WFRT		400017828	1/30/2024		
1600	☑	20240130	1900008570	5303325	KR	1	1/30/2024	40	507.85	USD		P160001	167182		SAP_WFRT		400017828	1/30/2024		
1600	☑	20240130	1900008592	5303325	KR	1	1/30/2024	40	212.80	USD		P160001	161310		SAP_WFRT		300001570	1/31/2024		
1600	☑	20240130	5000002729	5303030	WE	1	1/30/2024	81	497.87	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/30/2024	300052061	
1600	☑	20240130	5000002730	5303030	WE	1	1/30/2024	81	44,976.64	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/30/2024	300004300	
1600	☑	20240130	5000002731	5303030	WE	1	1/30/2024	81	588.42	USD	Contractor Services	P160001	169556		BRE2957		2111200	1/30/2024	300004291	
1600	☑	20240130	5000002732	5303030	WE	1	1/30/2024	81	7,000.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	1/30/2024	300005003	
1600	☑	20240130	5000002733	5303030	WE	1	1/30/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10129355	2111200	1/30/2024	300004300	
1600	☑	20240131	5000002734	5303030	WE	1	1/31/2024	81	469.69	USD	Contractor Services	P160001			BRE2957	10107543	2111200	1/31/2024	300052061	
1600	☑	20240131	5000002736	5303030	WE	1	1/31/2024	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	1/31/2024	300003187	
1600	☑	20240131	5000002737	5303030	WE	1	1/31/2024	81	2,400.00	USD	Contractor Services	P160001	165103		BRE2957		2111200	1/31/2024	300004234	
1600	☑	20240131	5000002738	5303030	WE	1	1/31/2024	81	2,984.50	USD	Contractor Services	P160001			BRE2957	10098705	2111200	1/31/2024	300004408	
1600	☑	20240131	5000002739	5303030	WE	1	1/31/2024	81	171.75	USD	Contractor Services	P160001			BRE2957	10115866	2111200	1/31/2024	300004408	
1600	☑	20240131	5000002740	5303030	WE	1	1/31/2024	81	439.90	USD	Contractor Services	P160001	169556		BRE2957		2111200	1/31/2024	300052172	
1600	☑	20240131	5000002741	5303030	WE	1	1/31/2024	81	20,630.50	USD	Contractor Services	P160001			BRE2957	10100874	2111200	1/31/2024	300004408	
1600	☑	20240131	5000002742	5303030	WE	1	1/31/2024	81	28,422.13	USD	Contractor Services	P160001			BRE2957	10122328	2111200	1/31/2024	300004408	
1600	☑	20240131	5000002743	5303030	WE	1	1/31/2024	81	2,172.04	USD	Contractor Services	P160001			BRE2957	10119174	2111200	1/31/2024	300052631	
1600	☑	20240131	5000002744	5303030	WE	1	1/31/2024	81	989.08	USD	Contractor Services	P160001			BRE2957	10119172	2111200	1/31/2024	300052631	
1600	☑	20240131	5000002745	5303030	WE	1	1/31/2024	81	9,974.85	USD	Contractor Services	P160001			BRE2957	10126761	2111200	1/31/2024	300004408	
1600	☑	20240131	5000002746	5303030	WE	1	1/31/2024	81	23,808.33	USD	Contractor Services	P160001			BRE2957	10126519	2111200	1/31/2024	300004408	
1600	☑	20240131	5000002747	5303030	WE	1	1/31/2024	81	17,884.65	USD	Contractor Services	P160001			BRE2957	10119173	2111200	1/31/2024	300004408	
1600	☑	20240201	5000002748	5303320	WE	2	2/1/2024	81	6,325.00	USD		P160001	169524		BRE2957		2111200	2/1/2024	300004162	
1600	☑	20240202	1900008602	5303890	KR	2	2/2/2024	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	2/2/2024		
1600	☑	20240202	5000002751	5303030	WE	2	2/2/2024	81	6,963.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	2/2/2024	300052502	
1600	☑	20240202	5000002752	5303030	WE	2	2/2/2024	81	2,915.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	2/2/2024	300004430	
1600	☑	20240202	5100002507	5303320	RE	2	2/2/2024	91	-575.00	USD		P160001	169524		MAR4916		2111200	2/2/2024		
1600	☑	20240205	1900008640	5303850	KR	2	2/5/2024	40	200.00	USD		P160001	163024		SAP_WFRT		400005387	2/6/2024		

1600	☑	20240205	1900008641	5303850	KR	2	2/5/2024	40	100.00	USD		P160001	163024	SAP_WFRT		400005387	2/6/2024			
1600	☑	20240205	5000002758	5303890	WE	2	2/5/2024	81	2,368.80	USD		P160001		CHR4433	169700DREG	2111200	2/5/2024	300001155		
1600	☑	20240206	1900008644	5303890	KR	2	2/6/2024	40	680.30	USD		P160001	169556	SAP_WFRT		400001675	2/8/2024			
1600	☑	20240206	5000002764	5303030	WE	2	2/6/2024	81	530.00	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/6/2024	300050926		
1600	☑	20240206	5000002765	5303030	WE	2	2/6/2024	81	362.00	USD	Contractor Services	P160001	169556	BRE2957		2111200	2/6/2024	300004179		
1600	☑	20240206	5000002766	5303030	WE	2	2/6/2024	81	6,665.00	USD	Contractor Services	P160001	169556	BRE2957		2111200	2/6/2024	300004291		
1600	☑	20240206	5000002767	5303030	WE	2	2/6/2024	81	4,080.00	USD	Contractor Services	P160001	169556	BRE2957		2111200	2/6/2024	300004179		
1600	☑	20240207	1900008655	5303325	KR	2	2/7/2024	40	240.00	USD		P160001	161311	SAP_WFRT		300005541	2/7/2024			
1600	☑	20240207	1900008656	5303325	CP	2	2/7/2024	40	345.00	USD		P160001	161311	SAP_WFRT		700001000	2/7/2024			
1600	☑	20240207	5000002769	5303030	WE	2	2/7/2024	81	190.80	USD	Contractor Services	P160001	164988	BRE2957		2111200	2/7/2024	300003187		
1600	☑	20240207	5100002524	5303890	RE	2	2/7/2024	40	158.65	USD	FREIGHT PAID ON INVOICE	P160001		WEN3310	169700DREG	300001155	2/7/2024			
1600	☑	20240207	5100002524	5303890	RE	2	2/7/2024	40	151.65	USD	SALES TAX ACCRUAL	P160001		WEN3310	169700DREG	300001155	2/7/2024			
1600	☑	20240208	1900008664	5303325	KR	2	2/8/2024	40	550.00	USD		P160001		SAP_WFRT	10107543	400017828	2/13/2024			
1600	☑	20240208	1900008669	5303890	KR	2	2/8/2024	40	1,045.65	USD		P160001	169556	SAP_WFRT		400003962	2/9/2024			
1600	☑	20240208	1900008675	5303325	KR	2	2/8/2024	40	201.72	USD		P160001	162737	SAP_WFRT		400017828	2/8/2024			
1600	☑	20240208	1900008678	5303325	KR	2	2/8/2024	40	201.72	USD		P160001	162737	SAP_WFRT		400017828	2/8/2024			
1600	☑	20240208	1900008683	5303890	KR	2	2/8/2024	40	1,530.00	USD		P160001	164710	SAP_WFRT		400004055	2/12/2024			
1600	☑	20240208	5000002770	5303030	WE	2	2/8/2024	81	225.00	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/8/2024	300005071		
1600	☑	20240208	5000002771	5303030	WE	2	2/8/2024	81	273.62	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/8/2024	300005071		
1600	☑	20240208	5000002772	5303030	WE	2	2/8/2024	81	208.31	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/8/2024	300005071		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	1,428.00	USD	Contractor Services	P160001		BRE2957	10129355	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	535.50	USD	Contractor Services	P160001		BRE2957	10129470	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	892.50	USD	Contractor Services	P160001		BRE2957	10129006	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	1,071.00	USD	Contractor Services	P160001		BRE2957	10129321	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	892.50	USD	Contractor Services	P160001		BRE2957	10128913	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	892.50	USD	Contractor Services	P160001		BRE2957	10128677	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	535.50	USD	Contractor Services	P160001		BRE2957	10127662	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002773	5303030	WE	2	2/8/2024	81	892.50	USD	Contractor Services	P160001		BRE2957	10129765	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	892.50	USD	Contractor Services	P160001		BRE2957	10129387	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	535.50	USD	Contractor Services	P160001		BRE2957	10129699	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10129312	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10129313	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	1,428.00	USD	Contractor Services	P160001		BRE2957	10127951	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10129664	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	1,428.00	USD	Contractor Services	P160001		BRE2957	10129947	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002774	5303030	WE	2	2/8/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10130293	2111200	2/8/2024	300004300		
1600	☑	20240208	5000002775	5303030	WE	2	2/8/2024	81	67,116.51	USD	Contractor Services	P160001		BRE2957	10107543	2111200	2/8/2024	300004300		
1600	☑	20240208	1500006412	5303325	KA	2	2/12/2024	50	-201.72	USD		P160001	162737	MAR4916		400017828	2/12/2024			
1600	☑	20240208	1500006413	5303325	KA	2	2/12/2024	50	-201.72	USD		P160001	162737	MAR4916		400017828	2/12/2024			
1600	☑	20240212	1900008712	5303890	KR	2	2/12/2024	40	1,045.65	USD		P160001	169556	SAP_WFRT		400003962	2/13/2024			
1600	☑	20240212	5000002782	5303030	WE	2	2/12/2024	81	273.62	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/12/2024	300005071		
1600	☑	20240212	5000002783	5303030	WE	2	2/12/2024	91	-273.62	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/12/2024	300005071		
1600	☑	20240212	5000002784	5303030	WE	2	2/12/2024	81	273.62	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/12/2024	300005071		
1600	☑	20240212	5000002786	5303030	WE	2	2/12/2024	81	363.13	USD	Contractor Services	P160001	169964	BRE2957		2111200	2/12/2024	300005071		
1600	☑	20240213	5000002788	5303030	WE	2	2/13/2024	81	3,566.97	USD	Contractor Services	P160001	162736	BRE2957		2111200	2/13/2024	300004231		
1600	☑	20240213	5000002789	5303030	WE	2	2/13/2024	81	3,789.30	USD	Contractor Services	P160001	167029	BRE2957		2111200	2/13/2024	300004324		
1600	☑	20240213	5000002790	5303030	WE	2	2/13/2024	81	2,047.59	USD	Contractor Services	P160001		BRE2957	10119172	2111200	2/13/2024	300052631		
1600	☑	20240213	5000002791	5303030	WE	2	2/13/2024	81	1,074.89	USD	Contractor Services	P160001		BRE2957	10119174	2111200	2/13/2024	300052631		
1600	☑	20240213	5000002792	5303030	WE	2	2/13/2024	81	100,769.63	USD	Contractor Services	P160001		BRE2957	10107543	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002793	5303030	WE	2	2/13/2024	81	1,428.00	USD	Contractor Services	P160001	DISTR.8870	BRE2957		2111200	2/13/2024	300004300		
1600	☑	20240213	5000002794	5303030	WE	2	2/13/2024	91	-1,428.00	USD	Contractor Services	P160001	DISTR.8870	BRE2957		2111200	2/13/2024	300004300		
1600	☑	20240213	5000002795	5303030	WE	2	2/13/2024	81	1,428.00	USD	Contractor Services	P160001	DISTR.8870	BRE2957		2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10130021	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10130022	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10127662	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10129321	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	1,071.00	USD	Contractor Services	P160001		BRE2957	10128908	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	1,071.00	USD	Contractor Services	P160001		BRE2957	10129610	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002796	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10129506	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002797	5303030	WE	2	2/13/2024	81	803.25	USD	Contractor Services	P160001	DISTR.8870	BRE2957		2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	624.75	USD	Contractor Services	P160001		BRE2957	10130293	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	1,428.00	USD	Contractor Services	P160001		BRE2957	10129362	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	1,428.00	USD	Contractor Services	P160001		BRE2957	10130024	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10130308	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	714.00	USD	Contractor Services	P160001		BRE2957	10130307	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	1,071.00	USD	Contractor Services	P160001		BRE2957	10130309	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002798	5303030	WE	2	2/13/2024	81	357.00	USD	Contractor Services	P160001		BRE2957	10130491	2111200	2/13/2024	300004300		
1600	☑	20240213	5000002799	5303030	WE	2	2/13/2024	81	968.50	USD	Contractor Services	P160001	162737	BRE2957		2111200	2/13/2024	300051877		
1600	☑	20240213	5100002542	5303890	RE	2	2/13/2024	40	47.97	USD	TAX PAID ON INVOICE	P160001		WEN3310	169700DREG	400003789	2/13/2024			
1600	☑	20240213	5100002542	5303890	RE	2	2/13/2024	40	9.48	USD	FREIGHT PAID ON INVOICE	P160001		WEN3310	169700DREG	400003789	2/13/2024			
1600	☑	20240214	1900008733	5303030	KR	2	2/14/2024	40	388.75	USD		P160001		SAP_WFRT	10105469	300004548	2/16/2024			
1600	☑	20240214	1900008734	5303030	KR	2	2/14/2024	40	109.00	USD		P160001		SAP_WFRT	10105469	ONETIME	2/16/2024			
1600	☑	20240215	1900008741	5303325	KR	2	2/15/2024	40	1,620.00	USD		P160001	161311	SAP_WFRT		300005541	2/20/2024			
1600	☑	20240215	1900008743	5303325	KR	2	2/15/2024	40	2,000.00	USD		P160001		SAP_WFRT	10117806	400017828	2/22/2024			
1600	☑	20240215	1900008744	5303325	KR	2	2/15/2024	40	400.00	USD		P160001		SAP_WFRT	10107543	400017828	2/22/2024			
1600	☑	20240215	1900008750	5303890	KR	2	2/15/2024	40	227.79	USD		P160001	169556	SAP_WFRT		400003803	2/16/2024			
1600	☑	20240216	1900008755	5303890	KR	2	2/16/2024	40	1,045.65	USD		P160001	169556	SAP_WFRT		400003962	2/16/2024			
1600	☑	20240220	1900008784	5303890	KR	2	2/20/2024	40	97.06	USD		P160001	169556	SAP_WFRT		400003803	2/22/2024			
1600	☑	20240221	1900008810	5303325	KR	2	2/21/2024	40	480.00	USD		P160001	161311	SAP_WFRT		300005541	2/22/2024			
1600	☑	20240221	1900008823	5303325	CP	2	2/21/2024	40	920.00	USD		P160001	161311	SAP_WFRT		700001000	2/22/2024			

1600	☑	20240222	1900008813		5303890	KR	2	2/22/2024	40	1,045.65	USD		P160001	169556		SAP_WFRT		400003962	2/22/2024	
1300	☑	20240223	1900000629		5303890	KR	2	2/23/2024	40	1,535.00	USD		P130001	130002		JEF5089	133800KPIKE	400004082	2/23/2024	
1300	☑	20240223	1900000630		5303890	KR	2	2/23/2024	40	1,535.00	USD		P130001	130002		JEF5089	133800KPIKE	400004082	2/23/2024	
1600	☑	20240226	5000002807		5303030	WE	2	2/26/2024	81	195.85	USD	Contractor Services	P160001	169964		BRE2957		2111200	2/26/2024	300005071
1600	☑	20240226	5000002808		5303320	WE	2	2/26/2024	81	1,190.00	USD	Training	P160001	167182		BRE2957		2111200	2/26/2024	300004366
1600	☑	20240226	5000002809		5303320	WE	2	2/26/2024	81	1,360.00	USD	Training	P160001	167182		BRE2957		2111200	2/26/2024	300004366
1600	☑	20240226	5000002810		5303320	WE	2	2/26/2024	81	1,965.00	USD	Training	P160001	167182		BRE2957		2111200	2/26/2024	300004366
1600	☑	20240226	5000002811		5303320	WE	2	2/26/2024	81	2,080.00	USD	Training	P160001	167182		BRE2957		2111200	2/26/2024	300004366
1600	☑	20240226	5000002812		5303030	WE	2	2/26/2024	81	479.45	USD	Contractor Services	P160001			BRE2957	10107543	2111200	2/26/2024	300052061
1600	☑	20240226	5000002813		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	2/26/2024	300004300
1600	☑	20240226	5000002814		5303030	WE	2	2/26/2024	81	1,606.50	USD	Contractor Services	P160001			BRE2957	10129213	2111200	2/26/2024	300004300
1600	☑	20240226	5000002814		5303030	WE	2	2/26/2024	81	1,195.50	USD	Contractor Services	P160001			BRE2957	10127756	2111200	2/26/2024	300004300
1600	☑	20240226	5000002814		5303030	WE	2	2/26/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10128946	2111200	2/26/2024	300004300
1600	☑	20240226	5000002814		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130082	2111200	2/26/2024	300004300
1600	☑	20240226	5000002814		5303030	WE	2	2/26/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10130032	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	892.50	USD	Contractor Services	P160001			BRE2957	10129930	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	535.50	USD	Contractor Services	P160001			BRE2957	10129876	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10127733	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10129875	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130507	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10128616	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130414	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130613	2111200	2/26/2024	300004300
1600	☑	20240226	5000002815		5303030	WE	2	2/26/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10130575	2111200	2/26/2024	300004300
1600	☑	20240226	5000002816		5303030	WE	2	2/26/2024	81	190.80	USD	Contractor Services	P160001	164988		BRE2957		2111200	2/26/2024	300003187
1600	☑	20240226	5000002817		5303030	WE	2	2/26/2024	81	1,921.15	USD	Contractor Services	P160001			BRE2957	10107543	2111200	2/26/2024	300052061
1600	☑	20240226	5000002818		5303030	WE	2	2/26/2024	81	443.73	USD	Contractor Services	P160001			BRE2957	10107543	2111200	2/26/2024	300052061
1600	☑	20240226	5000002819		5303030	WE	2	2/26/2024	81	4,185.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	2/26/2024	300052502
1600	☑	20240226	5000002820		5303030	WE	2	2/26/2024	81	310.00	USD	Contractor Services	P160001	169964		BRE2957		2111200	2/26/2024	300005071
1600	☑	20240227	5000002823		5303030	WE	2	2/27/2024	81	45,470.07	USD	Contractor Services	P160001			BRE2957	10107543	2111200	2/27/2024	300004300
1600	☑	20240227	5000002826		5303030	WE	2	2/27/2024	81	2,915.00	USD	Contractor Services	P160001	169556		BRE2957		2111200	2/27/2024	300004430
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	1,428.00	USD	Contractor Services	P160001			BRE2957	10130695	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	535.50	USD	Contractor Services	P160001			BRE2957	10130580	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10131061	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130580	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10130641	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	357.00	USD	Contractor Services	P160001			BRE2957	10130221	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	357.00	USD	Contractor Services	P160001			BRE2957	10123403	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	357.00	USD	Contractor Services	P160001			BRE2957	10123406	2111200	2/27/2024	300004300
1600	☑	20240227	5000002827		5303030	WE	2	2/27/2024	81	357.00	USD	Contractor Services	P160001			BRE2957	10131035	2111200	2/27/2024	300004300
1600	☑	20240227	5000002828		5303030	WE	2	2/27/2024	81	892.50	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	2/27/2024	300004300
1600	☑	20240227	5000002828		5303030	WE	2	2/27/2024	81	357.00	USD	Contractor Services	P160001		DISTR.8940	BRE2957		2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	357.00	USD	Contractor Services	P160001			BRE2957	10130663	2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	1,071.00	USD	Contractor Services	P160001			BRE2957	10130435	2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	803.25	USD	Contractor Services	P160001			BRE2957	10129764	2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	624.75	USD	Contractor Services	P160001			BRE2957	10129765	2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130434	2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130432	2111200	2/27/2024	300004300
1600	☑	20240227	5000002829		5303030	WE	2	2/27/2024	81	714.00	USD	Contractor Services	P160001			BRE2957	10130433	2111200	2/27/2024	300004300
1600	☑	20240227	5000002830		5303030	WE	2	2/27/2024	81	714.00	USD	Contractor Services	P160001		DISTR.8870	BRE2957		2111200	2/27/2024	300004300
1600	☑	20240227	5000002831		5303030	WE	2	2/27/2024	81	39,704.26	USD	Contractor Services	P160001			BRE2957	10107543	2111200	2/27/2024	300004300
1600	☑	20240227	5000002832		5303030	WE	2	2/27/2024	81	11,625.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	2/27/2024	300005432
1600	☑	20240227	5100002572		5303890	RE	2	2/27/2024	40	192.11	USD		P160001			CHR4668	169700DREG	300000079	2/27/2024	
1600	☑	20240228	1900008874		5303325	KR	2	2/28/2024	40	1,920.00	USD		P160001	161311		SAP_WFRT		300005541	2/29/2024	
1600	☑	20240228	3300000069		5303890	RU	2	2/28/2024	50	-192.11	USD		P160001			MAR4916	169700DREG	300000079	2/28/2024	
1600	☑	20240228	5000002833		5303030	WE	2	2/28/2024	81	1,700.00	USD	Contractor Services	P160001		DEL.CM.STORPURIF	BRE2957		2111200	2/28/2024	300053592
1600	☑	20240228	5000002834		5303030	WE	2	2/28/2024	81	1,200.00	USD	Contractor Services	P160001		DEL.CM.STORPURIF	BRE2957		2111200	2/28/2024	300053592
1600	☑	20240228	5000002835		5303030	WE	2	2/28/2024	81	2,400.00	USD	Contractor Services	P160001		DEL.CM.STORPURIF	BRE2957		2111200	2/28/2024	300053592
1600	☑	20240228	5000002836		5303030	WE	2	2/28/2024	81	2,300.00	USD	Contractor Services	P160001			BRE2957	10105469	2111200	2/28/2024	300053555
1600	☑	20240228	5000002837		5303030	WE	2	2/28/2024	81	3,045.00	USD	Contractor Services	P160001			BRE2957	10131214	2111200	2/28/2024	300004408
1600	☑	20240228	5000002838		5303030	WE	2	2/28/2024	81	28,599.28	USD	Contractor Services	P160001			BRE2957	10122328	2111200	2/28/2024	300004408
1600	☑	20240228	5000002839		5303030	WE	2	2/28/2024	81	1,204.18	USD	Contractor Services	P160001			BRE2957	10122329	2111200	2/28/2024	300004408
1600	☑	20240228	5000002840		5303030	WE	2	2/28/2024	81	53,428.00	USD	Contractor Services	P160001			BRE2957	10100874	2111200	2/28/2024	300004408
1600	☑	20240228	5000002841		5303030	WE	2	2/28/2024	81	2,465.60	USD	Contractor Services	P160001			BRE2957	10098705	2111200	2/28/2024	300004408
1600	☑	20240228	5000002842		5303030	WE	2	2/28/2024	81	1,125.80	USD	Contractor Services	P160001			BRE2957	10119173	2111200	2/28/2024	300004408
1600	☑	20240228	5000002843		5303030	WE	2	2/28/2024	81	11,389.55	USD	Contractor Services	P160001			BRE2957	10126519	2111200	2/28/2024	300004408
1600	☑	20240228	5000002844		5303030	WE	2	2/28/2024	81	3,029.10	USD	Contractor Services	P160001			BRE2957	10126761	2111200	2/28/2024	300004408
1600	☑	20240229	5100002601		5303890	RE	2	2/29/2024	40	236.46	USD	SALES TAX ACCRUAL	P160001			MAR4916	169700DREG	300000079	2/29/2024	
1600	☑	20240229	5100002601		5303890	RE	2	2/29/2024	40	5.76	USD	sales tax accrual on freight	P160001			MAR4916	169700DREG	300000079	2/29/2024	
1600	☑	20240229	5100002601		5303890	RE	2	2/29/2024	40	4.81	USD	FREIGHT PAID ON INVOIVE	P160001			MAR4916	169700DREG	300000079	2/29/2024	
1600	☑	23-0220-RG	2200000335	1600 -AP ACCRUAL	5303310	AC	2	2/29/2024	40	3,500.00	USD	Gabbert Consulting Co LLC	P160001	164410		RFC_USER_BL		2111910	3/14/2024	
1600	☑	230131	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	24,670.00	USD	MARTIN CONTRACTING	P160001			RFC_USER_BL	10117806	2199900	10/4/2023	
1600	☑	230131	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-24,670.00	USD	MARTIN CONTRACTING	P160001			ZAC4980	10117806	2199900	10/6/2023	
1600	☑	230139	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	714.00	USD	MARTIN CONTRACTING	P160001			RFC_USER_BL	10122822	2199900	10/4/2023	
1600	☑	230139	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,071.00	USD	MARTIN CONTRACTING	P160001			RFC_USER_BL	10125294	2199900	10/4/2023	
1600	☑	230139	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-714.00	USD	MARTIN CONTRACTING	P160001			ZAC4980	10122822	2199900	10/6/2023	
1600	☑	230139	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,071.00	USD	MARTIN CONTRACTING	P160001			ZAC4980	10125294	2199900	10/6/2023	
1600	☑	230140	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	650.00	USD	MARTIN CONTRACTING	P160001		CONST.8870	RFC_USER_BL		2199900	10/4/2023	
1600	☑	230140	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-650.00	USD	MARTIN CONTRACTING	P160001		CONST.8870	ZAC4980		2199900	10/6/2023	
1600	☑	230292	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	13,440.00	USD	Martin Contracting	P160001			RFC_USER_BL	10100664	2111910	5/2/2023	

1600	☑	230292	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-13,440.00	USD	Martin Contracting	P160001		ANG4010	10100664	2111910	5/5/2023
1600	☑	230293	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	16,533.00	USD	Martin Contracting	P160001		RFC_USER_BL	10099955	2111910	5/2/2023
1600	☑	230293	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-16,533.00	USD	Martin Contracting	P160001		ANG4010	10099955	2111910	5/5/2023
1600	☑	230294	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	13,440.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100664	2111910	5/2/2023
1600	☑	230294	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-13,440.00	USD	Martin Contracting	P160001		ANG4010	10100664	2111910	5/5/2023
1600	☑	230295	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	13,440.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100664	2111910	5/2/2023
1600	☑	230295	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-13,440.00	USD	Martin Contracting	P160001		ANG4010	10100664	2111910	5/5/2023
1600	☑	230296	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	5,484.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100663	2111910	5/2/2023
1600	☑	230296	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	2,688.00	USD	Martin Contracting	P160001		RFC_USER_BL	10118289	2111910	5/2/2023
1600	☑	230296	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,344.00	USD	Martin Contracting	P160001		RFC_USER_BL	10118287	2111910	5/2/2023
1600	☑	230296	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,344.00	USD	Martin Contracting	P160001		RFC_USER_BL	10118286	2111910	5/2/2023
1600	☑	230296	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,344.00	USD	Martin Contracting	P160001		RFC_USER_BL	10118119	2111910	5/2/2023
1600	☑	230296	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,344.00	USD	Martin Contracting	P160001		RFC_USER_BL	10118200	2111910	5/2/2023
1600	☑	230296	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-5,484.00	USD	Martin Contracting	P160001		ANG4010	10100663	2111910	5/5/2023
1600	☑	230296	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-2,688.00	USD	Martin Contracting	P160001		ANG4010	10118289	2111910	5/5/2023
1600	☑	230296	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,344.00	USD	Martin Contracting	P160001		ANG4010	10118287	2111910	5/5/2023
1600	☑	230296	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,344.00	USD	Martin Contracting	P160001		ANG4010	10118286	2111910	5/5/2023
1600	☑	230296	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,344.00	USD	Martin Contracting	P160001		ANG4010	10118119	2111910	5/5/2023
1600	☑	230296	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,344.00	USD	Martin Contracting	P160001		ANG4010	10118200	2111910	5/5/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	535.50	USD	Martin Contracting	P160001		RFC_USER_BL	10116470	2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,606.50	USD	Martin Contracting	P160001	DISTR.8940	RFC_USER_BL		2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	714.00	USD	Martin Contracting	P160001		RFC_USER_BL	10119535	2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	714.00	USD	Martin Contracting	P160001		RFC_USER_BL	10115948	2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	357.00	USD	Martin Contracting	P160001		RFC_USER_BL	10115940	2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	357.00	USD	Martin Contracting	P160001		RFC_USER_BL	10115945	2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,071.00	USD	Martin Contracting	P160001		RFC_USER_BL	10119582	2111910	5/2/2023
1600	☑	230297	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	714.00	USD	Martin Contracting	P160001		RFC_USER_BL	10118952	2111910	5/2/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-535.50	USD	Martin Contracting	P160001		ANG4010	10116470	2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,606.50	USD	Martin Contracting	P160001	DISTR.8940	ANG4010		2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-714.00	USD	Martin Contracting	P160001		ANG4010	10119535	2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-714.00	USD	Martin Contracting	P160001		ANG4010	10115948	2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-357.00	USD	Martin Contracting	P160001		ANG4010	10115940	2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-357.00	USD	Martin Contracting	P160001		ANG4010	10115945	2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,071.00	USD	Martin Contracting	P160001		ANG4010	10119582	2111910	5/5/2023
1600	☑	230297	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-714.00	USD	Martin Contracting	P160001		ANG4010	10118952	2111910	5/5/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	892.50	USD	Martin Contracting	P160001		RFC_USER_BL	10119342	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	696.00	USD	Martin Contracting	P160001		RFC_USER_BL	10117928	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,123.50	USD	Martin Contracting	P160001		RFC_USER_BL	10118027	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	892.50	USD	Martin Contracting	P160001		RFC_USER_BL	10119045	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	892.50	USD	Martin Contracting	P160001		RFC_USER_BL	10117794	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	1,071.00	USD	Martin Contracting	P160001		RFC_USER_BL	10119091	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	535.50	USD	Martin Contracting	P160001		RFC_USER_BL	10119488	2111910	5/2/2023
1600	☑	230298	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	892.50	USD	Martin Contracting	P160001		RFC_USER_BL	10118825	2111910	5/2/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-892.50	USD	Martin Contracting	P160001		ANG4010	10119342	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-696.00	USD	Martin Contracting	P160001		ANG4010	10117928	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,123.50	USD	Martin Contracting	P160001		ANG4010	10118027	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-892.50	USD	Martin Contracting	P160001		ANG4010	10119045	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-892.50	USD	Martin Contracting	P160001		ANG4010	10117794	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-1,071.00	USD	Martin Contracting	P160001		ANG4010	10119091	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-535.50	USD	Martin Contracting	P160001		ANG4010	10119488	2111910	5/5/2023
1600	☑	230298	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-892.50	USD	Martin Contracting	P160001		ANG4010	10118825	2111910	5/5/2023
1600	☑	230435	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	20,908.00	USD	Martin Contracting	P160001		RFC_USER_BL	10113212	2111910	6/5/2023
1600	☑	230435	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-20,908.00	USD	Martin Contracting	P160001		ANG4010	10113212	2111910	6/8/2023
1600	☑	230538	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	13,440.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100664	2111910	7/6/2023
1600	☑	230538	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-13,440.00	USD	Martin Contracting	P160001		ANG4010	10100664	2111910	7/8/2023
1600	☑	230539	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	16,752.00	USD	Martin Contracting	P160001		RFC_USER_BL	10099955	2111910	7/6/2023
1600	☑	230539	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-16,752.00	USD	Martin Contracting	P160001		ANG4010	10099955	2111910	7/8/2023
1600	☑	230540	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	13,116.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100663	2111910	7/6/2023
1600	☑	230540	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-13,116.00	USD	Martin Contracting	P160001		ANG4010	10100663	2111910	7/8/2023
1600	☑	230542	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	13,440.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100664	2111910	7/6/2023
1600	☑	230542	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-13,440.00	USD	Martin Contracting	P160001		ANG4010	10100664	2111910	7/8/2023
1600	☑	230543	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	13,440.00	USD	Martin Contracting	P160001		RFC_USER_BL	10100663	2111910	7/6/2023
1600	☑	230543	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-13,440.00	USD	Martin Contracting	P160001		ANG4010	10100663	2111910	7/8/2023
1600	☑	230846	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	1,800.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10123090	2199900	9/6/2023
1600	☑	230846	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	5,976.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	9/6/2023
1600	☑	230846	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	2,688.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10123006	2199900	9/6/2023
1600	☑	230846	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-1,800.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10123090	2199900	9/7/2023
1600	☑	230846	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-5,976.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	9/7/2023
1600	☑	230846	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-2,688.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10123006	2199900	9/7/2023
1600	☑	230847	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	10,777.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10088375	2199900	9/6/2023
1600	☑	230847	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-10,777.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10088375	2199900	9/7/2023
1600	☑	230848	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	10,400.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	9/6/2023
1600	☑	230848	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-10,400.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	9/7/2023
1600	☑	230849	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	1,680.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10123626	2199900	9/6/2023
1600	☑	230849	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	9,072.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	9/6/2023
1600	☑	230849	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-1,680.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10123626	2199900	9/7/2023
1600	☑	230849	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-9,072.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	9/7/2023
1600	☑	230850	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	11,001.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	9/6/2023
1600	☑	230850	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-11,001.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	9/7/2023
1600	☑	230854	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	14,490.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10117806	2199900	9/6/2023

1600	☑	230854	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-14,490.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10117806	2199900	9/7/2023
1600	☑	231032	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	13,296.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	10/4/2023
1600	☑	231032	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-13,296.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	10/6/2023
1600	☑	231033	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	10,782.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10088375	2199900	10/4/2023
1600	☑	231033	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-10,782.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10088375	2199900	10/6/2023
1600	☑	231034	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	13,296.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	10/4/2023
1600	☑	231034	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-13,296.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	10/6/2023
1600	☑	231035	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	13,440.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	10/4/2023
1600	☑	231035	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-13,440.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	10/6/2023
1600	☑	231037	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	13,088.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2199900	10/4/2023
1600	☑	231037	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-13,088.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2199900	10/6/2023
1600	☑	231038	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,695.75	USD	MARTIN CONTRACTING	P160001	DISTR.8940	RFC_USER_BL		2199900	10/4/2023
1600	☑	231038	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	2,142.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10124473	2199900	10/4/2023
1600	☑	231038	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,428.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10125348	2199900	10/4/2023
1600	☑	231038	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	446.25	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10124765	2199900	10/4/2023
1600	☑	231038	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,428.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10124455	2199900	10/4/2023
1600	☑	231038	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,695.75	USD	MARTIN CONTRACTING	P160001	DISTR.8940	ZAC4980		2199900	10/6/2023
1600	☑	231038	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-2,142.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10124473	2199900	10/6/2023
1600	☑	231038	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,428.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10125348	2199900	10/6/2023
1600	☑	231038	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-446.25	USD	MARTIN CONTRACTING	P160001		ZAC4980	10124765	2199900	10/6/2023
1600	☑	231038	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,428.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10124455	2199900	10/6/2023
1600	☑	231039	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,963.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10123302	2199900	10/4/2023
1600	☑	231039	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	892.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10124168	2199900	10/4/2023
1600	☑	231039	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,963.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10123302	2199900	10/6/2023
1600	☑	231039	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-892.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10124168	2199900	10/6/2023
1600	☑	231254	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	8,064.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2111910	12/5/2023
1600	☑	231254	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,344.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10123667	2111910	12/5/2023
1600	☑	231254	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,344.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10123068	2111910	12/5/2023
1600	☑	231254	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-8,064.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2111910	12/19/2023
1600	☑	231254	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,344.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10123667	2111910	12/19/2023
1600	☑	231254	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,344.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10123068	2111910	12/19/2023
1600	☑	231255	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	5,232.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2111910	12/5/2023
1600	☑	231255	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126578	2111910	12/5/2023
1600	☑	231255	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126576	2111910	12/5/2023
1600	☑	231255	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126013	2111910	12/5/2023
1600	☑	231255	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126014	2111910	12/5/2023
1600	☑	231255	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-5,232.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2111910	12/19/2023
1600	☑	231255	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126578	2111910	12/19/2023
1600	☑	231255	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126576	2111910	12/19/2023
1600	☑	231255	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126013	2111910	12/19/2023
1600	☑	231255	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126014	2111910	12/19/2023
1600	☑	231256	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	9,336.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2111910	12/5/2023
1600	☑	231256	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10124058	2111910	12/5/2023
1600	☑	231256	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-9,336.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2111910	12/19/2023
1600	☑	231256	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10124058	2111910	12/19/2023
1600	☑	231257	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	5,295.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10105469	2111910	12/5/2023
1600	☑	231257	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,344.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126741	2111910	12/5/2023
1600	☑	231257	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,344.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126743	2111910	12/5/2023
1600	☑	231257	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126744	2111910	12/5/2023
1600	☑	231257	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,272.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126745	2111910	12/5/2023
1600	☑	231257	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-5,295.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10105469	2111910	12/19/2023
1600	☑	231257	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,344.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126741	2111910	12/19/2023
1600	☑	231257	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,344.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126743	2111910	12/19/2023
1600	☑	231257	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126744	2111910	12/19/2023
1600	☑	231257	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,272.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126745	2111910	12/19/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	535.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127616	2111910	12/5/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	892.50	USD	MARTIN CONTRACTING	P160001	DISTR.8940	RFC_USER_BL		2111910	12/5/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	892.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127585	2111910	12/5/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	535.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127586	2111910	12/5/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	714.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10099954	2111910	12/5/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	714.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127424	2111910	12/5/2023
1600	☑	231258	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,428.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10088375	2111910	12/5/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-535.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10127616	2111910	12/19/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-892.50	USD	MARTIN CONTRACTING	P160001	DISTR.8940	ZAC4980		2111910	12/19/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-892.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10127585	2111910	12/19/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-535.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10127586	2111910	12/19/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-714.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10099954	2111910	12/19/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-714.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10127424	2111910	12/19/2023
1600	☑	231258	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,428.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10088375	2111910	12/19/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	357.00	USD	MARTIN CONTRACTING	P160001	DISTR.8940	RFC_USER_BL		2111910	12/5/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	535.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10117703	2111910	12/5/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	535.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10117704	2111910	12/5/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	714.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10126987	2111910	12/5/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,606.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127542	2111910	12/5/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,606.50	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127541	2111910	12/5/2023
1600	☑	231259	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	357.00	USD	MARTIN CONTRACTING	P160001		RFC_USER_BL	10127717	2111910	12/5/2023
1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-357.00	USD	MARTIN CONTRACTING	P160001	DISTR.8940	ZAC4980		2111910	12/19/2023
1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-535.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10117703	2111910	12/19/2023
1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-535.50	USD	MARTIN CONTRACTING	P160001		ZAC4980	10117704	2111910	12/19/2023
1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-714.00	USD	MARTIN CONTRACTING	P160001		ZAC4980	10126987	2111910	12/19/2023

1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,606.50	USD	MARTIN CONTRACTING	P160001			ZAC4980	10127542	2111910	12/19/2023
1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,606.50	USD	MARTIN CONTRACTING	P160001			ZAC4980	10127541	2111910	12/19/2023
1600	☑	231259	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-357.00	USD	MARTIN CONTRACTING	P160001			ZAC4980	10127717	2111910	12/19/2023
1600	☑	231260	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	182,030.22	USD	MARTIN CONTRACTING	P160001			RFC_USER_BL	10107543	2111910	12/5/2023
1600	☑	231260	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-182,030.22	USD	MARTIN CONTRACTING	P160001			ZAC4980	10107543	2111910	12/19/2023
1600	☑	231481	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	47,058.98	USD	Martin Contracting	P160001			RFC_USER_BL	10107543	2199900	3/5/2024
1600	☑	23157	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	74,570.50	USD	Martin Contracting	P160001			RFC_USER_BL	10113212	2111910	5/2/2023
1600	☑	23157	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-74,570.50	USD	Martin Contracting	P160001			ANG4010	10113212	2111910	5/5/2023
1600	☑	40273	2200000197	1600 -AP ACCRUAL	5303890	AC	4	4/30/2023	40	19,007.88	USD	Paradigm Liaison Services, LLC	P160001	164410		RFC_USER_BL		2111910	5/2/2023
1600	☑	40273	4400000152	1600 -AP ACCRUAL	5303890	AR	5	5/1/2023	50	-19,007.88	USD	Paradigm Liaison Services, LLC	P160001	164410		ANG4010		2111910	5/5/2023
1600	☑	4062	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	16,682.75	USD	TEAYS	P160001			RFC_USER_BL	10116835	2199900	10/4/2023
1600	☑	4062	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-16,682.75	USD	TEAYS	P160001			ZAC4980	10116835	2199900	10/6/2023
1600	☑	44495	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-15,154.89	USD	EnSiteUSA	P160001			ANG4010	10098706	2111910	3/7/2023
1600	☑	44496	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-8,668.84	USD	EnSiteUSA	P160001			ANG4010	10098705	2111910	3/7/2023
1600	☑	44497	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-10,196.49	USD	EnSiteUSA	P160001			ANG4010	10107543	2111910	3/7/2023
1600	☑	45293	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	643.50	USD	ENSITE USA	P160001			RFC_USER_BL	10100085	2111910	5/2/2023
1600	☑	45293	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-643.50	USD	ENSITE USA	P160001			ANG4010	10100085	2111910	5/5/2023
1600	☑	45304	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	13,697.55	USD	ENSITE USA	P160001			RFC_USER_BL	10107543	2111910	5/2/2023
1600	☑	45304	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-13,697.55	USD	ENSITE USA	P160001			ANG4010	10107543	2111910	5/5/2023
1600	☑	45305	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	98,232.14	USD	ENSITE USA	P160001			RFC_USER_BL	10107543	2111910	5/2/2023
1600	☑	45305	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-98,232.14	USD	ENSITE USA	P160001			ANG4010	10107543	2111910	5/5/2023
1600	☑	45306	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	15,482.05	USD	ENSITE USA	P160001			RFC_USER_BL	10088375	2111910	5/2/2023
1600	☑	45306	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-15,482.05	USD	ENSITE USA	P160001			ANG4010	10088375	2111910	5/5/2023
1600	☑	45354	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	11,115.88	USD	ENSITE USA	P160001			RFC_USER_BL	10098705	2111910	5/2/2023
1600	☑	45354	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-11,115.88	USD	ENSITE USA	P160001			ANG4010	10098705	2111910	5/5/2023
1600	☑	45360	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	30,000.98	USD	ENSITE USA	P160001			RFC_USER_BL	10098706	2111910	5/2/2023
1600	☑	45360	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-30,000.98	USD	ENSITE USA	P160001			ANG4010	10098706	2111910	5/5/2023
1600	☑	47556	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	4,569.25	USD	ENSITE USA	P160001			RFC_USER_BL	10107543	2111910	12/5/2023
1600	☑	47556	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-4,569.25	USD	ENSITE USA	P160001			ZAC4980	10107543	2111910	12/19/2023
1600	☑	47560	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	11,103.30	USD	ENSITE USA	P160001			RFC_USER_BL	10107543	2111910	12/5/2023
1600	☑	47560	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-11,103.30	USD	ENSITE USA	P160001			ZAC4980	10107543	2111910	12/19/2023
1600	☑	47991	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	28,412.35	USD	ENSITE USA	P160001			RFC_USER_BL	10126519	2111910	12/5/2023
1600	☑	47991	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-28,412.35	USD	ENSITE USA	P160001			ZAC4980	10126519	2111910	12/19/2023
1600	☑	47992	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	3,571.96	USD	ENSITE USA	P160001			RFC_USER_BL	10119172	2111910	12/5/2023
1600	☑	47992	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-3,571.96	USD	ENSITE USA	P160001			ZAC4980	10119172	2111910	12/19/2023
1600	☑	47994	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	2,945.45	USD	ENSITE USA	P160001			RFC_USER_BL	10119173	2111910	12/5/2023
1600	☑	47994	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-2,945.45	USD	ENSITE USA	P160001			ZAC4980	10119173	2111910	12/19/2023
1600	☑	47995	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	3,628.00	USD	ENSITE USA	P160001			RFC_USER_BL	10119174	2111910	12/5/2023
1600	☑	47995	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-3,628.00	USD	ENSITE USA	P160001			ZAC4980	10119174	2111910	12/19/2023
1600	☑	48050	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	9,251.30	USD	ENSITE USA	P160001			RFC_USER_BL	10100874	2111910	12/5/2023
1600	☑	48050	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-9,251.30	USD	ENSITE USA	P160001			ZAC4980	10100874	2111910	12/19/2023
1600	☑	5	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-33,772.63	USD	Swartz Pipeline / Roe Enterprises	P160001			ANG4010	10100036	2111910	3/7/2023
1600	☑	5303325 to 5303130	100024140	Expense Reclass	5303325	SA	1	1/31/2024	50	-4,907.54	USD	Reclass Janitorial Expenses from 5303325 to 530313	P160001	167182		RFC_USER_BL		5303130	2/14/2024
1600	☑	5303325 to 5303130	100024140	Expense Reclass	5303325	SA	1	1/31/2024	50	-2,017.20	USD	Reclass Janitorial Expenses from 5303325 to 530313	P160001	162737		RFC_USER_BL		5303130	2/14/2024
1600	☑	5303325 to 5303130	100024140	Expense Reclass	5303325	SA	1	1/31/2024	50	-419.60	USD	Reclass Janitorial Expenses from 5303325 to 530313	P160001	169104		RFC_USER_BL		5303130	2/14/2024
1600	☑	5303325 to 5303130	100024140	Expense Reclass	5303325	SA	1	1/31/2024	50	-41.96	USD	Reclass Janitorial Expenses from 5303325 to 530313	P160001	169964		RFC_USER_BL		5303130	2/14/2024
1300	☑	ACCTGSVC.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	251.18	USD	Miscellaneous Outside Services-2200	P130001	131311		MARIE06		2113040	4/6/2023
1300	☑	ACCTGSVC.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	50	-251.18	USD	Miscellaneous Outside Services-2200	P130001	131311		MARIE06		5300181	4/6/2023
1300	☑	ACCTGSVC.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	251.18	USD	Miscellaneous Outside Services-2200	P130001	131311		MARIE06		2113040	4/6/2023
1600	☑	ACCTGSVC.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	2,368.23	USD	Miscellaneous Outside Services-2200	P160001	161311		MARIE06		2113040	4/6/2023
1600	☑	ACCTGSVC.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	50	-2,368.23	USD	Miscellaneous Outside Services-2200	P160001	161311		MARIE06		5300111	4/6/2023
1600	☑	ACCTGSVC.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	2,368.23	USD	Miscellaneous Outside Services-2200	P160001	161311		MARIE06		2113040	4/6/2023
1300	☑	ACCTGSVC.ALLOC1	100007687	BILL1300	5303991	SA	4	4/30/2023	40	278.60	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	5/4/2023
1600	☑	ACCTGSVC.ALLOC1	100016092	BILL1600	5303991	SA	4	4/30/2023	40	2,626.74	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	5/4/2023
1300	☑	ACCTGSVC.ALLOC1	100008139	BILL1300	5303991	SA	5	5/31/2023	40	183.78	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	6/8/2023
1600	☑	ACCTGSVC.ALLOC1	100017079	BILL1600	5303991	SA	5	5/31/2023	40	1,732.76	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	6/8/2023
1300	☑	ACCTGSVC.ALLOC1	100008562	BILL1300	5303991	SA	6	6/30/2023	50	-213.25	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		5300211	7/8/2023
1600	☑	ACCTGSVC.ALLOC1	100017845	BILL1600	5303991	SA	6	6/30/2023	50	-2,010.60	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		5300111	7/8/2023
1300	☑	ACCTGSVC.ALLOC1	100008968	BILL1300	5303991	SA	7	7/31/2023	40	23.60	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	8/5/2023
1600	☑	ACCTGSVC.ALLOC1	100018834	BILL1600	5303991	SA	7	7/31/2023	40	222.52	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	8/5/2023
1300	☑	ACCTGSVC.ALLOC1	100009443	BILL1300	5303991	SA	8	8/31/2023	40	117.87	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	9/7/2023
1600	☑	ACCTGSVC.ALLOC1	100019767	BILL1600	5303991	SA	8	8/31/2023	40	1,126.57	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	9/7/2023
1300	☑	ACCTGSVC.ALLOC1	100009804	BILL1300	5303991	SA	9	9/30/2023	40	93.06	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	10/5/2023
1600	☑	ACCTGSVC.ALLOC1	100020613	BILL1600	5303991	SA	9	9/30/2023	40	889.46	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	10/5/2023
1300	☑	ACCTGSVC.ALLOC1	100010261	BILL1300	5303991	SA	10	10/31/2023	40	225.05	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	11/5/2023
1600	☑	ACCTGSVC.ALLOC1	100021473	BILL1600	5303991	SA	10	10/31/2023	40	2,129.00	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	11/5/2023
1300	☑	ACCTGSVC.ALLOC1	100010679	BILL1300	5303991	SA	11	11/30/2023	40	151.48	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	12/5/2023
1600	☑	ACCTGSVC.ALLOC1	100022276	BILL1600	5303991	SA	11	11/30/2023	40	1,433.03	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	12/5/2023
1300	☑	ACCTGSVC.ALLOC1	100011160	BILL1300	5303991	SA	12	12/31/2023	40	71.46	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	1/9/2024
1600	☑	ACCTGSVC.ALLOC1	100023085	BILL1600	5303991	SA	12	12/31/2023	40	676.05	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	1/9/2024
1300	☑	ACCTGSVC.ALLOC1	100011561	BILL1300	5303991	SA	1	1/31/2024	40	70.70	USD	Miscellaneous Outside Services-2200	P130001	131311		RFC_USER_BL		2113040	2/5/2024
1600	☑	ACCTGSVC.ALLOC1	100023915	BILL1600	5303991	SA	1	1/31/2024	40	668.89	USD	Miscellaneous Outside Services-2200	P160001	161311		RFC_USER_BL		2113040	2/5/2024
1300	☑	ACCTGSVC.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	681.76	USD	PNG Services - ESSN Services	P130001	139905		MARIE06		2113040	4/10/2023
1300	☑	ACCTGSVC.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	26.36	USD	PNG Services - ESSN Sundry	P130001	139905		MARIE06		2113040	4/10/2023
1600	☑	ACCTGSVC.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	6,428.02	USD	PNG Services - ESSN Services	P160001	169905		MARIE06		2113040	4/10/2023
1600	☑	ACCTGSVC.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	248.54	USD	PNG Services - ESSN Sundry	P160001	169905		MARIE06		2113040	4/10/2023
1300	☑	ACCTGSVC.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	681.76	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	5/2/2023
1300	☑	ACCTGSVC.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	26.36	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	5/2/2023
1600	☑	ACCTGSVC.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	6,428.02	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	5/2/2023
1600	☑	ACCTGSVC.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	248.54	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	5/2/2023

1300	☑	ACCTGSVC.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	637.25	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	ACCTGSVC.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	76.53	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	ACCTGSVC.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	6,008.41	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	ACCTGSVC.ALLOC1.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	721.54	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	ACCTGSVC.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	708.88	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	ACCTGSVC.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	266.78	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	ACCTGSVC.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	6,683.69	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	ACCTGSVC.ALLOC1.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	2,515.35	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	ACCTGSVC.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	632.09	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	ACCTGSVC.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	256.71	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	ACCTGSVC.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	5,959.66	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	ACCTGSVC.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	2,420.45	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	ACCTGSVC.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	672.72	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	ACCTGSVC.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	50	-144.22	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	9/1/2023
1600	☑	ACCTGSVC.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	6,342.80	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	ACCTGSVC.ALLOC1.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	50	-1,359.81	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	9/1/2023
1300	☑	ACCTGSVC.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	621.95	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	ACCTGSVC.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	20.71	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	ACCTGSVC.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	5,944.23	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	ACCTGSVC.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	197.98	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	ACCTGSVC.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	554.50	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	ACCTGSVC.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	57.50	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	ACCTGSVC.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	5,245.78	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	ACCTGSVC.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	544.02	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	ACCTGSVC.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	673.67	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	ACCTGSVC.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	73.75	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	ACCTGSVC.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	6,373.12	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	ACCTGSVC.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	697.73	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	ACCTGSVC.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	570.28	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	73.43	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-570.28	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-73.43	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	1,509.87	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	80.14	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	ACCTGSVC.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	5,395.01	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	ACCTGSVC.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	694.70	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	ACCTGSVC.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-5,395.01	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	ACCTGSVC.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-694.70	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	ACCTGSVC.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	14,283.83	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	ACCTGSVC.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	758.20	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	717.25	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	ACCTGSVC.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	70.41	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	ACCTGSVC.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	6,785.44	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	ACCTGSVC.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	666.08	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	ACCTGSVC.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	678.20	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	ACCTGSVC.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	20.87	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	ACCTGSVC.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	6,416.02	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	ACCTGSVC.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	197.45	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	ACCTSPAY.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	178.24	USD	Miscellaneous Outside Services-2200	P130001	131314	MARIE06	2113040	4/6/2023
1300	☑	ACCTSPAY.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	50	-178.24	USD	Miscellaneous Outside Services-2200	P130001	131314	MARIE06	5300181	4/6/2023
1300	☑	ACCTSPAY.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	178.24	USD	Miscellaneous Outside Services-2200	P130001	131314	MARIE06	2113040	4/6/2023
1600	☑	ACCTSPAY.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	391.54	USD	Miscellaneous Outside Services-2200	P160001	161314	MARIE06	2113040	4/6/2023
1600	☑	ACCTSPAY.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	50	-391.54	USD	Miscellaneous Outside Services-2200	P160001	161314	MARIE06	5300111	4/6/2023
1600	☑	ACCTSPAY.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	391.54	USD	Miscellaneous Outside Services-2200	P160001	161314	MARIE06	2113040	4/6/2023
1300	☑	ACCTSPAY.ALLOC1	100007687	BILL1300	5303991	SA	4	4/30/2023	40	249.00	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	5/4/2023
1600	☑	ACCTSPAY.ALLOC1	100016092	BILL1600	5303991	SA	4	4/30/2023	40	546.99	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	5/4/2023
1300	☑	ACCTSPAY.ALLOC1	100008139	BILL1300	5303991	SA	5	5/31/2023	40	234.12	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	6/8/2023
1600	☑	ACCTSPAY.ALLOC1	100017079	BILL1600	5303991	SA	5	5/31/2023	40	514.29	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	6/8/2023
1300	☑	ACCTSPAY.ALLOC1	100008562	BILL1300	5303991	SA	6	6/30/2023	40	178.14	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	7/8/2023
1600	☑	ACCTSPAY.ALLOC1	100017845	BILL1600	5303991	SA	6	6/30/2023	40	391.34	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	7/8/2023
1300	☑	ACCTSPAY.ALLOC1	100008968	BILL1300	5303991	SA	7	7/31/2023	40	100.08	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	8/5/2023
1600	☑	ACCTSPAY.ALLOC1	100018834	BILL1600	5303991	SA	7	7/31/2023	40	219.84	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	8/5/2023
1300	☑	ACCTSPAY.ALLOC1	100009443	BILL1300	5303991	SA	8	8/31/2023	40	154.01	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	9/7/2023
1600	☑	ACCTSPAY.ALLOC1	100019767	BILL1600	5303991	SA	8	8/31/2023	40	2,453.97	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	9/7/2023
1300	☑	ACCTSPAY.ALLOC1	100009804	BILL1300	5303991	SA	9	9/30/2023	40	138.85	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	10/5/2023
1600	☑	ACCTSPAY.ALLOC1	100020613	BILL1600	5303991	SA	9	9/30/2023	40	2,212.40	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	10/5/2023
1300	☑	ACCTSPAY.ALLOC1	100010261	BILL1300	5303991	SA	10	10/31/2023	40	182.87	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	11/5/2023
1600	☑	ACCTSPAY.ALLOC1	100021473	BILL1600	5303991	SA	10	10/31/2023	40	2,933.78	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	11/5/2023
1300	☑	ACCTSPAY.ALLOC1	100010679	BILL1300	5303991	SA	11	11/30/2023	40	148.37	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	12/5/2023
1600	☑	ACCTSPAY.ALLOC1	100022276	BILL1600	5303991	SA	11	11/30/2023	40	2,380.16	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	12/5/2023
1300	☑	ACCTSPAY.ALLOC1	100011160	BILL1300	5303991	SA	12	12/31/2023	40	115.64	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	1/9/2024
1600	☑	ACCTSPAY.ALLOC1	100023085	BILL1600	5303991	SA	12	12/31/2023	40	1,855.19	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	1/9/2024
1300	☑	ACCTSPAY.ALLOC1	100011561	BILL1300	5303991	SA	1	1/31/2024	40	138.79	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	2/5/2024
1600	☑	ACCTSPAY.ALLOC1	100023915	BILL1600	5303991	SA	1	1/31/2024	40	2,226.54	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	2/5/2024
1300	☑	ACCTSPAY.ALLOC1	100012017	BILL1300	5303991	SA	2	2/29/2024	40	103.69	USD	Miscellaneous Outside Services-2200	P130001	131314	RFC_USER_BL	2113040	3/5/2024
1600	☑	ACCTSPAY.ALLOC1	100024789	BILL1600	5303991	SA	2	2/29/2024	40	1,663.41	USD	Miscellaneous Outside Services-2200	P160001	161314	RFC_USER_BL	2113040	3/5/2024
1300	☑	ACCT	100007135	Amortize Platts 2022-2023	5303890	SA	3	3/31/2023	40	19.14	USD	Amortize Platts 2022-2023 March 2023	P130001	134710	SUZ4095	1191900	3/30/2023
1600	☑	ACCT	100014885	Amortize Platts 2022-2023	5303890	SA	3	3/31/2023	40	768.60	USD	Amortize Platts 2022-2023 March 2023	P160001	164710	SUZ4095	1191900	3/30/2023
1300	☑	ACCT	100007653	Amortize Platts 2022-2023	5303890	SA	4	4/30/2023	40	19.14	USD	Amortize Platts 2022-2023 April 2023	P130001	134710	RFC_USER_BL	1191900	5/3/2023
1600	☑	ACCT	100016046	Amortize Platts 2022-2023	5303890	SA	4	4/30/2023	40	768.60	USD	Amortize Platts 2022-2023 April 2023	P160001	164710	RFC_USER_BL	1191900	5/3/2023

1300	☑	ACT	100008156	Amortize Platts 2022-2023	5303890	SA	5	5/31/2023	40	19.14	USD	Amortize Platts 2022-2023 May 2023	P130001	134710	RFC_USER_BL	1191900	6/8/2023
1600	☑	ACT	100017094	Amortize Platts 2022-2023	5303890	SA	5	5/31/2023	40	768.60	USD	Amortize Platts 2022-2023 May 2023	P160001	164710	RFC_USER_BL	1191900	6/8/2023
1300	☑	ACT	100008572	Amortize Platts 2022-2023	5303890	SA	6	6/30/2023	40	19.14	USD	Amortize Platts 2022-2023 June 2023	P130001	134710	RFC_USER_BL	1191900	7/10/2023
1600	☑	ACT	100017860	Amortize Platts 2022-2023	5303890	SA	6	6/30/2023	40	768.60	USD	Amortize Platts 2022-2023 June 2023	P160001	164710	RFC_USER_BL	1191900	7/10/2023
1300	☑	ACT	100008966	Amortize Platts 2022-2023	5303890	SA	7	7/31/2023	40	19.14	USD	Amortize Platts 2022-2023 July 2023	P130001	134710	RFC_USER_BL	1191900	8/4/2023
1600	☑	ACT	100018832	Amortize Platts 2022-2023	5303890	SA	7	7/31/2023	40	768.60	USD	Amortize Platts 2022-2023 July 2023	P160001	164710	RFC_USER_BL	1191900	8/4/2023
1300	☑	ACT	100009425	Amortize Platts 2022-2023	5303890	SA	8	8/31/2023	40	19.14	USD	Amortize Platts 2022-2023 August 2023	P130001	134710	RFC_USER_BL	1191900	9/6/2023
1600	☑	ACT	100019742	Amortize Platts 2022-2023	5303890	SA	8	8/31/2023	40	768.60	USD	Amortize Platts 2022-2023 August 2023	P160001	164710	RFC_USER_BL	1191900	9/6/2023
1300	☑	ACT	100009756	Amortize Platts 2022-2023	5303890	SA	9	9/30/2023	40	19.14	USD	Amortize Platts 2022-2023 September 2023	P130001	134710	RFC_USER_BL	1191900	10/2/2023
1600	☑	ACT	100020496	Amortize Platts 2022-2023	5303890	SA	9	9/30/2023	40	768.60	USD	Amortize Platts 2022-2023 September 2023	P160001	164710	RFC_USER_BL	1191900	10/2/2023
1300	☑	ACT	100010162	Amortize Platts 2022-2023	5303890	SA	10	10/31/2023	40	9.72	USD	Amortize Platts 2022-2023 October 2023	P130001	134710	RFC_USER_BL	1191900	10/31/2023
1300	☑	ACT	100010163	Amortize Platts 2023-2024	5303890	SA	10	10/31/2023	40	10.69	USD	Amortize Platts 2023-2024 October 2023	P130001	134710	RFC_USER_BL	1191900	10/31/2023
1600	☑	ACT	100021255	Amortize Platts 2022-2023	5303890	SA	10	10/31/2023	40	390.25	USD	Amortize Platts 2022-2023 October 2023	P160001	164710	RFC_USER_BL	1191900	10/31/2023
1600	☑	ACT	100021256	Amortize Platts 2023-2024	5303890	SA	10	10/31/2023	40	414.09	USD	Amortize Platts 2023-2024 October 2023	P160001	164710	RFC_USER_BL	1191900	10/31/2023
1300	☑	ACT	100010555	Amortize Platts 2023-2024	5303890	SA	11	11/30/2023	40	21.37	USD	Amortize Platts 2023-2024 November 2023	P130001	134710	RFC_USER_BL	1191900	11/27/2023
1600	☑	ACT	100022038	Amortize Platts 2023-2024	5303890	SA	11	11/30/2023	40	828.18	USD	Amortize Platts 2023-2024 November 2023	P160001	164710	RFC_USER_BL	1191900	11/27/2023
1300	☑	ACT	100011018	Amortize Platts 2023-2024	5303890	SA	12	12/31/2023	40	21.37	USD	Amortize Platts 2023-2024 December 2023	P130001	134710	RFC_USER_BL	1191900	1/2/2024
1600	☑	ACT	100022868	Amortize Platts 2023-2024	5303890	SA	12	12/31/2023	40	828.18	USD	Amortize Platts 2023-2024 December 2023	P160001	164710	RFC_USER_BL	1191900	1/2/2024
1300	☑	ACT	100011559	Amortize Platts 2023-2024	5303890	SA	1	1/31/2024	40	21.37	USD	Amortize Platts 2023-2024 January 2024	P130001	134710	RFC_USER_BL	1191900	2/5/2024
1600	☑	ACT	100023912	Amortize Platts 2023-2024	5303890	SA	1	1/31/2024	40	828.18	USD	Amortize Platts 2023-2024 January 2024	P160001	164710	RFC_USER_BL	1191900	2/5/2024
1300	☑	ACT	100011962	Amortize Platts 2023-2024	5303890	SA	2	2/29/2024	40	21.37	USD	Amortize Platts 2023-2024 February 2024	P130001	134710	RFC_USER_BL	1191900	3/1/2024
1600	☑	ACT	100024704	Amortize Platts 2023-2024	5303890	SA	2	2/29/2024	40	828.18	USD	Amortize Platts 2023-2024 February 2024	P160001	164710	RFC_USER_BL	1191900	3/1/2024
1300	☑	APPLIC.ALLOC2	100008968	BILL1300	5303991	SA	7	7/31/2023	40	6.13	USD	Miscellaneous Outside Services-2200	P130001	135104	RFC_USER_BL	2113040	8/5/2023
1600	☑	APPLIC.ALLOC2	100018834	BILL1600	5303991	SA	7	7/31/2023	40	40.95	USD	Miscellaneous Outside Services-2200	P160001	165104	RFC_USER_BL	2113040	8/5/2023
1300	☑	APPLIC.ALLOC2	100009804	BILL1300	5303991	SA	9	9/30/2023	40	2.28	USD	Miscellaneous Outside Services-2200	P130001	135104	RFC_USER_BL	2113040	10/5/2023
1600	☑	APPLIC.ALLOC2	100020613	BILL1600	5303991	SA	9	9/30/2023	40	30.52	USD	Miscellaneous Outside Services-2200	P160001	165104	RFC_USER_BL	2113040	10/5/2023
1300	☑	APPLIC.ALLOC2	100011160	BILL1300	5303991	SA	12	12/31/2023	40	161.89	USD	Miscellaneous Outside Services-2200	P130001	135104	RFC_USER_BL	2113040	1/9/2024
1600	☑	APPLIC.ALLOC2	100023085	BILL1600	5303991	SA	12	12/31/2023	40	2,170.98	USD	Miscellaneous Outside Services-2200	P160001	165104	RFC_USER_BL	2113040	1/9/2024
1300	☑	APPLIC.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	488.21	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	APPLIC.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	107.44	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	APPLIC.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	6,493.17	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	APPLIC.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	1,428.96	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	APPLIC.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	488.21	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	APPLIC.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	107.44	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	APPLIC.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	6,493.17	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	APPLIC.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	1,428.96	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	APPLIC.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	379.41	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	APPLIC.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	254.21	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	APPLIC.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	5,046.16	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	APPLIC.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	3,380.98	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	APPLIC.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	436.20	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	APPLIC.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	208.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	APPLIC.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	5,801.46	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	APPLIC.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	2,768.92	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	APPLIC.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	327.84	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	APPLIC.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	107.80	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	APPLIC.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	4,360.32	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	APPLIC.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	1,433.75	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	APPLIC.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	390.30	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	APPLIC.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	50	-587.28	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	9/1/2023
1600	☑	APPLIC.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	5,191.02	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	APPLIC.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	50	-7,810.86	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	9/1/2023
1300	☑	APPLIC.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	512.65	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	APPLIC.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	203.88	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	APPLIC.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	6,860.98	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	APPLIC.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	2,728.61	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	APPLIC.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	481.09	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	APPLIC.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	172.84	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	APPLIC.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	6,451.31	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	APPLIC.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	2,317.81	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	APPLIC.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	490.90	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	APPLIC.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	85.70	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	APPLIC.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	6,582.90	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	APPLIC.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	1,149.26	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	APPLIC.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	380.91	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	APPLIC.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	20.28	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	APPLIC.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-380.91	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	APPLIC.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-20.28	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	APPLIC.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	606.38	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	APPLIC.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	73.35	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	APPLIC.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	5,107.87	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	APPLIC.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	271.89	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	APPLIC.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-5,107.87	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	APPLIC.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-271.89	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	APPLIC.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	8,131.48	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	APPLIC.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	983.56	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	APPLIC.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	721.37	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	APPLIC.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	216.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	APPLIC.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	9,673.45	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	APPLIC.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	2,904.89	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024

1300	☑	APPLIC.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	526.32	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	APPLIC.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	143.25	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	APPLIC.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	7,057.81	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	APPLIC.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	1,920.90	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	ASSETMGMT.ALLOC2	100011561	BILL1300	5303991	SA	1	1/31/2024	40	0.14	USD	Miscellaneous Outside Services-2200	P130001	139526	RFC_USER_BL	2113040	2/5/2024
1300	☑	ASSETMGMT.ALLOC2	100012017	BILL1300	5303991	SA	2	2/29/2024	40	0.15	USD	Miscellaneous Outside Services-2200	P130001	139526	RFC_USER_BL	2113040	3/5/2024
1300	☑	BILL.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	44.55	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	BILL.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	44.55	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	BILL.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	49.00	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	BILL.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	42.32	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	BILL.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	39.20	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	BILL.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	499.50	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	BILL.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	39.12	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	BILL.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	494.80	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	BILL.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	39.12	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	BILL.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	494.80	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	BILL.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	6.52	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	BILL.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-6.52	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	BILL.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	50	-36.94	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	5998501	1/14/2024
1600	☑	BILL.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	82.47	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	BILL.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-82.47	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	BILL.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	50	-467.32	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	5998501	1/15/2024
1600	☑	Book (and Reserve	100023221	Tax Repair Consulting Exp	5303310	SA	12	12/31/2023	40	109,866.66	USD	Book (and Reserve for) Tax Repair Consulting Expen	P160001	161311	RFC_USER_BL	2299200	1/16/2024
1300	☑	CALL.ALLOC2	100009443	BILL1300	5303991	SA	8	8/31/2023	40	162.92	USD	Miscellaneous Outside Services-2200	P130001	138603	RFC_USER_BL	2113040	9/7/2023
1600	☑	CALL.ALLOC2	100019767	BILL1600	5303991	SA	8	8/31/2023	40	2,076.24	USD	Miscellaneous Outside Services-2200	P160001	162780	RFC_USER_BL	2113040	9/7/2023
1300	☑	CALL.ALLOC2	100010261	BILL1300	5303991	SA	10	10/31/2023	40	11.46	USD	Miscellaneous Outside Services-2200	P130001	138603	RFC_USER_BL	2113040	11/5/2023
1600	☑	CALL.ALLOC2	100021473	BILL1600	5303991	SA	10	10/31/2023	40	144.92	USD	Miscellaneous Outside Services-2200	P160001	162780	RFC_USER_BL	2113040	11/5/2023
1300	☑	CALL.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	165.01	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	CALL.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	0.19	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	CALL.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	165.01	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CALL.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	0.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CALL.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	214.60	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	CALL.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	232.65	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CALL.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	13.73	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CALL.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	178.80	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CALL.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	3.08	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CALL.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	167.00	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CALL.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	1.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CALL.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	192.07	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CALL.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	13.05	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CALL.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	2,447.68	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CALL.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	166.31	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CALL.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	200.56	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CALL.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	2.48	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CALL.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	2,537.02	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CALL.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	31.35	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CALL.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	198.71	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	CALL.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	3.78	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	CALL.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	2,513.67	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	CALL.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	47.83	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	CALL.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	213.44	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CALL.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	12.92	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CALL.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-213.44	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CALL.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-12.92	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CALL.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	278.34	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	CALL.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	29.99	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	CALL.ALLOC2.E	100011252	BILL1300-ESSN-2	5998501	SA	12	12/31/2023	40	315.18	USD	PNG Services - ESSN Services-2	P130001	139905	RFC_USER_BL	2113040	1/16/2024
1600	☑	CALL.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	2,699.96	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CALL.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	163.40	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CALL.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-2,699.96	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CALL.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-163.40	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CALL.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	3,520.99	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	CALL.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	379.39	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	CALL.ALLOC2.E	100023218	BILL1600-ESSN-2	5998501	SA	12	12/31/2023	40	3,987.07	USD	PNG Services - ESSN Services-2	P160001	169905	RFC_USER_BL	2113040	1/16/2024
1300	☑	CALL.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	232.91	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CALL.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	2,946.29	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CALL.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	243.36	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CALL.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	4.68	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CALL.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	3,078.50	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CALL.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	59.17	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CASHMGT.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	0.18	USD	Miscellaneous Outside Services-2200	P130001	131318	MARIE06	2113040	4/6/2023
1300	☑	CASHMGT.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	50	-0.18	USD	Miscellaneous Outside Services-2200	P130001	131318	MARIE06	5300181	4/6/2023
1300	☑	CASHMGT.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	0.18	USD	Miscellaneous Outside Services-2200	P130001	131318	MARIE06	2113040	4/6/2023
1600	☑	CASHMGT.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	2.17	USD	Miscellaneous Outside Services-2200	P160001	161318	MARIE06	2113040	4/6/2023
1600	☑	CASHMGT.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	50	-2.17	USD	Miscellaneous Outside Services-2200	P160001	161318	MARIE06	5300111	4/6/2023
1600	☑	CASHMGT.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	2.17	USD	Miscellaneous Outside Services-2200	P160001	161318	MARIE06	2113040	4/6/2023
1300	☑	CASHMGT.ALLOC1	100007687	BILL1300	5303991	SA	4	4/30/2023	40	86.24	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL	2113040	5/4/2023
1600	☑	CASHMGT.ALLOC1	100016092	BILL1600	5303991	SA	4	4/30/2023	40	1,034.81	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL	2113040	5/4/2023
1300	☑	CASHMGT.ALLOC1	100008139	BILL1300	5303991	SA	5	5/31/2023	40	0.50	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL	2113040	6/8/2023
1600	☑	CASHMGT.ALLOC1	100017079	BILL1600	5303991	SA	5	5/31/2023	40	6.03	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL	2113040	6/8/2023

1300	☑	CASHMGT.ALLOC1	100008562	BILL1300	5303991	SA	6	6/30/2023	40	0.40	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	7/8/2023
1600	☑	CASHMGT.ALLOC1	100017845	BILL1600	5303991	SA	6	6/30/2023	40	4.83	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	7/8/2023
1300	☑	CASHMGT.ALLOC1	100009443	BILL1300	5303991	SA	8	8/31/2023	40	0.42	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	9/7/2023
1600	☑	CASHMGT.ALLOC1	100019767	BILL1600	5303991	SA	8	8/31/2023	40	6.75	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	9/7/2023
1300	☑	CASHMGT.ALLOC1	100009804	BILL1300	5303991	SA	9	9/30/2023	40	0.23	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	10/5/2023
1600	☑	CASHMGT.ALLOC1	100020613	BILL1600	5303991	SA	9	9/30/2023	40	3.67	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	10/5/2023
1300	☑	CASHMGT.ALLOC1	100010261	BILL1300	5303991	SA	10	10/31/2023	40	0.25	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	11/5/2023
1600	☑	CASHMGT.ALLOC1	100021473	BILL1600	5303991	SA	10	10/31/2023	40	4.02	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	11/5/2023
1300	☑	CASHMGT.ALLOC1	100010679	BILL1300	5303991	SA	11	11/30/2023	40	0.30	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	12/5/2023
1600	☑	CASHMGT.ALLOC1	100022276	BILL1600	5303991	SA	11	11/30/2023	40	4.95	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	12/5/2023
1300	☑	CASHMGT.ALLOC1	100011160	BILL1300	5303991	SA	12	12/31/2023	40	0.32	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	1/9/2024
1600	☑	CASHMGT.ALLOC1	100023085	BILL1600	5303991	SA	12	12/31/2023	40	5.17	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	1/9/2024
1300	☑	CASHMGT.ALLOC1	100011561	BILL1300	5303991	SA	1	1/31/2024	40	0.43	USD	Miscellaneous Outside Services-2200	P130001	131318	RFC_USER_BL		2113040	2/5/2024
1600	☑	CASHMGT.ALLOC1	100023915	BILL1600	5303991	SA	1	1/31/2024	40	7.06	USD	Miscellaneous Outside Services-2200	P160001	161318	RFC_USER_BL		2113040	2/5/2024
1600	☑	CD99116917	2200000209	1600 -AP ACCRUAL	5303890	AC	5	5/31/2023	40	19,192.15	USD	Cornerstone Controls	P160001		RFC_USER_BL	169700DREG	2111910	6/5/2023
1600	☑	CD99116917	4400000166	1600 -AP ACCRUAL	5303890	AR	6	6/1/2023	50	-19,192.15	USD	Cornerstone Controls	P160001		ANG4010	169700DREG	2111910	6/8/2023
1600	☑	CLEAR WO 10118298	100018417	CLEAR WO 10118298	5303030	SA	7	7/26/2023	50	-1,344.00	USD	CLEAR WO 10118298	P160001		RFC_USER_BL	10118298	5303030	7/26/2023
1600	☑	CLEAR WO 10118298	100018417	CLEAR WO 10118298	5303030	SA	7	7/26/2023	40	1,344.00	USD	CLEAR WO 10118298	P160001		RFC_USER_BL	10100664	5303030	7/26/2023
1600	☑	CM Allocation	100015294	JE 716 ALLOCATN VARIABLE	5999058	SA	3	3/31/2023	50	-30,420.18	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	CHA4616		1133158	4/11/2023
1600	☑	CM Allocation	100015294	JE 716 ALLOCATN VARIABLE	5999059	SA	3	3/31/2023	50	-2,792.25	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	CHA4616		1133158	4/11/2023
1600	☑	CM Allocation	100017131	JE 716 ALLOCATN VARIABLE	5999058	SA	5	5/31/2023	50	-12,496.89	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	6/9/2023
1600	☑	CM Allocation	100017131	JE 716 ALLOCATN VARIABLE	5999059	SA	5	5/31/2023	50	-1,092.81	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	6/9/2023
1600	☑	CM Allocation	100017132	JE 716 ALLOCATN VARIABLE	5999058	SA	5	5/31/2023	50	-29,640.67	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	6/9/2023
1600	☑	CM Allocation	100017132	JE 716 ALLOCATN VARIABLE	5999059	SA	5	5/31/2023	50	-2,639.79	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	6/9/2023
1600	☑	CM Allocation	100017881	JE 716 ALLOCATN VARIABLE	5999058	SA	6	6/30/2023	50	-25,552.23	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	7/10/2023
1600	☑	CM Allocation	100017881	JE 716 ALLOCATN VARIABLE	5999059	SA	6	6/30/2023	50	-2,205.56	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	7/10/2023
1600	☑	CM Allocation	100018868	JE 716 ALLOCATN VARIABLE	5999058	SA	7	7/31/2023	50	-33,745.36	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	8/7/2023
1600	☑	CM Allocation	100018868	JE 716 ALLOCATN VARIABLE	5999059	SA	7	7/31/2023	50	-2,615.12	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	8/7/2023
1600	☑	CM Allocation	100019768	JE 716 ALLOCATN VARIABLE	5999058	SA	8	8/31/2023	50	-14,280.71	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	9/7/2023
1600	☑	CM Allocation	100019768	JE 716 ALLOCATN VARIABLE	5999059	SA	8	8/31/2023	50	-1,004.67	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	9/7/2023
1600	☑	CM Allocation	100020684	JE 716 ALLOCATN VARIABLE	5999058	SA	9	9/30/2023	50	-47,857.12	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	10/6/2023
1600	☑	CM Allocation	100020684	JE 716 ALLOCATN VARIABLE	5999059	SA	9	9/30/2023	50	-3,179.69	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	10/6/2023
1600	☑	CM Allocation	100021526	JE 716 ALLOCATN VARIABLE	5999058	SA	10	10/31/2023	50	-155,710.32	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	11/7/2023
1600	☑	CM Allocation	100021526	JE 716 ALLOCATN VARIABLE	5999059	SA	10	10/31/2023	50	-9,879.78	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	11/7/2023
1600	☑	CM Allocation	100022357	JE 716 ALLOCATN VARIABLE	5999058	SA	11	11/30/2023	50	-12,616.82	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	12/8/2023
1600	☑	CM Allocation	100022357	JE 716 ALLOCATN VARIABLE	5999059	SA	11	11/30/2023	50	-1,239.09	USD	ALLOCATION VARIABLE COST OF CM TO SUBS	P160001	169935	RFC_USER_BL		1133158	12/8/2023
1600	☑	CM Allocation	100023192	JE 716 ALLOCATN VARIABLE	5999058	SA	12	12/31/2023	50	-21,008.28	USD	ALLOCATION VARIABLE COST OF CM TO SUBS Nov Actual	P160001	169935	RFC_USER_BL		1133158	1/15/2024
1600	☑	CM Allocation	100023192	JE 716 ALLOCATN VARIABLE	5999059	SA	12	12/31/2023	50	-2,363.37	USD	ALLOCATION VARIABLE COST OF CM TO SUBS Nov Actual	P160001	169935	RFC_USER_BL		1133158	1/15/2024
1600	☑	CM Allocation	100023193	JE 716 ALLOCATN VARIABLE	5999058	SA	12	12/31/2023	40	117,569.52	USD	Allocation of CM's VC to Subs - True Up YTD 2023	P160001	169935	RFC_USER_BL		1133158	1/15/2024
1600	☑	CM Allocation	100023193	JE 716 ALLOCATN VARIABLE	5999059	SA	12	12/31/2023	50	-39,127.66	USD	Allocation of CM's VC to Subs - True Up YTD 2023	P160001	169935	RFC_USER_BL		5999058	1/15/2024
1600	☑	CM Allocation - 01	100024909	JE 716 Allocate VCs of CM	5999058	SA	2	2/29/2024	50	-16,697.27	USD	Allocation of Variable Costs of CM to Subs - Jan 2	P160001	169935	RFC_USER_BL		1133158	3/11/2024
1600	☑	CM Allocation - 01	100024909	JE 716 Allocate VCs of CM	5999059	SA	2	2/29/2024	50	-4,179.25	USD	Allocation of Variable Costs of CM to Subs - Jan 2	P160001	169935	RFC_USER_BL		1133158	3/11/2024
1600	☑	CM Allocation - 12	100024010	JE 716 Allocate VCs of CM	5999058	SA	1	1/31/2024	50	-10,995.72	USD	Allocation of Variable Costs of CM to Subs - Dec 2	P160001	169935	RFC_USER_BL		1133158	2/8/2024
1600	☑	CM Allocation - 12	100024010	JE 716 Allocate VCs of CM	5999059	SA	1	1/31/2024	50	-1,565.93	USD	Allocation of Variable Costs of CM to Subs - Dec 2	P160001	169935	RFC_USER_BL		1133158	2/8/2024
1300	☑	COMREL.ALLOC2	100008562	BILL1300	5303991	SA	6	6/30/2023	40	9.91	USD	Miscellaneous Outside Services-2200	P130001	134410	RFC_USER_BL		2113040	7/8/2023
1600	☑	COMREL.ALLOC2	100017845	BILL1600	5303991	SA	6	6/30/2023	40	21.12	USD	Miscellaneous Outside Services-2200	P160001	164410	RFC_USER_BL		2113040	7/8/2023
1300	☑	COMREL.ALLOC2	100008968	BILL1300	5303991	SA	7	7/31/2023	40	56.36	USD	Miscellaneous Outside Services-2200	P130001	134410	RFC_USER_BL		2113040	8/5/2023
1600	☑	COMREL.ALLOC2	100018834	BILL1600	5303991	SA	7	7/31/2023	40	120.07	USD	Miscellaneous Outside Services-2200	P160001	164410	RFC_USER_BL		2113040	8/5/2023
1300	☑	COMREL.ALLOC2	100010261	BILL1300	5303991	SA	10	10/31/2023	40	1.60	USD	Miscellaneous Outside Services-2200	P130001	134410	RFC_USER_BL		2113040	11/5/2023
1600	☑	COMREL.ALLOC2	100021473	BILL1600	5303991	SA	10	10/31/2023	40	20.24	USD	Miscellaneous Outside Services-2200	P160001	164410	RFC_USER_BL		2113040	11/5/2023
1300	☑	COMREL.ALLOC2	100010679	BILL1300	5303991	SA	11	11/30/2023	40	26.17	USD	Miscellaneous Outside Services-2200	P130001	134410	RFC_USER_BL		2113040	12/5/2023
1600	☑	COMREL.ALLOC2	100022276	BILL1600	5303991	SA	11	11/30/2023	40	331.08	USD	Miscellaneous Outside Services-2200	P160001	164410	RFC_USER_BL		2113040	12/5/2023
1300	☑	COMREL.ALLOC2	100011160	BILL1300	5303991	SA	12	12/31/2023	40	22.08	USD	Miscellaneous Outside Services-2200	P130001	134410	RFC_USER_BL		2113040	1/9/2024
1600	☑	COMREL.ALLOC2	100023085	BILL1600	5303991	SA	12	12/31/2023	40	279.31	USD	Miscellaneous Outside Services-2200	P160001	164410	RFC_USER_BL		2113040	1/9/2024
1300	☑	COMREL.ALLOC2	100012017	BILL1300	5303991	SA	2	2/29/2024	40	34.25	USD	Miscellaneous Outside Services-2200	P130001	134410	RFC_USER_BL		2113040	3/5/2024
1600	☑	COMREL.ALLOC2	100024789	BILL1600	5303991	SA	2	2/29/2024	40	433.30	USD	Miscellaneous Outside Services-2200	P160001	164410	RFC_USER_BL		2113040	3/5/2024
1300	☑	COMREL.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	179.92	USD	PNG Services - ESSN Services	P130001	139905	MARIE06		2113040	4/10/2023
1300	☑	COMREL.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	96.73	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06		2113040	4/10/2023
1600	☑	COMREL.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	2,235.53	USD	PNG Services - ESSN Services	P160001	169905	MARIE06		2113040	4/10/2023
1600	☑	COMREL.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	1,201.81	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06		2113040	4/10/2023
1300	☑	COMREL.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	179.92	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1300	☑	COMREL.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	96.73	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1600	☑	COMREL.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	2,235.53	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	5/2/2023
1600	☑	COMREL.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	1,201.81	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	5/2/2023
1300	☑	COMREL.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	164.68	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1300	☑	COMREL.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	22.45	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1600	☑	COMREL.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	2,046.20	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	6/8/2023
1600	☑	COMREL.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	278.99	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	6/8/2023
1300	☑	COMREL.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	202.73	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1300	☑	COMREL.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	364.05	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1600	☑	COMREL.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	2,518.96	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	7/9/2023
1600	☑	COMREL.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	4,523.27	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	7/9/2023
1300	☑	COMREL.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	172.21	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1300	☑	COMREL.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	414.68	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1600	☑	COMREL.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	2,139.73	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	8/3/2023
1600	☑	COMREL.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	5,152.38	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	8/3/2023
1300	☑	COMREL.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	146.71	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1300	☑	COMREL.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	187.20	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1600	☑	COMREL.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	1,822.81	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	9/1/2023
1600	☑	COMREL.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	2,325.96	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	9/1/2023

1300	☑	COMREL.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	162.32	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	COMREL.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	169.89	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	COMREL.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	2,068.48	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	COMREL.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	2,165.05	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	COMREL.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	150.76	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	COMREL.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	243.68	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	COMREL.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	1,907.06	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	COMREL.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	3,082.53	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	COMREL.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	134.12	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	COMREL.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	106.33	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	COMREL.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	1,696.64	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	COMREL.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	1,345.12	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	COMREL.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	86.67	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	COMREL.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	29.39	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	COMREL.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-86.67	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	COMREL.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-29.39	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	COMREL.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	32.02	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	COMREL.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	169.71	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	COMREL.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,096.33	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	COMREL.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	371.75	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	COMREL.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-1,096.33	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	COMREL.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-371.75	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	COMREL.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	405.12	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	COMREL.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	2,146.86	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	COMREL.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	143.80	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	COMREL.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	114.30	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	COMREL.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	1,819.04	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	COMREL.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	1,445.92	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	COMREL.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	153.51	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	COMREL.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	123.54	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	COMREL.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	1,941.92	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	COMREL.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	1,562.80	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	convenience pmt/re	100017946	ESSENTIAL - Health Care A	5303310	SA	7	7/1/2023	40	795.96	USD	Delta Health Advocate reclass	P160001	169935	RFC_USER_BL	5399900	7/12/2023
1300	☑	CUSTRELAT.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	70.69	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	CUSTRELAT.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	2.36	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	CUSTRELAT.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	70.69	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CUSTRELAT.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	2.36	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CUSTRELAT.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	73.64	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	CUSTRELAT.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	80.82	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CUSTRELAT.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	6.02	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CUSTRELAT.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	63.45	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CUSTRELAT.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	17.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CUSTRELAT.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	69.18	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CUSTRELAT.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	7.30	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CUSTRELAT.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	69.26	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CUSTRELAT.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	0.50	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CUSTRELAT.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	760.17	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CUSTRELAT.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	5.52	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CUSTRELAT.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	69.76	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CUSTRELAT.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	50	-9.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	11/2/2023
1600	☑	CUSTRELAT.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	760.89	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CUSTRELAT.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	50	-100.26	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	11/2/2023
1300	☑	CUSTRELAT.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	74.49	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	CUSTRELAT.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	50	-0.14	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	12/5/2023
1600	☑	CUSTRELAT.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	812.41	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	CUSTRELAT.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	50	-1.58	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	12/5/2023
1300	☑	CUSTRELAT.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	52.59	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	3.01	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-52.59	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-3.01	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	152.31	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	9.73	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	CUSTRELAT.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	573.60	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CUSTRELAT.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	32.81	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CUSTRELAT.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-573.60	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CUSTRELAT.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-32.81	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CUSTRELAT.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,661.20	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	CUSTRELAT.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	106.14	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	76.81	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CUSTRELAT.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	2.22	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CUSTRELAT.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	837.77	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CUSTRELAT.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	24.22	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CUSTRELAT.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	71.62	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CUSTRELAT.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	0.57	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CUSTRELAT.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	781.19	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CUSTRELAT.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	6.17	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CYBERSEC.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	367.79	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	CYBERSEC.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	13.88	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	CYBERSEC.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	4,876.69	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	CYBERSEC.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	184.09	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023

1300	☑	CYBERSEC.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	367.79	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CYBERSEC.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	13.88	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	CYBERSEC.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	4,876.69	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	CYBERSEC.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	184.09	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CYBERSEC.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	266.60	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	CYBERSEC.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	14.66	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	CYBERSEC.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	3,534.90	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	CYBERSEC.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	194.36	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	CYBERSEC.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	294.39	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CYBERSEC.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	13.70	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	CYBERSEC.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	3,903.32	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	CYBERSEC.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	181.71	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CYBERSEC.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	105.63	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CYBERSEC.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	10.03	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	CYBERSEC.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	1,400.54	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	CYBERSEC.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	133.04	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CYBERSEC.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	66.61	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CYBERSEC.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	11.49	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	CYBERSEC.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	883.27	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	CYBERSEC.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	152.40	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CYBERSEC.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	150.24	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CYBERSEC.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	21.78	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CYBERSEC.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	2,010.73	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CYBERSEC.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	291.46	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CYBERSEC.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	82.84	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CYBERSEC.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	150.58	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CYBERSEC.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	1,110.85	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CYBERSEC.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	2,019.30	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CYBERSEC.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	157.36	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	CYBERSEC.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	50	-118.38	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	12/5/2023
1600	☑	CYBERSEC.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	2,110.19	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	CYBERSEC.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	50	-1,587.41	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	12/5/2023
1300	☑	CYBERSEC.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	110.03	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CYBERSEC.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	52.15	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CYBERSEC.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-110.03	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CYBERSEC.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-52.15	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CYBERSEC.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	277.00	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	CYBERSEC.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	42.02	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	CYBERSEC.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,475.52	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CYBERSEC.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	699.34	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CYBERSEC.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-1,475.52	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CYBERSEC.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-699.34	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CYBERSEC.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	3,714.51	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	CYBERSEC.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	563.46	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	CYBERSEC.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	386.77	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CYBERSEC.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	13.91	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CYBERSEC.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	5,186.56	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CYBERSEC.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	186.60	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CYBERSEC.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	337.90	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CYBERSEC.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	13.42	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CYBERSEC.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	4,531.14	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CYBERSEC.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	179.94	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CYBERSEC2.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	232.18	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	CYBERSEC2.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	40.74	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	CYBERSEC2.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	3,088.00	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	CYBERSEC2.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	541.79	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	CYBERSEC2.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	232.18	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CYBERSEC2.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	40.74	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	CYBERSEC2.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	3,088.00	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	CYBERSEC2.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	541.79	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	CYBERSEC2.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	217.84	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	CYBERSEC2.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	37.65	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	CYBERSEC2.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	2,897.32	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	CYBERSEC2.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	500.81	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	CYBERSEC2.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	245.38	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CYBERSEC2.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	44.10	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	CYBERSEC2.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	3,263.56	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	CYBERSEC2.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	586.52	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	CYBERSEC2.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	162.91	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CYBERSEC2.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	52.18	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	CYBERSEC2.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	2,166.71	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	CYBERSEC2.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	693.97	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	CYBERSEC2.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	153.13	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CYBERSEC2.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	37.65	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	CYBERSEC2.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	2,036.60	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	CYBERSEC2.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	500.81	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	CYBERSEC2.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	266.06	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	CYBERSEC2.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	51.56	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CYBERSEC2.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	3,560.76	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	CYBERSEC2.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	689.99	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023

1300	☑	CYBERSEC2.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	275.58	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CYBERSEC2.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	51.56	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CYBERSEC2.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	3,695.51	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	CYBERSEC2.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	691.36	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	CYBERSEC2.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	281.00	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	CYBERSEC2.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	47.69	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	CYBERSEC2.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	3,768.21	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	CYBERSEC2.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	639.46	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	CYBERSEC2.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	205.11	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	45.94	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-205.11	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-45.94	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	314.33	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	100.13	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	CYBERSEC2.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	2,750.44	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CYBERSEC2.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	616.02	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	CYBERSEC2.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-2,750.44	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CYBERSEC2.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-616.02	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	CYBERSEC2.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	4,215.16	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	CYBERSEC2.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	1,342.75	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	286.26	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CYBERSEC2.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	51.73	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CYBERSEC2.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	3,838.66	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	CYBERSEC2.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	693.74	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	CYBERSEC2.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	307.73	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	CYBERSEC2.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	136.38	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CYBERSEC2.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	4,126.58	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	CYBERSEC2.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	1,828.76	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	Data Projects	2200000265	RECORD IT ME ACCRUALS	5303315	AC	9	9/30/2023	40	40,000.00	USD	Delta Core Upgrade	P160001		RFC_USER_BL	2302980	2199900	10/5/2023
1600	☑	Data Projects	4400000214	RECORD IT ME ACCRUALS	5303315	AR	10	10/1/2023	50	-40,000.00	USD	Delta Core Upgrade	P160001		ZAC4980	2302980	2199900	10/6/2023
1300	☑	ESSENTIAL TRUE UP	100008179	BILL1300-ESSN-TRUE UP	5998501	SA	5	5/31/2023	50	-639.06	USD	PNG Services - ESSN Services-True Up April	P130001	139905	RFC_USER_BL	2113040	6/9/2023
1300	☑	ESSENTIAL TRUE UP	100008179	BILL1300-ESSN-TRUE UP	5998511	SA	5	5/31/2023	50	-1,421.93	USD	PNG Services - ESSN Sundry-True Up April	P130001	139905	RFC_USER_BL	2113040	6/9/2023
1300	☑	ESSENTIAL TRUE UP	100008180	BILL1300-ESSN-TRUE UP	5998501	SA	5	5/31/2023	40	649.78	USD	PNG Services - ESSN Services-True Up May	P130001	139905	RFC_USER_BL	2113040	6/9/2023
1300	☑	ESSENTIAL TRUE UP	100008180	BILL1300-ESSN-TRUE UP	5998511	SA	5	5/31/2023	40	206.09	USD	PNG Services - ESSN Sundry-True Up May	P130001	139905	RFC_USER_BL	2113040	6/9/2023
1600	☑	ESSENTIAL TRUE UP	100017139	BILL1600-ESSN-TRUE UP	5998501	SA	5	5/31/2023	50	-9,116.28	USD	PNG Services - ESSN Services-True Up April	P160001	169905	RFC_USER_BL	2113040	6/9/2023
1600	☑	ESSENTIAL TRUE UP	100017139	BILL1600-ESSN-TRUE UP	5998511	SA	5	5/31/2023	50	-18,858.00	USD	PNG Services - ESSN Sundry-True Up April	P160001	169905	RFC_USER_BL	2113040	6/9/2023
1600	☑	ESSENTIAL TRUE UP	100017140	BILL1600-ESSN-TRUE UP	5998501	SA	5	5/31/2023	40	9,290.22	USD	PNG Services - ESSN Services-True Up May	P160001	169905	RFC_USER_BL	2113040	6/9/2023
1600	☑	ESSENTIAL TRUE UP	100017140	BILL1600-ESSN-TRUE UP	5998511	SA	5	5/31/2023	40	2,809.28	USD	PNG Services - ESSN Sundry-True Up May	P160001	169905	RFC_USER_BL	2113040	6/9/2023
1300	☑	ESSENTIAL TRUE UP	100008590	BILL1300-ESSN-TRUE UP	5998501	SA	6	6/30/2023	50	-444.71	USD	PNG Services - ESSN Services-True Up June	P130001	139905	RFC_USER_BL	5998511	7/10/2023
1300	☑	ESSENTIAL TRUE UP	100008590	BILL1300-ESSN-TRUE UP	5998511	SA	6	6/30/2023	40	659.75	USD	PNG Services - ESSN Sundry-True Up June	P130001	139905	RFC_USER_BL	2113040	7/10/2023
1600	☑	ESSENTIAL TRUE UP	100017890	BILL1600-ESSN-TRUE UP	5998501	SA	6	6/30/2023	50	-6,360.43	USD	PNG Services - ESSN Services-True Up June	P160001	169905	RFC_USER_BL	5998511	7/10/2023
1600	☑	ESSENTIAL TRUE UP	100017890	BILL1600-ESSN-TRUE UP	5998511	SA	6	6/30/2023	40	8,971.07	USD	PNG Services - ESSN Sundry-True Up June	P160001	169905	RFC_USER_BL	2113040	7/10/2023
1300	☑	ESSENTIAL TRUE UP	100009016	BILL1300-ESSN-TRUE UP	5998501	SA	7	7/31/2023	50	-102.21	USD	PNG Services - ESSN Services-True Up July	P130001	139905	RFC_USER_BL	2113040	8/8/2023
1300	☑	ESSENTIAL TRUE UP	100009016	BILL1300-ESSN-TRUE UP	5998511	SA	7	7/31/2023	50	-2,393.28	USD	PNG Services - ESSN Sundry-True Up July	P130001	139905	RFC_USER_BL	2113040	8/8/2023
1600	☑	ESSENTIAL TRUE UP	100018929	BILL1600-ESSN-TRUE UP	5998501	SA	7	7/31/2023	50	-1,461.97	USD	PNG Services - ESSN Services-True Up July	P160001	169905	RFC_USER_BL	2113040	8/8/2023
1600	☑	ESSENTIAL TRUE UP	100018929	BILL1600-ESSN-TRUE UP	5998511	SA	7	7/31/2023	50	-30,311.60	USD	PNG Services - ESSN Sundry-True Up July	P160001	169905	RFC_USER_BL	2113040	8/8/2023
1300	☑	ESSENTIAL TRUE UP	100009499	BILL1300-ESSN-TRUE UP	5998501	SA	8	8/31/2023	40	426.34	USD	PNG Services - ESSN Services-True Up August	P130001	139905	RFC_USER_BL	2113040	9/11/2023
1300	☑	ESSENTIAL TRUE UP	100009499	BILL1300-ESSN-TRUE UP	5998511	SA	8	8/31/2023	40	1,542.58	USD	PNG Services - ESSN Sundry-True Up August	P130001	139905	RFC_USER_BL	2113040	9/11/2023
1600	☑	ESSENTIAL TRUE UP	100019853	BILL1600-ESSN-TRUE UP	5998501	SA	8	8/31/2023	40	6,097.26	USD	PNG Services - ESSN Services-True Up August	P160001	169905	RFC_USER_BL	2113040	9/11/2023
1600	☑	ESSENTIAL TRUE UP	100019853	BILL1600-ESSN-TRUE UP	5998511	SA	8	8/31/2023	40	19,727.16	USD	PNG Services - ESSN Sundry-True Up August	P160001	169905	RFC_USER_BL	2113040	9/11/2023
1300	☑	ESSENTIAL TRUE UP	100009868	BILL1300-ESSN-TRUE UP	5998501	SA	9	9/30/2023	50	-214.52	USD	PNG Services - ESSN Services-True Up September	P130001	139905	RFC_USER_BL	2113040	10/8/2023
1300	☑	ESSENTIAL TRUE UP	100009868	BILL1300-ESSN-TRUE UP	5998511	SA	9	9/30/2023	50	-669.88	USD	PNG Services - ESSN Sundry-True Up September	P130001	139905	RFC_USER_BL	2113040	10/8/2023
1600	☑	ESSENTIAL TRUE UP	100020685	BILL1600-ESSN-TRUE UP	5998501	SA	9	9/30/2023	50	-3,067.00	USD	PNG Services - ESSN Services-True Up September	P160001	169905	RFC_USER_BL	2113040	10/8/2023
1600	☑	ESSENTIAL TRUE UP	100020685	BILL1600-ESSN-TRUE UP	5998511	SA	9	9/30/2023	50	-8,660.77	USD	PNG Services - ESSN Sundry-True Up September	P160001	169905	RFC_USER_BL	2113040	10/8/2023
1300	☑	ESSENTIAL TRUE UP	100010327	BILL1300-ESSN-TRUE UP	5998501	SA	10	10/31/2023	40	583.73	USD	PNG Services - ESSN Services-True Up October	P130001	139905	RFC_USER_BL	2113040	11/8/2023
1300	☑	ESSENTIAL TRUE UP	100010327	BILL1300-ESSN-TRUE UP	5998511	SA	10	10/31/2023	40	261.45	USD	PNG Services - ESSN Sundry-True Up October	P130001	139905	RFC_USER_BL	2113040	11/8/2023
1600	☑	ESSENTIAL TRUE UP	100021563	BILL1600-ESSN-TRUE UP	5998501	SA	10	10/31/2023	40	8,350.19	USD	PNG Services - ESSN Services-True Up October	P160001	169905	RFC_USER_BL	2113040	11/8/2023
1600	☑	ESSENTIAL TRUE UP	100021563	BILL1600-ESSN-TRUE UP	5998511	SA	10	10/31/2023	40	3,398.55	USD	PNG Services - ESSN Sundry-True Up October	P160001	169905	RFC_USER_BL	2113040	11/8/2023
1300	☑	ESSENTIAL TRUE UP	100010744	BILL1300-ESSN-TRUE UP	5998501	SA	11	11/30/2023	50	-886.62	USD	PNG Services - ESSN Services-True Up November	P130001	139905	RFC_USER_BL	2113040	12/8/2023
1300	☑	ESSENTIAL TRUE UP	100010744	BILL1300-ESSN-TRUE UP	5998511	SA	11	11/30/2023	50	-277.69	USD	PNG Services - ESSN Sundry-True Up November	P130001	139905	RFC_USER_BL	2113040	12/8/2023
1600	☑	ESSENTIAL TRUE UP	100022360	BILL1600-ESSN-TRUE UP	5998501	SA	11	11/30/2023	50	-12,693.85	USD	PNG Services - ESSN Services-True Up November	P160001	169905	RFC_USER_BL	2113040	12/8/2023
1600	☑	ESSENTIAL TRUE UP	100022360	BILL1600-ESSN-TRUE UP	5998511	SA	11	11/30/2023	50	-3,654.17	USD	PNG Services - ESSN Sundry-True Up November	P160001	169905	RFC_USER_BL	2113040	12/8/2023
1300	☑	ESSENTIAL TRUE UP	100011106	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	639.06	USD	PNG Services - ESSN Services-True Up April	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011106	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	1,421.93	USD	PNG Services - ESSN Sundry-True Up April	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011107	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	50	-649.78	USD	PNG Services - ESSN Services-True Up May	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011107	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-206.09	USD	PNG Services - ESSN Sundry-True Up May	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011108	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	444.71	USD	PNG Services - ESSN Services-True Up June	P130001	139905	MARIE06	5998511	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011108	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-659.75	USD	PNG Services - ESSN Sundry-True Up June	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011109	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	102.21	USD	PNG Services - ESSN Services-True Up July	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011109	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	2,393.28	USD	PNG Services - ESSN Sundry-True Up July	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011110	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	50	-426.34	USD	PNG Services - ESSN Services-True Up August	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011110	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-1,542.58	USD	PNG Services - ESSN Sundry-True Up August	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011111	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	214.52	USD	PNG Services - ESSN Services-True Up September	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011111	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	669.88	USD	PNG Services - ESSN Sundry-True Up September	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011112	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	50	-583.73	USD	PNG Services - ESSN Services-True Up October	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011112	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-261.45	USD	PNG Services - ESSN Sundry-True Up October	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011113	BILL1300-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	886.62	USD	PNG Services - ESSN Services-True Up November	P130001	139905	MARIE06	2113040	1/5/2024
1300	☑	ESSENTIAL TRUE UP	100011113	BILL1300-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	277.69	USD	PNG Services - ESSN Sundry-True Up November	P130001	139905	MARIE06	2113040	1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023017	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	9,116.28	USD	PNG Services - ESSN Services-True Up April	P160001	169905	MARIE06	2113040	1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023017	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	18,858.00	USD	PNG Services - ESSN Sundry-True Up April	P160001	169905	MARIE06	2113040	1/5/2024

1600	☑	ESSENTIAL TRUE UP	100023018	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	50	-9,290.22	USD	PNG Services - ESSN Services-True Up May	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023018	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-2,809.28	USD	PNG Services - ESSN Sundry-True Up May	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023019	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	6,360.43	USD	PNG Services - ESSN Services-True Up June	P160001	169905	MARIE06		5998511		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023019	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-8,971.07	USD	PNG Services - ESSN Sundry-True Up June	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023020	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	1,461.97	USD	PNG Services - ESSN Services-True Up July	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023020	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	30,311.60	USD	PNG Services - ESSN Sundry-True Up July	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023021	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	50	-6,097.26	USD	PNG Services - ESSN Services-True Up August	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023021	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-19,727.16	USD	PNG Services - ESSN Sundry-True Up August	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023022	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	3,067.00	USD	PNG Services - ESSN Services-True Up September	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023022	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	8,660.77	USD	PNG Services - ESSN Sundry-True Up September	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023023	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	50	-8,350.19	USD	PNG Services - ESSN Services-True Up October	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023023	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	50	-3,398.55	USD	PNG Services - ESSN Sundry-True Up October	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023024	BILL1600-ESSN-TRUE UP	5998501	SR	12	12/31/2023	40	12,693.85	USD	PNG Services - ESSN Services-True Up November	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	ESSENTIAL TRUE UP	100023024	BILL1600-ESSN-TRUE UP	5998511	SR	12	12/31/2023	40	3,654.17	USD	PNG Services - ESSN Sundry-True Up November	P160001	169905	MARIE06		2113040		1/5/2024
1600	☑	Estimate	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-5,906.23	USD	EnSiteUSA	P160001		ANG4010	10098705	2111910		3/7/2023
1600	☑	Estimate	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-26,815.18	USD	EnSiteUSA	P160001		ANG4010	10098706	2111910		3/7/2023
1600	☑	Estimate	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-78,382.11	USD	EnSiteUSA	P160001		ANG4010	10107543	2111910		3/7/2023
1600	☑	Estimate	2200000188	1600 - AP ACCRUAL	5303030	AC	3	3/31/2023	40	9,795.99	USD	EnSiteUSA	P160001		ALL3394	10098705	2199900		4/5/2023
1600	☑	Estimate	2200000188	1600 - AP ACCRUAL	5303030	AC	3	3/31/2023	40	21,898.18	USD	EnSiteUSA	P160001		ALL3394	10098706	2199900		4/5/2023
1600	☑	Estimate	2200000188	1600 - AP ACCRUAL	5303030	AC	3	3/31/2023	40	99,017.52	USD	EnSiteUSA	P160001		ALL3394	10107543	2199900		4/5/2023
1600	☑	Estimate	4400000143	1600 - AP ACCRUAL	5303030	AR	4	4/1/2023	50	-9,795.99	USD	EnSiteUSA	P160001		ANG4010	10098705	2199900		4/6/2023
1600	☑	Estimate	4400000143	1600 - AP ACCRUAL	5303030	AR	4	4/1/2023	50	-21,898.18	USD	EnSiteUSA	P160001		ANG4010	10098706	2199900		4/6/2023
1600	☑	Estimate	4400000143	1600 - AP ACCRUAL	5303030	AR	4	4/1/2023	50	-99,017.52	USD	EnSiteUSA	P160001		ANG4010	10107543	2199900		4/6/2023
1600	☑	Estimate	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	3,592.50	USD	MOTT MACDONALD LLC	P160001		RFC_USER_BL	10119170	2111910		5/2/2023
1600	☑	Estimate	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	10,806.91	USD	ENSITE USA	P160001		RFC_USER_BL	10098705	2111910		5/2/2023
1600	☑	Estimate	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	34,065.93	USD	ENSITE USA	P160001		RFC_USER_BL	10098706	2111910		5/2/2023
1600	☑	Estimate	2200000197	1600 -AP ACCRUAL	5303030	AC	4	4/30/2023	40	27,551.69	USD	ENSITE USA	P160001		RFC_USER_BL	10107543	2111910		5/2/2023
1600	☑	Estimate	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-3,592.50	USD	MOTT MACDONALD LLC	P160001		ANG4010	10119170	2111910		5/5/2023
1600	☑	Estimate	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-10,806.91	USD	ENSITE USA	P160001		ANG4010	10098705	2111910		5/5/2023
1600	☑	Estimate	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-34,065.93	USD	ENSITE USA	P160001		ANG4010	10098706	2111910		5/5/2023
1600	☑	Estimate	4400000152	1600 -AP ACCRUAL	5303030	AR	5	5/1/2023	50	-27,551.69	USD	ENSITE USA	P160001		ANG4010	10107543	2111910		5/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	22,365.00	USD	MOTT MACDONALD LLC	P160001		RFC_USER_BL	10098705	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	2,221.00	USD	ENSITE USA	P160001		RFC_USER_BL	10098706	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	43,881.00	USD	ENSITE USA	P160001		RFC_USER_BL	10107543	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	16,674.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119168	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	546.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119170	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	10,088.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119172	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	6,252.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119173	2111910		6/5/2023
1600	☑	Estimate	2200000209	1600 -AP ACCRUAL	5303030	AC	5	5/31/2023	40	8,037.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119174	2111910		6/5/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-22,365.00	USD	MOTT MACDONALD LLC	P160001		ANG4010	10098705	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-2,221.00	USD	ENSITE USA	P160001		ANG4010	10098706	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-43,881.00	USD	ENSITE USA	P160001		ANG4010	10107543	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-16,674.00	USD	ENSITE USA	P160001		ANG4010	10119168	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-546.00	USD	ENSITE USA	P160001		ANG4010	10119170	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-10,088.00	USD	ENSITE USA	P160001		ANG4010	10119172	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-6,252.00	USD	ENSITE USA	P160001		ANG4010	10119173	2111910		6/8/2023
1600	☑	Estimate	4400000166	1600 -AP ACCRUAL	5303030	AR	6	6/1/2023	50	-8,037.00	USD	ENSITE USA	P160001		ANG4010	10119174	2111910		6/8/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	34,132.63	USD	ENSITE USA	P160001		RFC_USER_BL	10098705	2111910		7/6/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	2,098.77	USD	ENSITE USA	P160001		RFC_USER_BL	10098706	2111910		7/6/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	17,439.60	USD	ENSITE USA	P160001		RFC_USER_BL	10107543	2111910		7/6/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	6,025.19	USD	ENSITE USA	P160001		RFC_USER_BL	10119168	2111910		7/6/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	5,692.22	USD	ENSITE USA	P160001		RFC_USER_BL	10119172	2111910		7/6/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	1,705.15	USD	ENSITE USA	P160001		RFC_USER_BL	10119173	2111910		7/6/2023
1600	☑	Estimate	2200000222	1600 -AP ACCRUAL	5303030	AC	6	6/30/2023	40	623.53	USD	ENSITE USA	P160001		RFC_USER_BL	10119174	2111910		7/6/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-34,132.63	USD	ENSITE USA	P160001		ANG4010	10098705	2111910		7/8/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-2,098.77	USD	ENSITE USA	P160001		ANG4010	10098706	2111910		7/8/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-17,439.60	USD	ENSITE USA	P160001		ANG4010	10107543	2111910		7/8/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-6,025.19	USD	ENSITE USA	P160001		ANG4010	10119168	2111910		7/8/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-5,692.22	USD	ENSITE USA	P160001		ANG4010	10119172	2111910		7/8/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-1,705.15	USD	ENSITE USA	P160001		ANG4010	10119173	2111910		7/8/2023
1600	☑	Estimate	4400000177	1600 -AP ACCRUAL	5303030	AR	7	7/1/2023	50	-623.53	USD	ENSITE USA	P160001		ANG4010	10119174	2111910		7/8/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	5,548.00	USD	ENSITE USA	P160001		RFC_USER_BL	10098705	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	34,817.00	USD	ENSITE USA	P160001		RFC_USER_BL	10100874	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	18,820.00	USD	ENSITE USA	P160001		RFC_USER_BL	10107543	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	2,537.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119168	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	576.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119170	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	1,435.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119172	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	145.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119173	2199900		8/2/2023
1600	☑	Estimate	2200000236	1600 -AP ACCRUAL	5303030	AC	7	7/31/2023	40	145.00	USD	ENSITE USA	P160001		RFC_USER_BL	10119174	2199900		8/2/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-5,548.00	USD	ENSITE USA	P160001		ANG4010	10098705	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-34,817.00	USD	ENSITE USA	P160001		ANG4010	10100874	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-18,820.00	USD	ENSITE USA	P160001		ANG4010	10107543	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-2,537.00	USD	ENSITE USA	P160001		ANG4010	10119168	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-576.00	USD	ENSITE USA	P160001		ANG4010	10119170	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-1,435.00	USD	ENSITE USA	P160001		ANG4010	10119172	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-145.00	USD	ENSITE USA	P160001		ANG4010	10119173	2199900		8/7/2023
1600	☑	Estimate	4400000188	1600 -AP ACCRUAL	5303030	AR	8	8/1/2023	50	-145.00	USD	ENSITE USA	P160001		ANG4010	10119174	2199900		8/7/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	10,105.55	USD	ENSITE USA	P160001		RFC_USER_BL	10098705	2199900		9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	5,608.62	USD	ENSITE USA	P160001		RFC_USER_BL	10100874	2199900		9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	3,716.32	USD	ENSITE USA	P160001		RFC_USER_BL	10122328	2199900		9/6/2023

1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	19,221.33	USD	ENSITE USA	P160001	RFC_USER_BL	10122329	2199900	9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	24,694.83	USD	ENSITE USA	P160001	RFC_USER_BL	10107543	2199900	9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	509.98	USD	ENSITE USA	P160001	RFC_USER_BL	10119168	2199900	9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	2,556.16	USD	ENSITE USA	P160001	RFC_USER_BL	10119172	2199900	9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	406.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119173	2199900	9/6/2023
1600	☑	Estimate	2200000251	1600 -AP ACCRUAL	5303030	AC	8	8/31/2023	40	406.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119174	2199900	9/6/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-10,105.55	USD	ENSITE USA	P160001	ZAC4980	10098705	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-5,608.62	USD	ENSITE USA	P160001	ZAC4980	10100874	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-3,716.32	USD	ENSITE USA	P160001	ZAC4980	10122328	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-19,221.33	USD	ENSITE USA	P160001	ZAC4980	10122329	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-24,694.83	USD	ENSITE USA	P160001	ZAC4980	10107543	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-509.98	USD	ENSITE USA	P160001	ZAC4980	10119168	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-2,556.16	USD	ENSITE USA	P160001	ZAC4980	10119172	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-406.00	USD	ENSITE USA	P160001	ZAC4980	10119173	2199900	9/7/2023
1600	☑	Estimate	4400000202	1600 -AP ACCRUAL	5303030	AR	9	9/1/2023	50	-406.00	USD	ENSITE USA	P160001	ZAC4980	10119174	2199900	9/7/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,603.50	USD	ENSITE USA	P160001	RFC_USER_BL	10098705	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	12,539.90	USD	ENSITE USA	P160001	RFC_USER_BL	10100874	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,510.95	USD	ENSITE USA	P160001	RFC_USER_BL	10122328	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	19,051.16	USD	ENSITE USA	P160001	RFC_USER_BL	10122329	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	46,154.15	USD	ENSITE USA	P160001	RFC_USER_BL	10107543	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	1,845.51	USD	ENSITE USA	P160001	RFC_USER_BL	10119168	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	2,885.51	USD	ENSITE USA	P160001	RFC_USER_BL	10119172	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	116.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119173	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	116.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119174	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	5,147.10	USD	ACCESS LAND SERVICES	P160001	RFC_USER_BL	10119172	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	520.70	USD	ACCESS LAND SERVICES	P160001	RFC_USER_BL	10119173	2199900	10/4/2023
1600	☑	Estimate	2200000264	1600 -AP ACCRUAL	5303030	AC	9	9/30/2023	40	27,600.00	USD	MARTIN CONTRACTING	P160001	RFC_USER_BL	10117806	2199900	10/4/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,603.50	USD	ENSITE USA	P160001	ZAC4980	10098705	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-12,539.90	USD	ENSITE USA	P160001	ZAC4980	10100874	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,510.95	USD	ENSITE USA	P160001	ZAC4980	10122328	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-19,051.16	USD	ENSITE USA	P160001	ZAC4980	10122329	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-46,154.15	USD	ENSITE USA	P160001	ZAC4980	10107543	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-1,845.51	USD	ENSITE USA	P160001	ZAC4980	10119168	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-2,885.51	USD	ENSITE USA	P160001	ZAC4980	10119172	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-116.00	USD	ENSITE USA	P160001	ZAC4980	10119173	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-116.00	USD	ENSITE USA	P160001	ZAC4980	10119174	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-5,147.10	USD	ACCESS LAND SERVICES	P160001	ZAC4980	10119172	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-520.70	USD	ACCESS LAND SERVICES	P160001	ZAC4980	10119173	2199900	10/6/2023
1600	☑	Estimate	4400000213	1600 -AP ACCRUAL	5303030	AR	10	10/1/2023	50	-27,600.00	USD	MARTIN CONTRACTING	P160001	ZAC4980	10117806	2199900	10/6/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	3,456.90	USD	ENSITE USA	P160001	RFC_USER_BL	10098705	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	3,547.25	USD	ENSITE USA	P160001	RFC_USER_BL	10100874	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	791.00	USD	ENSITE USA	P160001	RFC_USER_BL	10122328	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	15,053.32	USD	ENSITE USA	P160001	RFC_USER_BL	10122329	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	32,249.70	USD	ENSITE USA	P160001	RFC_USER_BL	10107543	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	240.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119168	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	4,396.66	USD	ENSITE USA	P160001	RFC_USER_BL	10119172	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	2,407.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119173	2199900	11/3/2023
1600	☑	Estimate	2200000276	1600 -AP ACCRUAL	5303030	AC	10	10/31/2023	40	1,305.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119174	2199900	11/3/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-3,456.90	USD	ENSITE USA	P160001	ZAC4980	10098705	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-3,547.25	USD	ENSITE USA	P160001	ZAC4980	10100874	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-791.00	USD	ENSITE USA	P160001	ZAC4980	10122328	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-15,053.32	USD	ENSITE USA	P160001	ZAC4980	10122329	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-32,249.70	USD	ENSITE USA	P160001	ZAC4980	10107543	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-240.00	USD	ENSITE USA	P160001	ZAC4980	10119168	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-4,396.66	USD	ENSITE USA	P160001	ZAC4980	10119172	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-2,407.00	USD	ENSITE USA	P160001	ZAC4980	10119173	2199900	11/6/2023
1600	☑	Estimate	4400000225	1600 -AP ACCRUAL	5303030	AR	11	11/1/2023	50	-1,305.00	USD	ENSITE USA	P160001	ZAC4980	10119174	2199900	11/6/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,834.95	USD	ENSITE USA	P160001	RFC_USER_BL	10098705	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	10,672.75	USD	ENSITE USA	P160001	RFC_USER_BL	10100874	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	658.92	USD	ENSITE USA	P160001	RFC_USER_BL	10122328	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	25,274.98	USD	ENSITE USA	P160001	RFC_USER_BL	10122329	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	853.75	USD	ENSITE USA	P160001	RFC_USER_BL	10107543	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	27,790.90	USD	ENSITE USA	P160001	RFC_USER_BL	10126519	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	1,174.25	USD	ENSITE USA	P160001	RFC_USER_BL	10126760	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	208.00	USD	ENSITE USA	P160001	RFC_USER_BL	10119172	2111910	12/5/2023
1600	☑	Estimate	2200000286	1600 -AP ACCRUAL	5303030	AC	11	11/30/2023	40	3,308.75	USD	ENSITE USA	P160001	RFC_USER_BL	10126761	2111910	12/5/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,834.95	USD	ENSITE USA	P160001	ZAC4980	10098705	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-10,672.75	USD	ENSITE USA	P160001	ZAC4980	10100874	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-658.92	USD	ENSITE USA	P160001	ZAC4980	10122328	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-25,274.98	USD	ENSITE USA	P160001	ZAC4980	10122329	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-853.75	USD	ENSITE USA	P160001	ZAC4980	10107543	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-27,790.90	USD	ENSITE USA	P160001	ZAC4980	10126519	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-1,174.25	USD	ENSITE USA	P160001	ZAC4980	10126760	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-208.00	USD	ENSITE USA	P160001	ZAC4980	10119172	2111910	12/19/2023
1600	☑	Estimate	4400000237	1600 -AP ACCRUAL	5303030	AR	12	12/1/2023	50	-3,308.75	USD	ENSITE USA	P160001	ZAC4980	10126761	2111910	12/19/2023
1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	2,635.10	USD	ENSITE USA	P160001	RFC_USER_BL	10098705	2111910	1/4/2024
1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	18,857.75	USD	ENSITE USA	P160001	RFC_USER_BL	10100874	2111910	1/4/2024
1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	27,829.31	USD	ENSITE USA	P160001	RFC_USER_BL	10122329	2111910	1/4/2024
1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	21,716.25	USD	ENSITE USA	P160001	RFC_USER_BL	10126519	2111910	1/4/2024
1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	15,977.65	USD	ENSITE USA	P160001	RFC_USER_BL	10126760	2111910	1/4/2024

1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	9,766.10	USD	ENSITE USA	P160001			RFC_USER_BL	10126761	2111910	1/4/2024
1600	☑	Estimate	2200000303	1600 -AP ACCRUAL	5303030	AC	12	12/31/2023	40	82.50	USD	ENSITE USA	P160001			RFC_USER_BL	10115866	2111910	1/4/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-2,635.10	USD	ENSITE USA	P160001			ZAC4980	10098705	2111910	1/9/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-18,857.75	USD	ENSITE USA	P160001			ZAC4980	10100874	2111910	1/9/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-27,829.31	USD	ENSITE USA	P160001			ZAC4980	10122329	2111910	1/9/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-21,716.25	USD	ENSITE USA	P160001			ZAC4980	10126519	2111910	1/9/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-15,977.65	USD	ENSITE USA	P160001			ZAC4980	10126760	2111910	1/9/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-9,766.10	USD	ENSITE USA	P160001			ZAC4980	10126761	2111910	1/9/2024
1600	☑	Estimate	4400000251	1600 -AP ACCRUAL	5303030	AR	1	1/1/2024	50	-82.50	USD	ENSITE USA	P160001			ZAC4980	10115866	2111910	1/9/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	2,643.50	USD	ENSITE USA	P160001			RFC_USER_BL	10098705	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	40,398.45	USD	ENSITE USA	P160001			RFC_USER_BL	10100874	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	25,708.66	USD	ENSITE USA	P160001			RFC_USER_BL	10122329	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	9,974.95	USD	ENSITE USA	P160001			RFC_USER_BL	10126519	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	2,210.50	USD	ENSITE USA	P160001			RFC_USER_BL	10126760	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	2,705.50	USD	ENSITE USA	P160001			RFC_USER_BL	10126761	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	406.50	USD	ENSITE USA	P160001			RFC_USER_BL	10115866	2199900	2/5/2024
1600	☑	Estimate	2200000316	1600 -AP ACCRUAL	5303030	AC	1	1/31/2024	40	1,156.27	USD	ENSITE USA	P160001			RFC_USER_BL	10122328	2199900	2/5/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-2,643.50	USD	ENSITE USA	P160001			ZAC4980	10098705	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-40,398.45	USD	ENSITE USA	P160001			ZAC4980	10100874	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-25,708.66	USD	ENSITE USA	P160001			ZAC4980	10122329	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-9,974.95	USD	ENSITE USA	P160001			ZAC4980	10126519	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-2,210.50	USD	ENSITE USA	P160001			ZAC4980	10126760	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-2,705.50	USD	ENSITE USA	P160001			ZAC4980	10126761	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-406.50	USD	ENSITE USA	P160001			ZAC4980	10115866	2199900	2/6/2024
1600	☑	Estimate	4400000261	1600 -AP ACCRUAL	5303030	AR	2	2/1/2024	50	-1,156.27	USD	ENSITE USA	P160001			ZAC4980	10122328	2199900	2/6/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	212.50	USD	ENSITE USA	P160001			RFC_USER_BL	10098705	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	15,461.45	USD	ENSITE USA	P160001			RFC_USER_BL	10100874	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	24,089.35	USD	ENSITE USA	P160001			RFC_USER_BL	10122329	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	290.00	USD	ENSITE USA	P160001			RFC_USER_BL	10122328	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	6,951.15	USD	ENSITE USA	P160001			RFC_USER_BL	10126519	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	1,074.25	USD	ENSITE USA	P160001			RFC_USER_BL	10126760	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	15,872.90	USD	ENSITE USA	P160001			RFC_USER_BL	10126761	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303030	AC	2	2/29/2024	40	5,318.15	USD	ENSITE USA	P160001			RFC_USER_BL	10115866	2199900	3/5/2024
1600	☑	Estimate	2200000328	1600 -AP ACCRUAL	5303890	AC	2	2/29/2024	40	20,000.00	USD	PARADIGM LIASON SERVICES	P160001	164410		RFC_USER_BL		2199900	3/5/2024
1300	☑	EXECUTIVE.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	50	-0.09	USD	Miscellaneous Outside Services-2200	P130001	138304		MARIE06		5300181	4/6/2023
1300	☑	EXECUTIVE.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	0.09	USD	Miscellaneous Outside Services-2200	P130001	138304		MARIE06		2113040	4/6/2023
1300	☑	EXECUTIVE.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	0.09	USD	Miscellaneous Outside Services-2200	P130001	138304		MARIE06		2113040	4/6/2023
1600	☑	EXECUTIVE.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	50	-0.52	USD	Miscellaneous Outside Services-2200	P160001	168304		MARIE06		5300111	4/6/2023
1600	☑	EXECUTIVE.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	0.52	USD	Miscellaneous Outside Services-2200	P160001	168304		MARIE06		2113040	4/6/2023
1600	☑	EXECUTIVE.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	0.52	USD	Miscellaneous Outside Services-2200	P160001	168304		MARIE06		2113040	4/6/2023
1600	☑	EXECUTIVE.ALLOC1	100017079	BILL1600	5303991	SA	5	5/31/2023	40	3.39	USD	Miscellaneous Outside Services-2200	P160001	168304		RFC_USER_BL		2113040	6/8/2023
1300	☑	EXECUTIVE.ALLOC1	100008562	BILL1300	5303991	SA	6	6/30/2023	40	0.08	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040	7/8/2023
1600	☑	EXECUTIVE.ALLOC1	100017845	BILL1600	5303991	SA	6	6/30/2023	40	0.43	USD	Miscellaneous Outside Services-2200	P160001	168304		RFC_USER_BL		2113040	7/8/2023
1300	☑	EXECUTIVE.ALLOC1	100008968	BILL1300	5303991	SA	7	7/31/2023	40	0.09	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040	8/5/2023
1600	☑	EXECUTIVE.ALLOC1	100018834	BILL1600	5303991	SA	7	7/31/2023	40	0.52	USD	Miscellaneous Outside Services-2200	P160001	168304		RFC_USER_BL		2113040	8/5/2023
1300	☑	EXECUTIVE.ALLOC1	100009443	BILL1300	5303991	SA	8	8/31/2023	40	0.09	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040	9/7/2023
1600	☑	EXECUTIVE.ALLOC1	100019767	BILL1600	5303991	SA	8	8/31/2023	40	1.40	USD	Miscellaneous Outside Services-2200	P160001	168304		RFC_USER_BL		2113040	9/7/2023
1300	☑	EXECUTIVE.ALLOC1	100010679	BILL1300	5303991	SA	11	11/30/2023	40	0.03	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040	12/5/2023
1600	☑	EXECUTIVE.ALLOC1	100022276	BILL1600	5303991	SA	11	11/30/2023	40	0.47	USD	Miscellaneous Outside Services-2200	P160001	168304		RFC_USER_BL		2113040	12/5/2023
1300	☑	EXECUTIVE.ALLOC1	100011561	BILL1300	5303991	SA	1	1/31/2024	40	0.03	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040	2/5/2024
1600	☑	EXECUTIVE.ALLOC1	100023915	BILL1600	5303991	SA	1	1/31/2024	40	0.47	USD	Miscellaneous Outside Services-2200	P160001	168304		RFC_USER_BL		2113040	2/5/2024
1300	☑	EXECUTIVE.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	853.43	USD	PNG Services - ESSN Services	P130001	139905		MARIE06		2113040	4/10/2023
1300	☑	EXECUTIVE.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	27.12	USD	PNG Services - ESSN Sundry	P130001	139905		MARIE06		2113040	4/10/2023
1600	☑	EXECUTIVE.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	16,556.54	USD	PNG Services - ESSN Services	P160001	169905		MARIE06		2113040	4/10/2023
1600	☑	EXECUTIVE.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	526.12	USD	PNG Services - ESSN Sundry	P160001	169905		MARIE06		2113040	4/10/2023
1300	☑	EXECUTIVE.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	853.43	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	5/2/2023
1300	☑	EXECUTIVE.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	27.12	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	5/2/2023
1600	☑	EXECUTIVE.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	16,556.54	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	5/2/2023
1600	☑	EXECUTIVE.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	526.12	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	5/2/2023
1300	☑	EXECUTIVE.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	744.52	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	6/8/2023
1300	☑	EXECUTIVE.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	16.64	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	6/8/2023
1600	☑	EXECUTIVE.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	14,443.75	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	6/8/2023
1600	☑	EXECUTIVE.ALLOC1.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	322.88	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	6/8/2023
1300	☑	EXECUTIVE.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	751.67	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	7/9/2023
1300	☑	EXECUTIVE.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	25.36	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	7/9/2023
1600	☑	EXECUTIVE.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	14,582.42	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	7/9/2023
1600	☑	EXECUTIVE.ALLOC1.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	492.03	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	7/9/2023
1300	☑	EXECUTIVE.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	732.54	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	8/3/2023
1300	☑	EXECUTIVE.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	31.57	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	8/3/2023
1600	☑	EXECUTIVE.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	14,211.22	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	8/3/2023
1600	☑	EXECUTIVE.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	612.40	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	8/3/2023
1300	☑	EXECUTIVE.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	717.81	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	9/1/2023
1300	☑	EXECUTIVE.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	12.90	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	9/1/2023
1600	☑	EXECUTIVE.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	13,925.53	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	9/1/2023
1600	☑	EXECUTIVE.ALLOC1.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	250.18	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	9/1/2023
1300	☑	EXECUTIVE.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	667.61	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040	10/3/2023
1300	☑	EXECUTIVE.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	10.26	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040	10/3/2023
1600	☑	EXECUTIVE.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	10,796.79	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040	10/3/2023
1600	☑	EXECUTIVE.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	165.89	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040	10/3/2023

1300	☑	EXECUTIVE.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	713.16	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	EXECUTIVE.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	23.06	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	EXECUTIVE.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	11,680.99	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	EXECUTIVE.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	377.74	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	EXECUTIVE.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	778.69	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	EXECUTIVE.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	10.89	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	EXECUTIVE.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	12,754.43	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	EXECUTIVE.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	178.34	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	EXECUTIVE.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	717.24	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	13.25	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-717.24	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-13.25	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	1,756.85	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	59.49	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	EXECUTIVE.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	11,747.95	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	EXECUTIVE.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	217.03	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	EXECUTIVE.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-11,747.95	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	EXECUTIVE.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-217.03	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	EXECUTIVE.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	28,776.01	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	EXECUTIVE.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	974.33	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	890.53	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	EXECUTIVE.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	15.54	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	EXECUTIVE.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	14,586.25	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	EXECUTIVE.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	254.59	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	EXECUTIVE.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	895.19	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	EXECUTIVE.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	23.03	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	EXECUTIVE.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	14,662.63	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	EXECUTIVE.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	377.18	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	FLEET.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	318.98	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	FLEET.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	0.90	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	FLEET.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	5,860.75	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	FLEET.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	16.60	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	FLEET.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	318.98	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	FLEET.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	0.90	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	FLEET.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	5,860.75	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	FLEET.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	16.60	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	FLEET.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	276.23	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	FLEET.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	0.35	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	FLEET.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	5,075.23	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	FLEET.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	6.45	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	FLEET.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	303.93	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	FLEET.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	1.22	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	FLEET.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	5,584.27	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	FLEET.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	22.43	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	FLEET.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	321.98	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	FLEET.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	0.55	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	FLEET.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	5,915.91	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	FLEET.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	10.03	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	FLEET.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	282.55	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	FLEET.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	0.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	FLEET.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	5,191.37	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	FLEET.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	11.47	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	FLEET.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	298.83	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	FLEET.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	1.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	FLEET.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	5,707.27	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	FLEET.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	22.77	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	FLEET.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	280.11	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	FLEET.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	6.18	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	FLEET.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	5,345.71	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	FLEET.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	117.99	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	FLEET.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	370.57	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	FLEET.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	0.49	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	FLEET.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	7,072.01	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	FLEET.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	9.31	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	FLEET.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	229.80	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	FLEET.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	3.49	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	FLEET.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-229.80	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	FLEET.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-3.49	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	FLEET.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	329.54	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	FLEET.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	26.59	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	FLEET.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	4,385.61	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	FLEET.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	66.53	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	FLEET.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-4,385.61	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	FLEET.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-66.53	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	FLEET.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	6,289.15	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	FLEET.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	507.49	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	FLEET.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	228.05	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	FLEET.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	0.65	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	FLEET.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	4,352.16	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	FLEET.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	12.47	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024

1300	☑	FLEET.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	206.89	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	FLEET.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	0.55	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	FLEET.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	3,948.41	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	FLEET.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	10.55	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	General-Regulatory	1900004946		5303310	KR	3	3/7/2023	40	700.00	USD		P160001	169935	SAP_WFRT	400003796	3/9/2023
1300	☑	HELPDESK.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	93.30	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	HELPDESK.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	1.89	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	HELPDESK.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	1,274.15	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	HELPDESK.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	25.89	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	HELPDESK.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	93.30	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	HELPDESK.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	1.89	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	HELPDESK.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	1,274.15	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	HELPDESK.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	25.89	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	HELPDESK.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	92.94	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	HELPDESK.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	1,269.09	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	HELPDESK.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	64.34	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	HELPDESK.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	878.66	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	HELPDESK.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	88.82	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	HELPDESK.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	0.77	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	HELPDESK.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	1,212.90	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	HELPDESK.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	10.57	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	HELPDESK.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	80.44	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	HELPDESK.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	1,098.45	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	HELPDESK.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	103.52	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	HELPDESK.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	3.66	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	HELPDESK.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	1,416.09	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	HELPDESK.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	50.08	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	HELPDESK.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	104.40	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	HELPDESK.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	4.71	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	HELPDESK.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	1,437.46	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	HELPDESK.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	64.88	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	HELPDESK.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	91.63	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	HELPDESK.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	1,261.59	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	HELPDESK.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	146.31	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	HELPDESK.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	0.41	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	HELPDESK.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-146.31	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	HELPDESK.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-0.41	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	HELPDESK.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	365.94	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	HELPDESK.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	89.35	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	HELPDESK.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	2,014.42	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	HELPDESK.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	5.60	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	HELPDESK.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-2,014.42	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	HELPDESK.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-5.60	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	HELPDESK.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	5,038.44	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	HELPDESK.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	1,230.16	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	HELPDESK.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	612.89	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	HELPDESK.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	2.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	HELPDESK.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	8,438.38	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	HELPDESK.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	36.14	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	HELPDESK.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	586.45	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	HELPDESK.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	0.53	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	HELPDESK.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	8,074.42	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	HELPDESK.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	7.27	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	HUMANRSRCS.ALLOC2	100007265	BILL1300	5303991	SA	3	3/31/2023	50	-80.21	USD	Miscellaneous Outside Services-2200	P130001	133024	MARIE06	5300181	4/6/2023
1300	☑	HUMANRSRCS.ALLOC2	100007265	BILL1300	5303991	SA	3	3/31/2023	40	80.21	USD	Miscellaneous Outside Services-2200	P130001	133024	MARIE06	2113040	4/6/2023
1300	☑	HUMANRSRCS.ALLOC2	100007265	BILL1300	5303991	SA	3	3/31/2023	40	80.21	USD	Miscellaneous Outside Services-2200	P130001	133024	MARIE06	2113040	4/6/2023
1300	☑	HUMANRSRCS.ALLOC2	100007687	BILL1300	5303991	SA	4	4/30/2023	40	66.58	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	5/4/2023
1300	☑	HUMANRSRCS.ALLOC2	100008139	BILL1300	5303991	SA	5	5/31/2023	40	57.40	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	6/8/2023
1300	☑	HUMANRSRCS.ALLOC2	100008562	BILL1300	5303991	SA	6	6/30/2023	40	40.41	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	7/8/2023
1300	☑	HUMANRSRCS.ALLOC2	100008968	BILL1300	5303991	SA	7	7/31/2023	40	60.01	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	8/5/2023
1300	☑	HUMANRSRCS.ALLOC2	100009443	BILL1300	5303991	SA	8	8/31/2023	40	52.93	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	9/7/2023
1600	☑	HUMANRSRCS.ALLOC2	100019767	BILL1600	5303991	SA	8	8/31/2023	40	724.05	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	9/7/2023
1300	☑	HUMANRSRCS.ALLOC2	100009804	BILL1300	5303991	SA	9	9/30/2023	40	63.02	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	10/5/2023
1600	☑	HUMANRSRCS.ALLOC2	100020613	BILL1600	5303991	SA	9	9/30/2023	40	862.08	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	10/5/2023
1300	☑	HUMANRSRCS.ALLOC2	100010261	BILL1300	5303991	SA	10	10/31/2023	40	53.37	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	11/5/2023
1600	☑	HUMANRSRCS.ALLOC2	100021473	BILL1600	5303991	SA	10	10/31/2023	40	734.80	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	11/5/2023
1300	☑	HUMANRSRCS.ALLOC2	100010679	BILL1300	5303991	SA	11	11/30/2023	40	39.75	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	12/5/2023
1600	☑	HUMANRSRCS.ALLOC2	100022276	BILL1600	5303991	SA	11	11/30/2023	40	547.31	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	12/5/2023
1300	☑	HUMANRSRCS.ALLOC2	100011160	BILL1300	5303991	SA	12	12/31/2023	40	23.16	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	1/9/2024
1600	☑	HUMANRSRCS.ALLOC2	100023085	BILL1600	5303991	SA	12	12/31/2023	40	318.90	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	1/9/2024
1300	☑	HUMANRSRCS.ALLOC2	100011561	BILL1300	5303991	SA	1	1/31/2024	40	95.77	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	2/5/2024
1600	☑	HUMANRSRCS.ALLOC2	100023915	BILL1600	5303991	SA	1	1/31/2024	40	1,318.57	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	2/5/2024
1300	☑	HUMANRSRCS.ALLOC2	100012017	BILL1300	5303991	SA	2	2/29/2024	40	52.25	USD	Miscellaneous Outside Services-2200	P130001	133024	RFC_USER_BL	2113040	3/5/2024
1600	☑	HUMANRSRCS.ALLOC2	100024789	BILL1600	5303991	SA	2	2/29/2024	40	719.47	USD	Miscellaneous Outside Services-2200	P160001	163024	RFC_USER_BL	2113040	3/5/2024
1300	☑	HUMANRSRCS.ALLOC2	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	1,097.73	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	HUMANRSRCS.ALLOC2	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	769.48	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	HUMANRSRCS.ALLOC2	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	14,990.29	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	HUMANRSRCS.ALLOC2	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	10,507.76	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	HUMANRSRCS.ALLOC2	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	1,097.73	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	HUMANRSRCS.ALLOC2	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	769.48	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023

1600	☑	HUMANRSRCS.ALLOC1	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	14,990.29	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	HUMANRSRCS.ALLOC1	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	10,507.76	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	HUMANRSRCS.ALLOC1	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	999.65	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	HUMANRSRCS.ALLOC1	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	743.15	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	HUMANRSRCS.ALLOC1	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	13,650.96	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	HUMANRSRCS.ALLOC1	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	10,148.20	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	HUMANRSRCS.ALLOC1	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	1,100.74	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	HUMANRSRCS.ALLOC1	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	750.87	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	HUMANRSRCS.ALLOC1	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	15,031.37	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	HUMANRSRCS.ALLOC1	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	10,253.61	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	HUMANRSRCS.ALLOC1	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	1,068.02	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	HUMANRSRCS.ALLOC1	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	115.51	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	HUMANRSRCS.ALLOC1	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	14,584.58	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	HUMANRSRCS.ALLOC1	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	1,577.43	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	HUMANRSRCS.ALLOC1	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	897.01	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	HUMANRSRCS.ALLOC1	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	335.96	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	HUMANRSRCS.ALLOC1	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	12,249.33	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	HUMANRSRCS.ALLOC1	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	4,587.77	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	HUMANRSRCS.ALLOC1	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	1,376.49	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	HUMANRSRCS.ALLOC1	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	1,113.99	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	HUMANRSRCS.ALLOC1	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	18,829.02	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	HUMANRSRCS.ALLOC1	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	15,238.27	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	HUMANRSRCS.ALLOC1	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	1,233.04	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	HUMANRSRCS.ALLOC1	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	164.55	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	HUMANRSRCS.ALLOC1	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	16,976.88	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	HUMANRSRCS.ALLOC1	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	2,265.62	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	HUMANRSRCS.ALLOC1	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	1,317.64	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	HUMANRSRCS.ALLOC1	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	778.63	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	HUMANRSRCS.ALLOC1	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	18,141.69	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	HUMANRSRCS.ALLOC1	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	10,720.40	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	HUMANRSRCS.ALLOC1	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	1,193.45	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	HUMANRSRCS.ALLOC1	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	840.94	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	HUMANRSRCS.ALLOC1	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-1,193.45	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	HUMANRSRCS.ALLOC1	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-840.94	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	HUMANRSRCS.ALLOC1	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	2,399.98	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	HUMANRSRCS.ALLOC1	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	1,819.11	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	HUMANRSRCS.ALLOC1	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	16,431.77	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	HUMANRSRCS.ALLOC1	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	11,578.31	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	HUMANRSRCS.ALLOC1	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-16,431.77	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	HUMANRSRCS.ALLOC1	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-11,578.31	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	HUMANRSRCS.ALLOC1	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	33,043.59	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	HUMANRSRCS.ALLOC1	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	25,046.00	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1300	☑	HUMANRSRCS.ALLOC1	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	1,635.52	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	HUMANRSRCS.ALLOC1	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	480.49	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	HUMANRSRCS.ALLOC1	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	22,518.30	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	HUMANRSRCS.ALLOC1	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	6,615.59	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	HUMANRSRCS.ALLOC1	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	1,423.44	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	HUMANRSRCS.ALLOC1	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	1,702.69	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	HUMANRSRCS.ALLOC1	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	19,598.29	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	HUMANRSRCS.ALLOC1	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	23,443.06	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	INTAUDIT.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	120.79	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	INTAUDIT.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	77.54	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	INTAUDIT.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	2,343.34	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	INTAUDIT.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	1,504.35	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	INTAUDIT.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	120.79	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	INTAUDIT.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	77.54	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	INTAUDIT.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	2,343.34	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	INTAUDIT.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	1,504.35	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	INTAUDIT.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	98.39	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	INTAUDIT.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	3.75	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	INTAUDIT.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	1,908.77	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	INTAUDIT.ALLOC1.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	72.79	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	INTAUDIT.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	116.28	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	INTAUDIT.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	37.28	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	INTAUDIT.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	2,255.74	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	INTAUDIT.ALLOC1.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	723.27	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	INTAUDIT.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	111.38	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	INTAUDIT.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	40.11	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	INTAUDIT.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	2,160.80	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	INTAUDIT.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	778.07	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	INTAUDIT.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	94.76	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	INTAUDIT.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	57.23	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	INTAUDIT.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	1,838.38	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	INTAUDIT.ALLOC1.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	1,110.35	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	INTAUDIT.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	96.64	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	INTAUDIT.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	35.64	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	INTAUDIT.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	1,562.83	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	INTAUDIT.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	576.38	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	INTAUDIT.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	89.44	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	INTAUDIT.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	28.31	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023

1600	☑	INTAUDIT.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	1,465.01	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	INTAUDIT.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	463.78	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	INTAUDIT.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	112.13	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	INTAUDIT.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	32.00	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	INTAUDIT.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	1,836.68	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	INTAUDIT.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	524.07	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	INTAUDIT.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	94.25	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	INTAUDIT.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	34.05	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	INTAUDIT.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-94.25	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	INTAUDIT.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-34.05	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	INTAUDIT.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	196.74	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	INTAUDIT.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	50	-8.79	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	1/14/2024
1600	☑	INTAUDIT.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,543.70	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	INTAUDIT.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	557.66	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	INTAUDIT.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-1,543.70	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	INTAUDIT.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-557.66	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	INTAUDIT.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	3,222.51	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	INTAUDIT.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	50	-144.04	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	1/15/2024
1300	☑	INTAUDIT.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	84.43	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	INTAUDIT.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	33.78	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	INTAUDIT.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	1,382.92	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	INTAUDIT.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	553.27	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	INTAUDIT.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	85.14	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	INTAUDIT.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	34.71	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	INTAUDIT.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	1,394.58	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	INTAUDIT.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	568.46	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	INTERN.ALLOC2	100011160	BILL1300	5303991	SA	12	12/31/2023	40	5.11	USD	Miscellaneous Outside Services-2200	P130001	133027	RFC_USER_BL	2113040	1/9/2024
1300	☑	LAND.ALLOC2	100009443	BILL1300	5303991	SA	8	8/31/2023	40	2.77	USD	Miscellaneous Outside Services-2200	P130001	134610	RFC_USER_BL	2113040	9/7/2023
1300	☑	LAND.ALLOC2	100010679	BILL1300	5303991	SA	11	11/30/2023	40	0.25	USD	Miscellaneous Outside Services-2200	P130001	134610	RFC_USER_BL	2113040	12/5/2023
1300	☑	LAND.ALLOC2	100011561	BILL1300	5303991	SA	1	1/31/2024	40	6.21	USD	Miscellaneous Outside Services-2200	P130001	134610	RFC_USER_BL	2113040	2/5/2024
1300	☑	LAND.ALLOC2	100012017	BILL1300	5303991	SA	2	2/29/2024	40	0.82	USD	Miscellaneous Outside Services-2200	P130001	134610	RFC_USER_BL	2113040	3/5/2024
1300	☑	LEGALSVC.ALLOC1	100011160	BILL1300	5303991	SA	12	12/31/2023	40	210.30	USD	Miscellaneous Outside Services-2200	P130001	134011	RFC_USER_BL	2113040	1/9/2024
1600	☑	LEGALSVC.ALLOC1	100023085	BILL1600	5303991	SA	12	12/31/2023	40	3,444.54	USD	Miscellaneous Outside Services-2200	P160001	169935	RFC_USER_BL	2113040	1/9/2024
1300	☑	LEGALSVC.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	227.34	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	LEGALSVC.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	167.43	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	LEGALSVC.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	4,410.32	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	LEGALSVC.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	3,248.07	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	LEGALSVC.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	227.34	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	LEGALSVC.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	167.43	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	LEGALSVC.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	4,410.32	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	LEGALSVC.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	3,248.07	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	LEGALSVC.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	234.31	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	LEGALSVC.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	41.16	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	LEGALSVC.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	4,545.57	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	LEGALSVC.ALLOC1.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	798.55	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	LEGALSVC.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	252.93	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	LEGALSVC.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	238.22	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	LEGALSVC.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	4,906.91	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	LEGALSVC.ALLOC1.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	4,621.38	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	LEGALSVC.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	202.41	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	LEGALSVC.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	49.35	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	LEGALSVC.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	3,926.74	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	LEGALSVC.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	957.33	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	LEGALSVC.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	227.93	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	LEGALSVC.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	107.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	LEGALSVC.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	4,421.93	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	LEGALSVC.ALLOC1.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	2,087.74	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	LEGALSVC.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	212.46	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	LEGALSVC.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	23.65	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	LEGALSVC.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	3,435.95	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	LEGALSVC.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	382.51	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	LEGALSVC.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	184.04	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	LEGALSVC.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	33.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	LEGALSVC.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	3,014.45	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	LEGALSVC.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	543.63	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	LEGALSVC.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	238.78	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	LEGALSVC.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	105.63	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	LEGALSVC.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	3,911.07	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	LEGALSVC.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	1,730.18	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	LEGALSVC.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	225.39	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	LEGALSVC.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	123.06	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	LEGALSVC.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-225.39	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	LEGALSVC.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-123.06	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	LEGALSVC.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	572.52	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	LEGALSVC.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	102.33	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1600	☑	LEGALSVC.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	3,691.66	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	LEGALSVC.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	2,015.59	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	LEGALSVC.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-3,691.66	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	LEGALSVC.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-2,015.59	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	LEGALSVC.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	9,377.49	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024

1600	☑	LEGALSVC.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	1,676.00	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		1/15/2024
1300	☑	LEGALSVC.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	339.74	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		2/13/2024
1300	☑	LEGALSVC.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	50	-10.19	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		5998501		2/13/2024
1600	☑	LEGALSVC.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	5,564.68	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		2/13/2024
1600	☑	LEGALSVC.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	50	-166.83	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		5998501		2/13/2024
1300	☑	LEGALSVC.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	333.16	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		3/12/2024
1300	☑	LEGALSVC.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	38.13	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		3/12/2024
1600	☑	LEGALSVC.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	5,456.96	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		3/12/2024
1600	☑	LEGALSVC.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	624.50	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		3/12/2024
1300	☑	OPSADMIN.ALLOC2	100009443	BILL1300	5303991	SA	8	8/31/2023	40	2.28	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		9/7/2023
1300	☑	OPSADMIN.ALLOC2	100009804	BILL1300	5303991	SA	9	9/30/2023	40	2.56	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		10/5/2023
1300	☑	OPSADMIN.ALLOC2	100010261	BILL1300	5303991	SA	10	10/31/2023	40	2.52	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		11/5/2023
1300	☑	OPSADMIN.ALLOC2	100010679	BILL1300	5303991	SA	11	11/30/2023	40	1.57	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		12/5/2023
1300	☑	OPSADMIN.ALLOC2	100011160	BILL1300	5303991	SA	12	12/31/2023	40	0.60	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		1/9/2024
1300	☑	OPSADMIN.ALLOC2	100011561	BILL1300	5303991	SA	1	1/31/2024	40	1.93	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		2/5/2024
1300	☑	OPSADMIN.ALLOC2	100012017	BILL1300	5303991	SA	2	2/29/2024	40	1.99	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		3/5/2024
1600	☑	Outside Services	2200000210	RECORD IT ME ACCRUALS	5303315	AC	5	5/31/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		6/5/2023
1600	☑	Outside Services	4400000167	RECORD IT ME ACCRUALS	5303315	AR	6	6/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ANG4010	201690024	2199900		6/8/2023
1600	☑	Outside Services	2200000221	RECORD IT ME ACCRUALS	5303315	AC	6	6/30/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		7/6/2023
1600	☑	Outside Services	4400000176	RECORD IT ME ACCRUALS	5303315	AR	7	7/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ANG4010	201690024	2199900		7/8/2023
1600	☑	Outside Services	2200000237	RECORD IT ME ACCRUALS	5303315	AC	7	7/31/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		8/3/2023
1600	☑	Outside Services	4400000189	RECORD IT ME ACCRUALS	5303315	AR	8	8/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ANG4010	201690024	2199900		8/7/2023
1600	☑	Outside Services	2200000247	RECORD IT ME ACCRUALS	5303315	AC	8	8/31/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		9/1/2023
1600	☑	Outside Services	4400000199	RECORD IT ME ACCRUALS	5303315	AR	9	9/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ZAC4980	201690024	2199900		9/7/2023
1600	☑	Outside Services	2200000259	RECORD IT ME ACCRUALS	5303315	AC	9	9/30/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		10/3/2023
1600	☑	Outside Services	4400000210	RECORD IT ME ACCRUALS	5303315	AR	10	10/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ZAC4980	201690024	2199900		10/3/2023
1600	☑	Outside Services	2200000272	RECORD IT ME ACCRUALS	5303315	AC	10	10/31/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		11/1/2023
1600	☑	Outside Services	4400000221	RECORD IT ME ACCRUALS	5303315	AR	11	11/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ZAC4980	201690024	2199900		11/6/2023
1600	☑	Outside Services	2200000283	RECORD IT ME ACCRUALS	5303315	AC	11	11/30/2023	40	16,000.00	USD	IDI Consulting - Delta Integration	P160001			RFC_USER_BL	201690024	2199900		12/1/2023
1600	☑	Outside Services	4400000232	RECORD IT ME ACCRUALS	5303315	AR	12	12/1/2023	50	-16,000.00	USD	IDI Consulting - Delta Integration	P160001			ZAC4980	201690024	2199900		12/19/2023
1600	☑	Outside Services	2200000299	RECORD IT ME ACCRUALS	5303315	AC	12	12/31/2023	40	16,000.00	USD	IDI Consulting--Delta Integration	P160001			RFC_USER_BL	201690024	2199900		1/2/2024
1600	☑	Outside Services	4400000248	RECORD IT ME ACCRUALS	5303315	AR	1	1/1/2024	50	-16,000.00	USD	IDI Consulting--Delta Integration	P160001			ZAC4980	201690024	2199900		1/9/2024
1600	☑	Outside Services	2200000314	RECORD IT ME ACCRUALS	5303315	AC	1	1/31/2024	40	8,000.00	USD	IDI Consulting--Delta Integration	P160001			RFC_USER_BL	201690024	2199900		2/2/2024
1600	☑	Outside Services	2200000314	RECORD IT ME ACCRUALS	5303315	AC	1	1/31/2024	40	8,000.00	USD	IDI Consulting--Delta Integration	P160001	165103		RFC_USER_BL		2199900		2/2/2024
1600	☑	Outside Services	4400000259	RECORD IT ME ACCRUALS	5303315	AR	2	2/1/2024	50	-8,000.00	USD	IDI Consulting--Delta Integration	P160001			ZAC4980	201690024	2199900		2/6/2024
1600	☑	Outside Services	4400000259	RECORD IT ME ACCRUALS	5303315	AR	2	2/1/2024	50	-8,000.00	USD	IDI Consulting--Delta Integration	P160001	165103		ZAC4980		2199900		2/6/2024
1600	☑	Outside Services	2200000327	RECORD IT ME ACCRUALS	5303315	AC	2	2/29/2024	40	8,000.00	USD	IDI Consulting--Delta Integration	P160001			RFC_USER_BL	201690024	2199900		3/5/2024
1600	☑	Outside Services	2200000327	RECORD IT ME ACCRUALS	5303315	AC	2	2/29/2024	40	8,000.00	USD	IDI Consulting--Delta Integration	P160001	165103		RFC_USER_BL		2199900		3/5/2024
1600	☑	Paradigm Alliance	100021367	Accrued Sales Tax	5303890	SA	10	10/31/2023	40	37.50	USD	Accrued Sales Tax	P160001	164410		RFC_USER_BL		2131010		11/1/2023
1300	☑	PIPEPROGMGMT.ALLC	100010679	BILL1300	5303991	SA	11	11/30/2023	40	0.05	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		12/5/2023
1300	☑	PIPEREPL.ALLOC2	100008562	BILL1300	5303991	SA	6	6/30/2023	40	0.02	USD	Miscellaneous Outside Services-2200	P130001	138304		RFC_USER_BL		2113040		7/8/2023
1300	☑	PIPEREPL.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	0.01	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		12/5/2023
1300	☑	PLANBUDG.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	0.22	USD	Miscellaneous Outside Services-2200	P130001	131319		MARIE06		2113040		4/6/2023
1300	☑	PLANBUDG.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	50	-0.22	USD	Miscellaneous Outside Services-2200	P130001	131319		MARIE06		5300181		4/6/2023
1300	☑	PLANBUDG.ALLOC1	100007265	BILL1300	5303991	SA	3	3/31/2023	40	0.22	USD	Miscellaneous Outside Services-2200	P130001	131319		MARIE06		2113040		4/6/2023
1600	☑	PLANBUDG.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	1.38	USD	Miscellaneous Outside Services-2200	P160001	161316		MARIE06		2113040		4/6/2023
1600	☑	PLANBUDG.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	50	-1.38	USD	Miscellaneous Outside Services-2200	P160001	161316		MARIE06		5300111		4/6/2023
1600	☑	PLANBUDG.ALLOC1	100015209	BILL1600	5303991	SA	3	3/31/2023	40	1.38	USD	Miscellaneous Outside Services-2200	P160001	161316		MARIE06		2113040		4/6/2023
1300	☑	PLANBUDG.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	440.40	USD	PNG Services - ESSN Services	P130001	139905		MARIE06		2113040		4/10/2023
1300	☑	PLANBUDG.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	756.68	USD	PNG Services - ESSN Sundry	P130001	139905		MARIE06		2113040		4/10/2023
1600	☑	PLANBUDG.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	8,543.66	USD	PNG Services - ESSN Services	P160001	169905		MARIE06		2113040		4/10/2023
1600	☑	PLANBUDG.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	14,679.68	USD	PNG Services - ESSN Sundry	P160001	169905		MARIE06		2113040		4/10/2023
1300	☑	PLANBUDG.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	440.40	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		5/2/2023
1300	☑	PLANBUDG.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	756.68	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		5/2/2023
1600	☑	PLANBUDG.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	8,543.66	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		5/2/2023
1600	☑	PLANBUDG.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	14,679.68	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		5/2/2023
1300	☑	PLANBUDG.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	439.89	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		6/8/2023
1300	☑	PLANBUDG.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	690.27	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		6/8/2023
1600	☑	PLANBUDG.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	8,533.93	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		6/8/2023
1600	☑	PLANBUDG.ALLOC1.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	13,391.32	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		6/8/2023
1300	☑	PLANBUDG.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	536.52	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		7/9/2023
1300	☑	PLANBUDG.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	99.08	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		7/9/2023
1600	☑	PLANBUDG.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	10,408.47	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		7/9/2023
1600	☑	PLANBUDG.ALLOC1.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	1,922.13	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		7/9/2023
1300	☑	PLANBUDG.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	473.73	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		8/3/2023
1300	☑	PLANBUDG.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	594.27	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		8/3/2023
1600	☑	PLANBUDG.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	9,190.41	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		8/3/2023
1600	☑	PLANBUDG.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	11,528.88	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		8/3/2023
1300	☑	PLANBUDG.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	435.04	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		9/1/2023
1300	☑	PLANBUDG.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	85.36	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		9/1/2023
1600	☑	PLANBUDG.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	8,439.85	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		9/1/2023
1600	☑	PLANBUDG.ALLOC1.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	1,656.03	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		9/1/2023
1300	☑	PLANBUDG.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	405.01	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		10/3/2023
1300	☑	PLANBUDG.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	203.10	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		10/3/2023
1600	☑	PLANBUDG.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	6,550.06	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		10/3/2023
1600	☑	PLANBUDG.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	3,284.70	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		10/3/2023
1300	☑	PLANBUDG.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	465.31	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		11/2/2023
1300	☑	PLANBUDG.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	36.30	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		11/2/2023
1600	☑	PLANBUDG.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	7,621.43	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		11/2/2023
1600	☑	PLANBUDG.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	594.56	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		11/2/2023

1300	☑	PLANBUDG.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	467.91	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL	2113040	12/5/2023
1300	☑	PLANBUDG.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	248.92	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL	2113040	12/5/2023
1600	☑	PLANBUDG.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	7,664.00	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL	2113040	12/5/2023
1600	☑	PLANBUDG.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	4,077.13	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL	2113040	12/5/2023
1300	☑	PLANBUDG.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	409.81	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL	2113040	1/3/2024
1300	☑	PLANBUDG.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	53.96	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL	2113040	1/3/2024
1300	☑	PLANBUDG.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-409.81	USD	PNG Services - ESSN Services	P130001	139905		MARIE06	2113040	1/10/2024
1300	☑	PLANBUDG.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-53.96	USD	PNG Services - ESSN Sundry	P130001	139905		MARIE06	2113040	1/10/2024
1300	☑	PLANBUDG.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	936.37	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL	2113040	1/14/2024
1300	☑	PLANBUDG.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	50	-273.75	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL	5998501	1/14/2024
1600	☑	PLANBUDG.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	6,712.44	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL	2113040	1/3/2024
1600	☑	PLANBUDG.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	883.80	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL	2113040	1/3/2024
1600	☑	PLANBUDG.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-6,712.44	USD	PNG Services - ESSN Services	P160001	169905		MARIE06	2113040	1/10/2024
1600	☑	PLANBUDG.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-883.80	USD	PNG Services - ESSN Sundry	P160001	169905		MARIE06	2113040	1/10/2024
1600	☑	PLANBUDG.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	15,337.08	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL	2113040	1/15/2024
1600	☑	PLANBUDG.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	50	-4,483.84	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL	5998501	1/15/2024
1300	☑	PLANBUDG.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	500.28	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL	2113040	2/13/2024
1300	☑	PLANBUDG.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	392.34	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL	2113040	2/13/2024
1600	☑	PLANBUDG.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	8,194.22	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL	2113040	2/13/2024
1600	☑	PLANBUDG.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	6,426.27	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL	2113040	2/13/2024
1300	☑	PLANBUDG.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	495.69	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL	2113040	3/12/2024
1300	☑	PLANBUDG.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	915.41	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL	2113040	3/12/2024
1600	☑	PLANBUDG.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	8,119.07	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL	2113040	3/12/2024
1600	☑	PLANBUDG.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	14,993.81	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL	2113040	3/12/2024
1300	☑	PNC Bank Fees	100007212	3/31/23 PNC Bank Fees	5303890	SA	3	3/31/2023	40	3,536.22	USD	3/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	ERI3489	1112321	4/4/2023
1300	☑	PNC Bank Fees	100007212	3/31/23 PNC Bank Fees	5303890	SA	3	3/31/2023	40	35.64	USD	3/31/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	ERI3489	1112321	4/4/2023
1600	☑	PNC Bank Fees	100015108	3/31/23 PNC Bank Fees	5303890	SA	3	3/31/2023	40	5,173.34	USD	3/31/23 PNC Bank Fees-Lockbox	P160001	161318		ERI3489	1112321	4/4/2023
1600	☑	PNC Bank Fees	100015108	3/31/23 PNC Bank Fees	5303890	SA	3	3/31/2023	40	149.38	USD	3/31/23 PNC Bank Fees	P160001	161318		ERI3489	1112321	4/4/2023
1300	☑	PNC Bank Fees	100007677	4/30/23 PNC Bank Fees	5303890	SA	4	4/30/2023	40	3,981.08	USD	4/30/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	5/4/2023
1300	☑	PNC Bank Fees	100007677	4/30/23 PNC Bank Fees	5303890	SA	4	4/30/2023	40	99.17	USD	4/30/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	5/4/2023
1600	☑	PNC Bank Fees	100016084	4/30/23 PNC Bank Fees	5303890	SA	4	4/30/2023	40	5,798.71	USD	4/30/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	5/4/2023
1600	☑	PNC Bank Fees	100016084	4/30/23 PNC Bank Fees	5303890	SA	4	4/30/2023	40	415.67	USD	4/30/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	5/4/2023
1300	☑	PNC Bank Fees	100008103	5/31/23 PNC Bank Fees	5303890	SA	5	5/31/2023	40	3,503.99	USD	5/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	6/6/2023
1300	☑	PNC Bank Fees	100008103	5/31/23 PNC Bank Fees	5303890	SA	5	5/31/2023	40	39.44	USD	5/31/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	6/6/2023
1600	☑	PNC Bank Fees	100017028	5/31/23 PNC Bank Fees	5303890	SA	5	5/31/2023	40	5,614.24	USD	5/31/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	6/6/2023
1600	☑	PNC Bank Fees	100017028	5/31/23 PNC Bank Fees	5303890	SA	5	5/31/2023	40	165.31	USD	5/31/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	6/6/2023
1300	☑	PNC Bank Fees	100008522	6/30/23 PNC Bank Fees	5303890	SA	6	6/30/2023	40	3,727.56	USD	6/30/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	7/6/2023
1300	☑	PNC Bank Fees	100008522	6/30/23 PNC Bank Fees	5303890	SA	6	6/30/2023	40	39.99	USD	6/30/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	7/6/2023
1600	☑	PNC Bank Fees	100017803	6/30/23 PNC Bank Fees	5303890	SA	6	6/30/2023	40	5,919.00	USD	6/30/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	7/6/2023
1600	☑	PNC Bank Fees	100017803	6/30/23 PNC Bank Fees	5303890	SA	6	6/30/2023	40	167.60	USD	6/30/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	7/6/2023
1300	☑	PNC Bank Fees	100008987	7/31/23 PNC Bank Fees	5303890	SA	7	7/31/2023	40	3,603.06	USD	7/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	8/7/2023
1300	☑	PNC Bank Fees	100008987	7/31/23 PNC Bank Fees	5303890	SA	7	7/31/2023	40	40.06	USD	7/31/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	8/7/2023
1600	☑	PNC Bank Fees	100018874	7/31/23 PNC Bank Fees	5303890	SA	7	7/31/2023	40	6,565.01	USD	7/31/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	8/7/2023
1600	☑	PNC Bank Fees	100018874	7/31/23 PNC Bank Fees	5303890	SA	7	7/31/2023	40	167.92	USD	7/31/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	8/7/2023
1300	☑	PNC Bank Fees	100009392	8/31/23 PNC Bank Fees	5303890	SA	8	8/31/2023	40	3,684.94	USD	8/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	9/5/2023
1300	☑	PNC Bank Fees	100009392	8/31/23 PNC Bank Fees	5303890	SA	8	8/31/2023	40	39.50	USD	8/31/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	9/5/2023
1600	☑	PNC Bank Fees	100019669	8/31/23 PNC Bank Fees	5303890	SA	8	8/31/2023	40	6,490.29	USD	8/31/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	9/5/2023
1600	☑	PNC Bank Fees	100019669	8/31/23 PNC Bank Fees	5303890	SA	8	8/31/2023	40	165.57	USD	8/31/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	9/5/2023
1300	☑	PNC Bank Fees	100009759	9/30/23 PNC Bank Fees	5303890	SA	9	9/30/2023	40	4,098.93	USD	9/30/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	10/2/2023
1300	☑	PNC Bank Fees	100009759	9/30/23 PNC Bank Fees	5303890	SA	9	9/30/2023	40	43.21	USD	9/30/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	10/2/2023
1600	☑	PNC Bank Fees	100020515	9/30/23 PNC Bank Fees	5303890	SA	9	9/30/2023	40	6,759.08	USD	9/30/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	10/2/2023
1600	☑	PNC Bank Fees	100020515	9/30/23 PNC Bank Fees	5303890	SA	9	9/30/2023	40	181.13	USD	9/30/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	10/2/2023
1300	☑	PNC Bank Fees	100010249	10/31/23 PNC Bank Fees	5303890	SA	10	10/31/2023	40	3,829.46	USD	10/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	11/3/2023
1300	☑	PNC Bank Fees	100010249	10/31/23 PNC Bank Fees	5303890	SA	10	10/31/2023	40	47.09	USD	10/31/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	11/3/2023
1600	☑	PNC Bank Fees	100021461	10/31/23 PNC Bank Fees	5303890	SA	10	10/31/2023	40	6,093.07	USD	10/31/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	11/3/2023
1600	☑	PNC Bank Fees	100021461	10/31/23 PNC Bank Fees	5303890	SA	10	10/31/2023	40	197.80	USD	10/31/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	11/3/2023
1300	☑	PNC Bank Fees	100010646	11/30/23 PNC Bank Fees	5303890	SA	11	11/30/2023	40	3,976.33	USD	11/30/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	12/4/2023
1300	☑	PNC Bank Fees	100010646	11/30/23 PNC Bank Fees	5303890	SA	11	11/30/2023	40	57.87	USD	11/30/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	12/4/2023
1600	☑	PNC Bank Fees	100022228	11/30/23 PNC Bank Fees	5303890	SA	11	11/30/2023	40	6,248.53	USD	11/30/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	12/4/2023
1600	☑	PNC Bank Fees	100022228	11/30/23 PNC Bank Fees	5303890	SA	11	11/30/2023	40	243.06	USD	11/30/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	12/4/2023
1300	☑	PNC Bank Fees	100011057	12/31/23 PNC Bank Fees	5303890	SA	12	12/31/2023	40	3,938.00	USD	12/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	1/4/2024
1300	☑	PNC Bank Fees	100011057	12/31/23 PNC Bank Fees	5303890	SA	12	12/31/2023	40	60.50	USD	12/31/23 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	1/4/2024
1300	☑	PNC Bank Fees	100011058	12/31/23 PNC Bank Fees	5303890	SA	12	12/31/2023	50	-10.00	USD	12/31/23 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	1/4/2024
1600	☑	PNC Bank Fees	100022949	12/31/23 PNC Bank Fees	5303890	SA	12	12/31/2023	40	6,318.79	USD	12/31/23 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	1/4/2024
1600	☑	PNC Bank Fees	100022949	12/31/23 PNC Bank Fees	5303890	SA	12	12/31/2023	40	254.11	USD	12/31/23 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	1/4/2024
1300	☑	PNC Bank Fees	100011532	1/31/24 PNC Bank Fees	5303890	SA	1	1/31/2024	40	3,656.01	USD	1/31/24 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	2/2/2024
1300	☑	PNC Bank Fees	100011532	1/31/24 PNC Bank Fees	5303890	SA	1	1/31/2024	40	82.52	USD	1/31/24 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	2/2/2024
1600	☑	PNC Bank Fees	100023868	1/31/24 PNC Bank Fees	5303890	SA	1	1/31/2024	40	6,557.76	USD	1/31/24 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	2/2/2024
1600	☑	PNC Bank Fees	100023868	1/31/24 PNC Bank Fees	5303890	SA	1	1/31/2024	40	346.59	USD	1/31/24 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	2/2/2024
1300	☑	PNC Bank Fees	100012032	2/29/24 PNC Bank Fees	5303890	SA	2	2/29/2024	40	3,454.50	USD	2/29/24 PNC Bank Fees-Lockbox	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	3/6/2024
1300	☑	PNC Bank Fees	100012032	2/29/24 PNC Bank Fees	5303890	SA	2	2/29/2024	40	85.84	USD	2/29/24 PNC Bank Fees	P130001		KYPYMNTPROCESS	RFC_USER_BL	1112321	3/6/2024
1600	☑	PNC Bank Fees	100024805	2/29/24 PNC Bank Fees	5303890	SA	2	2/29/2024	40	10,077.56	USD	2/29/24 PNC Bank Fees-Lockbox	P160001	161318		RFC_USER_BL	1112321	3/6/2024
1600	☑	PNC Bank Fees	100024805	2/29/24 PNC Bank Fees	5303890	SA	2	2/29/2024	40	360.52	USD	2/29/24 PNC Bank Fees	P160001	161318		RFC_USER_BL	1112321	3/6/2024
1300	☑	RATESREG.ALLOC2	100008139	BILL1300	5303991	SA	5	5/31/2023	40	0.14	USD	Miscellaneous Outside Services-2200	P130001	132100		RFC_USER_BL	2113040	6/8/2023
1600	☑	RATESREG.ALLOC2	100017079	BILL1600	5303991	SA	5	5/31/2023	40	0.49	USD	Miscellaneous Outside Services-2200	P160001	164410		RFC_USER_BL	2113040	6/8/2023
1600	☑	Recalssifying Linc	100014192	Recalssifying Lincoln Co	5303030	SA	3	3/8/2023	40	66,615.59	USD	Recalssifying Lincoln Co Clerk	P160001			ALL3394	10100691	5399065	3/8/2023
1600	☑	RECLASS	100015133	Xfr Mar Costs New Order	5303030	SA	3	3/31/2023	50	-1,080.00	USD	Xfr Mar Costs New Order	P160001			NIC3984	10068784	5303030	4/5/2023
1600	☑	RECLASS	100015133	Xfr Mar Costs New Order	5303030	SA	3	3/31/2023	40	2,744.90	USD	Xfr Mar Costs New Order	P160001			NIC3984	10098706	5303030	4/5/2023
1600	☑	RECLASS	100015133	Xfr Mar Costs New Order	5303030	SA	3	3/31/2023	40	1,080.00	USD	Xfr Mar Costs New Order	P160001			NIC3984	10100673	5303030	4/5/2023
1600	☑	RECLASS	100015133	Xfr Mar Costs New Order	5303030	SA	3	3/31/2023	50	-2,744.90	USD	Xfr Mar Costs New Order	P160001			NIC3984	10100874	5303030	4/5/2023

1600	☑	RECLASS	100015212	Xfr Costs New Order	5303030	SA	3	3/31/2023	50	-21,898.18	USD	Xfr Costs New Order	P160001		NIC3984	10098706	5303030	4/6/2023
1600	☑	RECLASS	100015212	Xfr Costs New Order	5303030	SA	3	3/31/2023	40	21,898.18	USD	Xfr Costs New Order	P160001		NIC3984	10100874	5303030	4/6/2023
1600	☑	RECLASS	100016049	Xfr Apr Costs New Order	5303030	SA	4	4/30/2023	50	-42,168.73	USD	Xfr Apr Costs New Order	P160001		RFC_USER_BL	10098706	5303030	5/3/2023
1600	☑	RECLASS	100016049	Xfr Apr Costs New Order	5303030	SA	4	4/30/2023	40	42,168.73	USD	Xfr Apr Costs New Order	P160001		RFC_USER_BL	10100874	5303030	5/3/2023
1600	☑	RECLASS	100016991	Xfr May Costs New Order	5303030	SA	5	5/31/2023	50	-2,856.00	USD	Xfr May Costs New Order	P160001		RFC_USER_BL	10076533	5303030	6/5/2023
1600	☑	RECLASS	100016991	Xfr May Costs New Order	5303030	SA	5	5/31/2023	50	-9,328.74	USD	Xfr May Costs New Order	P160001		RFC_USER_BL	10098706	5303030	6/5/2023
1600	☑	RECLASS	100016991	Xfr May Costs New Order	5303030	SA	5	5/31/2023	40	2,856.00	USD	Xfr May Costs New Order	P160001		RFC_USER_BL	10100852	5303030	6/5/2023
1600	☑	RECLASS	100016991	Xfr May Costs New Order	5303030	SA	5	5/31/2023	40	9,328.74	USD	Xfr May Costs New Order	P160001		RFC_USER_BL	10100874	5303030	6/5/2023
1600	☑	RECLASS	100017077	Xfer May Charges New Orde	5303030	SA	5	5/31/2023	40	2,221.00	USD	Xfer May Charges New Order	P160001		RFC_USER_BL	10100874	5303030	6/7/2023
1600	☑	RECLASS	100017077	Xfer May Charges New Orde	5303030	SA	5	5/31/2023	50	-2,221.00	USD	Xfer May Charges New Order	P160001		RFC_USER_BL	10098706	5303030	6/7/2023
1600	☑	RECLASS	100017829	Xfr Jun Costs New Order	5303030	SA	6	6/30/2023	50	-26,218.04	USD	Xfr Jun Costs New Order	P160001		RFC_USER_BL	10098706	5303030	7/7/2023
1600	☑	RECLASS	100017829	Xfr Jun Costs New Order	5303030	SA	6	6/30/2023	40	26,218.04	USD	Xfr Jun Costs New Order	P160001		RFC_USER_BL	10100874	5303030	7/7/2023
1600	☑	RECLASS	100018790	Xfr Jul Costs New Order	5303030	SA	7	7/31/2023	50	-37,022.11	USD	Xfr Jul Costs New Order	P160001		RFC_USER_BL	10098706	5303030	8/3/2023
1600	☑	RECLASS	100018790	Xfr Jul Costs New Order	5303030	SA	7	7/31/2023	40	37,022.11	USD	Xfr Jul Costs New Order	P160001		RFC_USER_BL	10100874	5303030	8/3/2023
1600	☑	RECLASS	100019741	Xfr Aug Costs New Order	5303030	SA	8	8/30/2023	50	-2,772.00	USD	Xfr Jun Costs New Order	P160001		RFC_USER_BL	10072731	5303030	9/6/2023
1600	☑	RECLASS	100019741	Xfr Aug Costs New Order	5303030	SA	8	8/30/2023	40	2,772.00	USD	Xfr Jun Costs New Order	P160001		RFC_USER_BL	10100685	5303030	9/6/2023
1600	☑	RECLASS	100023190	RECLASS ORDER TO MANUAL	5303315	SA	12	12/31/2023	50	-13,015.30	USD	RECLASS ORDER TO MANUAL CWIP	P160001		RFC_USER_BL	201600097	1311900	1/15/2024
1600	☑	RECLASS	100023778	RECLASS ORDER TO MANUAL	5303315	SR	1	1/31/2024	40	13,015.30	USD	RECLASS ORDER TO MANUAL CWIP	P160001		NIC3984	201600097	1311900	1/31/2024
1600	☑	Reclass Ivan Borne	100017333	Reclass Ivan Borner Delta	5303325	SA	6	6/30/2023	40	66,930.00	USD	Reclass Ivan Borner Delta time	P160001	161311	RFC_USER_BL		2113040	6/19/2023
1300	☑	REGLEGAL.ALLOC2	100008139	BILL1300	5303991	SA	5	5/31/2023	40	30.45	USD	Miscellaneous Outside Services-2200	P130001	131322	RFC_USER_BL		2113040	6/8/2023
1600	☑	REGLEGAL.ALLOC2	100017079	BILL1600	5303991	SA	5	5/31/2023	40	352.80	USD	Miscellaneous Outside Services-2200	P160001	161316	RFC_USER_BL		2113040	6/8/2023
1300	☑	REGLEGAL.ALLOC2	100008562	BILL1300	5303991	SA	6	6/30/2023	40	16.89	USD	Miscellaneous Outside Services-2200	P130001	131322	RFC_USER_BL		2113040	7/8/2023
1600	☑	REGLEGAL.ALLOC2	100017845	BILL1600	5303991	SA	6	6/30/2023	40	195.71	USD	Miscellaneous Outside Services-2200	P160001	161316	RFC_USER_BL		2113040	7/8/2023
1300	☑	REGLEGAL.ALLOC2	100009443	BILL1300	5303991	SA	8	8/31/2023	40	10.12	USD	Miscellaneous Outside Services-2200	P130001	131322	RFC_USER_BL		2113040	9/7/2023
1600	☑	REGLEGAL.ALLOC2	100019767	BILL1600	5303991	SA	8	8/31/2023	40	198.49	USD	Miscellaneous Outside Services-2200	P160001	161316	RFC_USER_BL		2113040	9/7/2023
1300	☑	REGLEGAL.ALLOC2	100010679	BILL1300	5303991	SA	11	11/30/2023	40	9.56	USD	Miscellaneous Outside Services-2200	P130001	131322	RFC_USER_BL		2113040	12/5/2023
1600	☑	REGLEGAL.ALLOC2	100022276	BILL1600	5303991	SA	11	11/30/2023	40	189.73	USD	Miscellaneous Outside Services-2200	P160001	161316	RFC_USER_BL		2113040	12/5/2023
1300	☑	REGLEGAL.ALLOC2	100011561	BILL1300	5303991	SA	1	1/31/2024	40	34.48	USD	Miscellaneous Outside Services-2200	P130001	131322	RFC_USER_BL		2113040	2/5/2024
1600	☑	REGLEGAL.ALLOC2	100023915	BILL1600	5303991	SA	1	1/31/2024	40	684.57	USD	Miscellaneous Outside Services-2200	P160001	161316	RFC_USER_BL		2113040	2/5/2024
1300	☑	REGLEGAL.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	44.37	USD	PNG Services - ESSN Services	P130001	139905	MARIE06		2113040	4/10/2023
1300	☑	REGLEGAL.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	1.00	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06		2113040	4/10/2023
1600	☑	REGLEGAL.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	999.29	USD	PNG Services - ESSN Services	P160001	169905	MARIE06		2113040	4/10/2023
1600	☑	REGLEGAL.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	22.53	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06		2113040	4/10/2023
1300	☑	REGLEGAL.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	44.37	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1300	☑	REGLEGAL.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	1.00	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1600	☑	REGLEGAL.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	999.29	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	5/2/2023
1600	☑	REGLEGAL.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	22.53	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	5/2/2023
1300	☑	REGLEGAL.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	42.83	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1300	☑	REGLEGAL.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	0.24	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1600	☑	REGLEGAL.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	964.60	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	6/8/2023
1600	☑	REGLEGAL.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	5.47	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	6/8/2023
1300	☑	REGLEGAL.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	51.15	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1300	☑	REGLEGAL.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	10.90	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1600	☑	REGLEGAL.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	1,151.97	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	7/9/2023
1600	☑	REGLEGAL.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	245.43	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	7/9/2023
1300	☑	REGLEGAL.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	37.29	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1300	☑	REGLEGAL.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	0.45	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1600	☑	REGLEGAL.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	839.68	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	8/3/2023
1600	☑	REGLEGAL.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	10.16	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	8/3/2023
1300	☑	REGLEGAL.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	40.98	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1300	☑	REGLEGAL.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	0.38	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1600	☑	REGLEGAL.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	922.96	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	9/1/2023
1600	☑	REGLEGAL.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	8.61	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	9/1/2023
1300	☑	REGLEGAL.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	36.24	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	10/3/2023
1300	☑	REGLEGAL.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	8.95	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	10/3/2023
1600	☑	REGLEGAL.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	710.53	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	10/3/2023
1600	☑	REGLEGAL.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	175.45	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	10/3/2023
1300	☑	REGLEGAL.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	49.70	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	11/2/2023
1300	☑	REGLEGAL.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	0.10	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	11/2/2023
1600	☑	REGLEGAL.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	986.87	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	11/2/2023
1600	☑	REGLEGAL.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	2.03	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	11/2/2023
1300	☑	REGLEGAL.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	58.67	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	12/5/2023
1300	☑	REGLEGAL.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	8.41	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	12/5/2023
1600	☑	REGLEGAL.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	1,165.06	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	12/5/2023
1600	☑	REGLEGAL.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	167.07	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	12/5/2023
1300	☑	REGLEGAL.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	55.22	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	1/3/2024
1300	☑	REGLEGAL.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	2.27	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	1/3/2024
1300	☑	REGLEGAL.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-55.22	USD	PNG Services - ESSN Services	P130001	139905	MARIE06		2113040	1/10/2024
1300	☑	REGLEGAL.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-2.27	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06		2113040	1/10/2024
1300	☑	REGLEGAL.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	119.69	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	1/14/2024
1300	☑	REGLEGAL.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	8.74	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	1/14/2024
1600	☑	REGLEGAL.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,096.52	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	1/3/2024
1600	☑	REGLEGAL.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	44.98	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	1/3/2024
1600	☑	REGLEGAL.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-1,096.52	USD	PNG Services - ESSN Services	P160001	169905	MARIE06		2113040	1/10/2024
1600	☑	REGLEGAL.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-44.98	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06		2113040	1/10/2024
1600	☑	REGLEGAL.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	2,376.60	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	1/15/2024
1600	☑	REGLEGAL.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	173.57	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	1/15/2024
1300	☑	REGLEGAL.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	55.90	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	2/13/2024
1300	☑	REGLEGAL.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	0.46	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	2/13/2024
1600	☑	REGLEGAL.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	1,109.93	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	2/13/2024

1600	☑	REGLEGAL.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	9.13	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	2/13/2024
1300	☑	REGLEGAL.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	53.83	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	3/12/2024
1300	☑	REGLEGAL.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	5.29	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	3/12/2024
1600	☑	REGLEGAL.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	1,069.01	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	3/12/2024
1600	☑	REGLEGAL.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	105.06	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	3/12/2024
1300	☑	RESTOR.ALLOC2	100009804	BILL1300	5303991	SA	9	9/30/2023	40	0.01	USD	Miscellaneous Outside Services-2200	P130001	138304	RFC_USER_BL		2113040	10/5/2023
1600	☑	Retainer 15%	4400000134	1600 - AP ACCRUAL	5303030	AR	3	3/1/2023	50	-121,235.94	USD	Swartz Pipeline / Roe Enterprises	P160001		ANG4010	10100036	2111910	3/7/2023
1600	☑	Retainer 15%	2200000188	1600 - AP ACCRUAL	5303030	AC	3	3/31/2023	40	121,235.94	USD	Swartz Pipeline / Roe Enterprises	P160001		ALL3394	10100036	2199900	4/5/2023
1600	☑	Retainer 15%	4400000143	1600 - AP ACCRUAL	5303030	AR	4	4/1/2023	50	-121,235.94	USD	Swartz Pipeline / Roe Enterprises	P160001		ANG4010	10100036	2199900	4/6/2023
1300	☑	SAFETY.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	266.43	USD	PNG Services - ESSN Services	P130001	139905	MARIE06		2113040	4/10/2023
1300	☑	SAFETY.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	1.92	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06		2113040	4/10/2023
1600	☑	SAFETY.ALLOC2.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	4,565.68	USD	PNG Services - ESSN Services	P160001	169905	MARIE06		2113040	4/10/2023
1600	☑	SAFETY.ALLOC2.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	32.87	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06		2113040	4/10/2023
1300	☑	SAFETY.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	266.43	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1300	☑	SAFETY.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	1.92	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1600	☑	SAFETY.ALLOC2.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	4,565.68	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	5/2/2023
1600	☑	SAFETY.ALLOC2.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	32.87	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	5/2/2023
1300	☑	SAFETY.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	201.85	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1300	☑	SAFETY.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	2.70	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1600	☑	SAFETY.ALLOC2.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	3,458.98	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	6/8/2023
1600	☑	SAFETY.ALLOC2.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	46.33	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	6/8/2023
1300	☑	SAFETY.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	262.60	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1300	☑	SAFETY.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	18.90	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1600	☑	SAFETY.ALLOC2.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	4,499.99	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	7/9/2023
1600	☑	SAFETY.ALLOC2.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	323.89	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	7/9/2023
1300	☑	SAFETY.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	201.31	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1300	☑	SAFETY.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	6.63	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1600	☑	SAFETY.ALLOC2.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	3,449.67	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	8/3/2023
1600	☑	SAFETY.ALLOC2.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	113.64	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	8/3/2023
1300	☑	SAFETY.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	194.56	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1300	☑	SAFETY.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	4.48	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1600	☑	SAFETY.ALLOC2.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	3,334.07	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	9/1/2023
1600	☑	SAFETY.ALLOC2.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	76.74	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	9/1/2023
1300	☑	SAFETY.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	250.63	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	10/3/2023
1300	☑	SAFETY.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	2.88	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	10/3/2023
1600	☑	SAFETY.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	4,211.29	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	10/3/2023
1600	☑	SAFETY.ALLOC2.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	48.40	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	10/3/2023
1300	☑	SAFETY.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	207.54	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	11/2/2023
1300	☑	SAFETY.ALLOC2.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	4.71	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	11/2/2023
1600	☑	SAFETY.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	3,451.85	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	11/2/2023
1600	☑	SAFETY.ALLOC2.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	78.38	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	11/2/2023
1300	☑	SAFETY.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	253.91	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	12/5/2023
1300	☑	SAFETY.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	5.73	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	12/5/2023
1600	☑	SAFETY.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	4,223.20	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	12/5/2023
1600	☑	SAFETY.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	95.33	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	12/5/2023
1300	☑	SAFETY.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	220.34	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	1/3/2024
1300	☑	SAFETY.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	4.29	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	1/3/2024
1300	☑	SAFETY.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-220.34	USD	PNG Services - ESSN Services	P130001	139905	MARIE06		2113040	1/10/2024
1300	☑	SAFETY.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-4.29	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06		2113040	1/10/2024
1300	☑	SAFETY.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	386.10	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	1/14/2024
1300	☑	SAFETY.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	5.23	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	1/14/2024
1600	☑	SAFETY.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	3,664.79	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	1/3/2024
1600	☑	SAFETY.ALLOC2.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	71.44	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	1/3/2024
1600	☑	SAFETY.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-3,664.79	USD	PNG Services - ESSN Services	P160001	169905	MARIE06		2113040	1/10/2024
1600	☑	SAFETY.ALLOC2.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-71.44	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06		2113040	1/10/2024
1600	☑	SAFETY.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	6,421.69	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	1/15/2024
1600	☑	SAFETY.ALLOC2.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	86.97	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	1/15/2024
1300	☑	SAFETY.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	261.98	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	2/13/2024
1300	☑	SAFETY.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	0.17	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	2/13/2024
1600	☑	SAFETY.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	4,357.35	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	2/13/2024
1600	☑	SAFETY.ALLOC2.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	2.88	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	2/13/2024
1300	☑	SAFETY.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	252.55	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	3/12/2024
1300	☑	SAFETY.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	2.77	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	3/12/2024
1600	☑	SAFETY.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	4,200.58	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL		2113040	3/12/2024
1600	☑	SAFETY.ALLOC2.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	46.07	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL		2113040	3/12/2024
1300	☑	SUPCHAIN.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	16.98	USD	PNG Services - ESSN Services	P130001	139905	MARIE06		2113040	4/10/2023
1300	☑	SUPCHAIN.ALLOC2.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	1.26	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06		2113040	4/10/2023
1300	☑	SUPCHAIN.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	16.98	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1300	☑	SUPCHAIN.ALLOC2.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	1.26	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	5/2/2023
1300	☑	SUPCHAIN.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	14.29	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	6/8/2023
1300	☑	SUPCHAIN.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	14.29	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1300	☑	SUPCHAIN.ALLOC2.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	50.04	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	7/9/2023
1300	☑	SUPCHAIN.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	12.67	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	8/3/2023
1300	☑	SUPCHAIN.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	50	-59.49	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		5998511	8/3/2023
1300	☑	SUPCHAIN.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	13.58	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1300	☑	SUPCHAIN.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	1.97	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	9/1/2023
1300	☑	SUPCHAIN.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	10.50	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	10/3/2023
1300	☑	SUPCHAIN.ALLOC2.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	2.28	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL		2113040	10/3/2023
1300	☑	SUPCHAIN.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	10.09	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	11/2/2023
1300	☑	SUPCHAIN.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	11.17	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL		2113040	12/5/2023

1300	☑	SUPCHAIN.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	9.90	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	1.19	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-9.90	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-1.19	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	5.99	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	0.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	10.69	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	SUPCHAIN.ALLOC2.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	1.08	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	SUPCHAIN.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	10.05	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	SUPCHAIN.ALLOC2.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	0.62	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	TAXSVC.ALLOC1	100011160	BILL1300	5303991	SA	12	12/31/2023	40	3.23	USD	Miscellaneous Outside Services-2200	P130001	131315	RFC_USER_BL	2113040	1/9/2024
1600	☑	TAXSVC.ALLOC1	100023085	BILL1600	5303991	SA	12	12/31/2023	40	66.15	USD	Miscellaneous Outside Services-2200	P160001	161315	RFC_USER_BL	2113040	1/9/2024
1300	☑	TAXSVC.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	82.51	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	TAXSVC.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	190.72	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	4/10/2023
1600	☑	TAXSVC.ALLOC1.E	100015270	BILL1600-ESSN	5998501	SA	3	3/31/2023	40	1,925.21	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	4/10/2023
1600	☑	TAXSVC.ALLOC1.E	100015270	BILL1600-ESSN	5998511	SA	3	3/31/2023	40	4,450.17	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	4/10/2023
1300	☑	TAXSVC.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	82.51	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	TAXSVC.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	190.72	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1600	☑	TAXSVC.ALLOC1.E	100016023	BILL1600-ESSN	5998501	SA	4	4/30/2023	40	1,925.21	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1600	☑	TAXSVC.ALLOC1.E	100016023	BILL1600-ESSN	5998511	SA	4	4/30/2023	40	4,450.17	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	5/2/2023
1300	☑	TAXSVC.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	73.48	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	TAXSVC.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	22.30	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1600	☑	TAXSVC.ALLOC1.E	100017108	BILL1600-ESSN	5998501	SA	5	5/31/2023	40	1,714.64	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1600	☑	TAXSVC.ALLOC1.E	100017108	BILL1600-ESSN	5998511	SA	5	5/31/2023	40	520.44	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	6/8/2023
1300	☑	TAXSVC.ALLOC1.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	76.55	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	TAXSVC.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	9.08	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1600	☑	TAXSVC.ALLOC1.E	100017846	BILL1600-ESSN	5998501	SA	6	6/30/2023	40	1,786.27	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1600	☑	TAXSVC.ALLOC1.E	100017846	BILL1600-ESSN	5998511	SA	6	6/30/2023	40	211.95	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	7/9/2023
1300	☑	TAXSVC.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	78.15	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	TAXSVC.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	3.79	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1600	☑	TAXSVC.ALLOC1.E	100018797	BILL1600-ESSN	5998501	SA	7	7/31/2023	40	1,823.45	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1600	☑	TAXSVC.ALLOC1.E	100018797	BILL1600-ESSN	5998511	SA	7	7/31/2023	40	88.43	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	8/3/2023
1300	☑	TAXSVC.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	82.52	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	TAXSVC.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	11.22	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1600	☑	TAXSVC.ALLOC1.E	100019633	BILL1600-ESSN	5998501	SA	8	8/31/2023	40	1,925.37	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1600	☑	TAXSVC.ALLOC1.E	100019633	BILL1600-ESSN	5998511	SA	8	8/31/2023	40	261.87	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	9/1/2023
1300	☑	TAXSVC.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	113.61	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1300	☑	TAXSVC.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	13.17	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	TAXSVC.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	2,306.22	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1600	☑	TAXSVC.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	267.31	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	TAXSVC.ALLOC1.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	82.69	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1300	☑	TAXSVC.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	47.47	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	11/2/2023
1600	☑	TAXSVC.ALLOC1.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	1,695.22	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1600	☑	TAXSVC.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	973.08	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	11/2/2023
1300	☑	TAXSVC.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	97.27	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1300	☑	TAXSVC.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	56.55	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	12/5/2023
1600	☑	TAXSVC.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	1,993.92	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1600	☑	TAXSVC.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	1,159.34	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	12/5/2023
1300	☑	TAXSVC.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	74.94	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	TAXSVC.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	21.07	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	1/3/2024
1300	☑	TAXSVC.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-74.94	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	TAXSVC.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-21.07	USD	PNG Services - ESSN Sundry	P130001	139905	MARIE06	2113040	1/10/2024
1300	☑	TAXSVC.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	132.13	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	1/14/2024
1300	☑	TAXSVC.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	50	-208.97	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	5998501	1/14/2024
1600	☑	TAXSVC.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,536.17	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	TAXSVC.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	431.89	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	1/3/2024
1600	☑	TAXSVC.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-1,536.17	USD	PNG Services - ESSN Services	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	TAXSVC.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-431.89	USD	PNG Services - ESSN Sundry	P160001	169905	MARIE06	2113040	1/10/2024
1600	☑	TAXSVC.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	2,708.58	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	1/15/2024
1600	☑	TAXSVC.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	50	-4,283.89	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	5998501	1/15/2024
1300	☑	TAXSVC.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	108.80	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1300	☑	TAXSVC.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	16.22	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	2/13/2024
1600	☑	TAXSVC.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	2,230.33	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1600	☑	TAXSVC.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	332.40	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	2/13/2024
1300	☑	TAXSVC.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	88.97	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1300	☑	TAXSVC.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	61.67	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	3/12/2024
1600	☑	TAXSVC.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	1,823.82	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1600	☑	TAXSVC.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	1,264.18	USD	PNG Services - ESSN Sundry	P160001	169905	RFC_USER_BL	2113040	3/12/2024
1300	☑	TELECOMM.ALLOC2.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	58.96	USD	PNG Services - ESSN Services	P130001	139905	MARIE06	2113040	4/10/2023
1300	☑	TELECOMM.ALLOC2.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	58.96	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	5/2/2023
1300	☑	TELECOMM.ALLOC2.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	50.33	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	TELECOMM.ALLOC2.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	1.05	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	6/8/2023
1300	☑	TELECOMM.ALLOC2.E	100008563	BILL1300-ESSN	5998501	SA	6	6/30/2023	40	51.77	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	7/9/2023
1300	☑	TELECOMM.ALLOC2.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	53.56	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	TELECOMM.ALLOC2.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	1.68	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	8/3/2023
1300	☑	TELECOMM.ALLOC2.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	51.21	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	TELECOMM.ALLOC2.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	8.53	USD	PNG Services - ESSN Sundry	P130001	139905	RFC_USER_BL	2113040	9/1/2023
1300	☑	TELECOMM.ALLOC2.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	90.93	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	10/3/2023
1600	☑	TELECOMM.ALLOC2.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	1,216.90	USD	PNG Services - ESSN Services	P160001	169905	RFC_USER_BL	2113040	10/3/2023
1300	☑	TELECOMM.ALLOC2.E	100010233	BILL1300-ESSN	5998501	SA	10	10/31/2023	40	96.64	USD	PNG Services - ESSN Services	P130001	139905	RFC_USER_BL	2113040	11/2/2023

1600	☑	TELECOMM.ALLOC2.E	100021426	BILL1600-ESSN	5998501	SA	10	10/31/2023	40	1,295.92	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		11/2/2023
1300	☑	TELECOMM.ALLOC2.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	100.55	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		12/5/2023
1300	☑	TELECOMM.ALLOC2.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	2.40	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		12/5/2023
1600	☑	TELECOMM.ALLOC2.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	1,348.39	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		12/5/2023
1600	☑	TELECOMM.ALLOC2.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	32.23	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		12/5/2023
1300	☑	TELECOMM.ALLOC2.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	122.78	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		1/3/2024
1300	☑	TELECOMM.ALLOC2.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-122.78	USD	PNG Services - ESSN Services	P130001	139905		MARIE06		2113040		1/10/2024
1300	☑	TELECOMM.ALLOC2.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	449.65	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		1/14/2024
1600	☑	TELECOMM.ALLOC2.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,646.53	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		1/3/2024
1600	☑	TELECOMM.ALLOC2.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-1,646.53	USD	PNG Services - ESSN Services	P160001	169905		MARIE06		2113040		1/10/2024
1600	☑	TELECOMM.ALLOC2.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	6,029.80	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		1/15/2024
1300	☑	TELECOMM.ALLOC2.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	428.46	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		2/13/2024
1600	☑	TELECOMM.ALLOC2.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	5,745.56	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		2/13/2024
1300	☑	TELECOMM.ALLOC2.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	403.43	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		3/12/2024
1600	☑	TELECOMM.ALLOC2.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	5,409.89	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		3/12/2024
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	50	-9,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10100664	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118297	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118300	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118303	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118304	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118071	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118072	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118074	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118340	5303030		8/22/2023
1600	☑	TRANSFER LABOR	100019284	TRANSFER LABOR	5303030	SA	8	8/22/2023	40	1,000.00	USD	TRN LABOR	P160001			RFC_USER_BL	10118344	5303030		8/22/2023
1300	☑	TREASURY.ALLOC1.E	100007307	BILL1300-ESSN	5998501	SA	3	3/31/2023	40	45.46	USD	PNG Services - ESSN Services	P130001	139905		MARIE06		2113040		4/10/2023
1300	☑	TREASURY.ALLOC1.E	100007307	BILL1300-ESSN	5998511	SA	3	3/31/2023	40	726.08	USD	PNG Services - ESSN Sundry	P130001	139905		MARIE06		2113040		4/10/2023
1300	☑	TREASURY.ALLOC1.E	100007636	BILL1300-ESSN	5998501	SA	4	4/30/2023	40	45.46	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		5/2/2023
1300	☑	TREASURY.ALLOC1.E	100007636	BILL1300-ESSN	5998511	SA	4	4/30/2023	40	726.08	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		5/2/2023
1300	☑	TREASURY.ALLOC1.E	100008163	BILL1300-ESSN	5998501	SA	5	5/31/2023	40	38.42	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		6/8/2023
1300	☑	TREASURY.ALLOC1.E	100008163	BILL1300-ESSN	5998511	SA	5	5/31/2023	40	87.38	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		6/8/2023
1300	☑	TREASURY.ALLOC1.E	100008563	BILL1300-ESSN	5998511	SA	6	6/30/2023	40	58.40	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		7/9/2023
1300	☑	TREASURY.ALLOC1.E	100008943	BILL1300-ESSN	5998501	SA	7	7/31/2023	40	52.83	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		8/3/2023
1300	☑	TREASURY.ALLOC1.E	100008943	BILL1300-ESSN	5998511	SA	7	7/31/2023	40	1,244.76	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		8/3/2023
1300	☑	TREASURY.ALLOC1.E	100009377	BILL1300-ESSN	5998501	SA	8	8/31/2023	40	42.93	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		9/1/2023
1300	☑	TREASURY.ALLOC1.E	100009377	BILL1300-ESSN	5998511	SA	8	8/31/2023	40	42.71	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		9/1/2023
1300	☑	TREASURY.ALLOC1.E	100009779	BILL1300-ESSN	5998501	SA	9	9/30/2023	40	42.99	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		10/3/2023
1300	☑	TREASURY.ALLOC1.E	100009779	BILL1300-ESSN	5998511	SA	9	9/30/2023	40	29.73	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		10/3/2023
1600	☑	TREASURY.ALLOC1.E	100020560	BILL1600-ESSN	5998501	SA	9	9/30/2023	40	695.21	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		10/3/2023
1600	☑	TREASURY.ALLOC1.E	100020560	BILL1600-ESSN	5998511	SA	9	9/30/2023	40	480.81	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		10/3/2023
1300	☑	TREASURY.ALLOC1.E	100010233	BILL1300-ESSN	5998511	SA	10	10/31/2023	40	71.75	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		11/2/2023
1600	☑	TREASURY.ALLOC1.E	100021426	BILL1600-ESSN	5998511	SA	10	10/31/2023	40	1,175.25	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		11/2/2023
1300	☑	TREASURY.ALLOC1.E	100010677	BILL1300-ESSN	5998501	SA	11	11/30/2023	40	46.38	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		12/5/2023
1300	☑	TREASURY.ALLOC1.E	100010677	BILL1300-ESSN	5998511	SA	11	11/30/2023	40	236.66	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		12/5/2023
1600	☑	TREASURY.ALLOC1.E	100022273	BILL1600-ESSN	5998501	SA	11	11/30/2023	40	759.63	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		12/5/2023
1600	☑	TREASURY.ALLOC1.E	100022273	BILL1600-ESSN	5998511	SA	11	11/30/2023	40	3,876.29	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		12/5/2023
1300	☑	TREASURY.ALLOC1.E	100011045	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	39.06	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		1/3/2024
1300	☑	TREASURY.ALLOC1.E	100011045	BILL1300-ESSN	5998511	SA	12	12/31/2023	40	89.40	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		1/3/2024
1300	☑	TREASURY.ALLOC1.E	100011184	BILL1300-ESSN	5998501	SR	12	12/31/2023	50	-39.06	USD	PNG Services - ESSN Services	P130001	139905		MARIE06		2113040		1/10/2024
1300	☑	TREASURY.ALLOC1.E	100011184	BILL1300-ESSN	5998511	SR	12	12/31/2023	50	-89.40	USD	PNG Services - ESSN Sundry	P130001	139905		MARIE06		2113040		1/10/2024
1300	☑	TREASURY.ALLOC1.E	100011226	BILL1300-ESSN	5998501	SA	12	12/31/2023	40	117.88	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		1/14/2024
1300	☑	TREASURY.ALLOC1.E	100011226	BILL1300-ESSN	5998511	SA	12	12/31/2023	50	-170.01	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		5998501		1/14/2024
1600	☑	TREASURY.ALLOC1.E	100022930	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	639.80	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		1/3/2024
1600	☑	TREASURY.ALLOC1.E	100022930	BILL1600-ESSN	5998511	SA	12	12/31/2023	40	1,464.35	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		1/3/2024
1600	☑	TREASURY.ALLOC1.E	100023117	BILL1600-ESSN	5998501	SR	12	12/31/2023	50	-639.80	USD	PNG Services - ESSN Services	P160001	169905		MARIE06		2113040		1/10/2024
1600	☑	TREASURY.ALLOC1.E	100023117	BILL1600-ESSN	5998511	SR	12	12/31/2023	50	-1,464.35	USD	PNG Services - ESSN Sundry	P160001	169905		MARIE06		2113040		1/10/2024
1600	☑	TREASURY.ALLOC1.E	100023184	BILL1600-ESSN	5998501	SA	12	12/31/2023	40	1,930.81	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		1/15/2024
1600	☑	TREASURY.ALLOC1.E	100023184	BILL1600-ESSN	5998511	SA	12	12/31/2023	50	-2,784.56	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		5998501		1/15/2024
1300	☑	TREASURY.ALLOC1.E	100011702	BILL1300-ESSN	5998501	SA	1	1/31/2024	40	44.86	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		2/13/2024
1300	☑	TREASURY.ALLOC1.E	100011702	BILL1300-ESSN	5998511	SA	1	1/31/2024	40	35.78	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		2/13/2024
1600	☑	TREASURY.ALLOC1.E	100024108	BILL1600-ESSN	5998501	SA	1	1/31/2024	40	734.72	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		2/13/2024
1600	☑	TREASURY.ALLOC1.E	100024108	BILL1600-ESSN	5998511	SA	1	1/31/2024	40	585.98	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		2/13/2024
1300	☑	TREASURY.ALLOC1.E	100012128	BILL1300-ESSN	5998501	SA	2	2/29/2024	40	42.17	USD	PNG Services - ESSN Services	P130001	139905		RFC_USER_BL		2113040		3/12/2024
1300	☑	TREASURY.ALLOC1.E	100012128	BILL1300-ESSN	5998511	SA	2	2/29/2024	40	23.46	USD	PNG Services - ESSN Sundry	P130001	139905		RFC_USER_BL		2113040		3/12/2024
1600	☑	TREASURY.ALLOC1.E	100024957	BILL1600-ESSN	5998501	SA	2	2/29/2024	40	690.66	USD	PNG Services - ESSN Services	P160001	169905		RFC_USER_BL		2113040		3/12/2024
1600	☑	TREASURY.ALLOC1.E	100024957	BILL1600-ESSN	5998511	SA	2	2/29/2024	40	384.24	USD	PNG Services - ESSN Sundry	P160001	169905		RFC_USER_BL		2113040		3/12/2024
										11,608,745.23	USD									

Account Number	*		
Company Code	*		
Fiscal Year	2023		
Display More Chars			
All Documents in Currency	*	Display Currency	USD Company code currenc

Account Number	*		
Company Code	*		
Fiscal Year	2024		
Display More Chars			
All Documents in Currency	*	Display Currency	USD Company code currenc

Mar-23	558,447.62
Apr-23	1,142,188.57
May-23	832,068.43
Jun-23	806,286.22
Jul-23	679,834.28
Aug-23	1,011,688.17

Period	Debit	Credit	Balance	Cumulative Balance
Bal.Carryforw...				
1	530,204.77	562,751.11	32,546.34-	32,546.34-
2	1,241,747.86	250,305.60	991,442.26	958,895.92
3	953,369.98	394,922.36	558,447.62	1,517,343.54
4	1,465,245.82	323,057.25	1,142,188.57	2,659,532.11
5	1,368,904.81	536,836.38	832,068.43	3,491,600.54
6	1,047,226.90	240,940.68	806,286.22	4,297,886.76
7	988,265.79	308,431.51	679,834.28	4,977,721.04
8	1,212,994.99	201,306.82	1,011,688.17	5,989,409.21
9	1,866,782.97	473,121.38	1,393,661.59	7,383,070.80
10	1,527,346.86	585,731.90	941,614.96	8,324,685.76
11	1,522,264.95	143,795.72	1,378,469.23	9,703,154.99
12	1,718,230.92	674,920.37	1,043,310.55	10,746,465.54

Period	Debit	Credit	Balance	Cumulative Balance
Bal.Carryforw...				
1	1,165,838.85	190,769.26	975,069.59	975,069.59
2	989,056.77	142,950.75	846,106.02	1,821,175.61

	Sep-23	1,393,661.59
	Oct-23	941,614.96
	Nov-23	1,378,469.23
	Dec-23	1,043,310.55
	Jan-24	975,069.59
	Feb-24	846,106.02
Total		**11,608,745.23**

-

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

7. Provide the following information for gas operations. If any amounts were allocated, show a calculation of the factor used to allocate each amount.

a. A detailed analysis of charges booked for advertising expenditures during the 12 months preceding the base period. Include a complete breakdown of Account No. 913 – Advertising Expenses, and any other advertising expenditures included in any other expense accounts, as shown in Schedule C1. The analysis should specify the purpose of the expenditure and the expected benefit to be derived.

b. An analysis of Account No. 930 – Miscellaneous General Expenses for the 12 months preceding the base period. Include a complete breakdown of this account as shown in Schedule C2 and provide detailed workpapers supporting this analysis. At a minimum, the analysis should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and brief description of each expenditure of $500 or more, provided that lesser items are grouped by classes as shown in Schedule C2.

1. An analysis of Account No. 426 – Other Income Deductions for the 12 months preceding the base period. Include a complete breakdown of this account as shown in Schedule C3 and provide detailed workpapers supporting this analysis. At a minimum, the analysis should show the date, vendor, reference (i.e., voucher no., etc.), dollar amount, and a brief description of each expenditure of $500 or more, provided that lesser items are grouped by classes as shown in Schedule C3.

Response:

See attached.

Schedule C1

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Advertising Expenses
(Including Account No. 913)
For the 12 Months Ended February 2024

Line No.	Item	Sales or Promotional Advertising	Institutional Advertising	Conservation Advertising	Rate Case	Other	Total
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1.	Newspaper		1,000.00				
2.	Magazines & Other		250				
3.	Television						
4.	Radio						
5.	Direct Mail		6,667.40				
6.	Sales Ads						
7.	Total		7,917.40				
10.	Amount Assigned to Kentucky Jurisdictional		7,917.40				$ 7,917.40

The purpose and benefit for the advertising expenses are to promote/provide:

Safety and Public Awareness
Public Information
Community Relations
Environmental Awareness
Customer Information

Vendor	Doc Number	Description	Posting Date	Total
Berea Chamber of Commerce	100014962	Institutional Advertising	3/31/2023	250.00
Southland Printing	1900005730	Institutional Advertising	5/15/2023	3,333.70
Southland Printing	1900006519	Institutional Advertising	7/28/2023	3,333.70
Berea Citizen	1900008363	Institutional Advertising	1/10/2024	1,000.00
				7,917.40

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1600/9930100 Admin & General - General Advertising Ex

Nat. acct	Long Text	ValCOArCur
5303830	Advertising	6,917.40
* Sending co.code 1600		6,917.40
** Reg. acct 9930100		6,917.40
***Rec.CoCd 1600		6,917.40

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1600/9930100 Admin & General - General Advertising Ex

Nat. acct	Long Text	ValCOArCur
5303830	Advertising	1,000.00
* Sending co.code 1600		1,000.00
** Reg. acct 9930100		1,000.00
***Rec.CoCd 1600		1,000.00

Schedule C2

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Account No. 930 - Miscellaneous General Expenses
(Including Account No. 913)
For the 12 Months Ended February 2024

Line No.	Item (a)	Amount (b)
1.	Industry Association Dues	
2.	Stockholder and Debt Service Expenses	
3.	Institutional Advertising (9930100)	$ 7,917.40
4.	Conservation Advertising	
5.	Rate Department Load Studies	
6.	Director's Fees and Expenses	
7.	Dues and Subscriptions (9930200)	$ 47,956.55
8.	Miscellaneous	
9.	Total	$ 55,873.95
10.	Amount Assigned to Kentucky Jurisdictional	$ 55,873.95

Vendor	Doc Number	Description	Posting Date	Total
Berea Chamber of Commerce	100014962	Institutional Advertising	3/31/2023	250.00
Southland Printing	1900005730	Institutional Advertising	5/15/2023	3,333.70
Southland Printing	1900006519	Institutional Advertising	7/28/2023	3,333.70
Berea Citizen	1900008363	Institutional Advertising	1/10/2024	1,000.00
				7,917.40

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1600/9930100 Admin & General - General Advertising Ex

Nat. acct	Long Text	ValCOArCur
5303830	Advertising	6,917.40
* Sending co.code 1600		6,917.40
** Reg. acct 9930100		6,917.40
***Rec.CoCd 1600		6,917.40

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1600/9930100 Admin & General - General Advertising Ex

Nat. acct	Long Text	ValCOArCur
5303830	Advertising	1,000.00
* Sending co.code 1600		1,000.00
** Reg. acct 9930100		1,000.00
***Rec.CoCd 1600		1,000.00

Vendor	Doc Number	Description	Posting Date	Total	
Various vendors < $500	Various	**Misc Dues & Subscriptions - 2200**	P3-12 2023	31.18	
Various vendors < $500	Various	**Misc Dues & Subscriptions - 2200**	P3-12 2023	370.67	
Various vendors < $500	Various	**Misc Dues & Subscriptions - 2200**	P1-2 2024	5.55	
Various vendors < $500	Various	**Misc Dues & Subscriptions - 2200**	P1-2 2024	85.98	
				493.38	
Various vendors < $500	100019771	**Professional Dues**	9/7/2023	475	
AICPA	100019783	**Professional Dues**	9/7/2023	520	
Various vendors < $500	100019587	**Professional Dues**	8/31/2023	360	
Various vendors < $500	100019587	**Professional Dues**	8/31/2023	360	
				1,715.00	
Morehead-Rowan County Chamber of Commerce	100014991	**Industry Assoc Dues**	3/31/2023	525.00	
Various vendors < $500	100016805	**Industry Assoc Dues**	5/31/2023	275.00	
BBB Louisville	100016805	**Industry Assoc Dues**	5/31/2023	830.00	
Richmond Chamber of Commerce	100019566	**Industry Assoc Dues**	8/31/2023	407.00	
Winchester Clark County Chamber of Commerce	100019566	**Industry Assoc Dues**	8/31/2023	500.00	
Kentucky Gas Association	100019562	**Industry Assoc Dues**	8/31/2023	4,298.80	
Various vendors < $500	1900006934	**Industry Assoc Dues**	9/5/2023	200.00	
Various vendors < $500	100019781	**Industry Assoc Dues**	9/7/2023	412.00	
Kentucky Trucking Association	100020415	**Industry Assoc Dues**	9/30/2023	564.00	
Kentucky Rural Water Association	100021267	**Industry Assoc Dues**	10/31/2023	565.00	
Commerce Lexington	100021267	**Industry Assoc Dues**	10/31/2023	412.00	
US Chamber of Commerce	100021781	**Industry Assoc Dues**	11/16/2023	650.00	
Kentucky Chamber	100021781	**Industry Assoc Dues**	11/16/2023	2,136.00	
Southern Gas Association	1900007728	**Industry Assoc Dues**	11/16/2023	5,279.00	
Mt Sterling/Montgomery County Chamber of Commerce	100023330	**Industry Assoc Dues**	1/18/2024	600.00	
Kentucky Press Association	100023330	**Industry Assoc Dues**	1/18/2024	400.00	
BBB of KY & South-Central Indiana	100023306	**Industry Assoc Dues**	1/18/2024	830.00	
Kentucky Legislative Ethics Commission	100023306	**Industry Assoc Dues**	1/18/2024	256.00	
Morehead-Rowan County Chamber of Commerce	100023336	**Industry Assoc Dues**	1/18/2024	525.00	
London Laurel County Chamber of Commerce	100024182	**Industry Assoc Dues**	2/15/2024	595.00	
Kentucky Oil & Gas Association	100024199	**Industry Assoc Dues**	2/15/2024	1,020.00	
Various vendors < $500	100024175	**Industry Assoc Dues**	2/15/2024	50.00	
Southern Kentucky Chamber of Commerce	100024171	**Industry Assoc Dues**	2/15/2024	1,000.00	
				22,329.80	
Various vendors < $500	100014989	**Other Dues & Membership**	3/31/2023	175.00	
AGA	2200000181	**Other Dues & Membership**	3/31/2023	1,770.87	
AGA	2200000180	**Other Dues & Membership**	3/31/2023	1,770.87	
AGA	100016923	**Other Dues & Membership**	5/31/2023	1,770.87	
AGA	100016922	**Other Dues & Membership**	5/31/2023	1,770.87	
AGA	2200000233	**Other Dues & Membership**	7/31/2023	1,770.87	
AGA	2200000234	**Other Dues & Membership**	7/31/2023	1,770.87	
AGA	2200000250	**Other Dues & Membership**	8/31/2023	1,770.87	
AGA	100020715	**Other Dues & Membership**	9/30/2023	1,770.87	
AGA	100021529	**Other Dues & Membership**	10/31/2023	1,770.87	
AGA	100022039	**Other Dues & Membership**	11/30/2023	1,770.87	
AGA	100022867	**Other Dues & Membership**	12/31/2023	1,770.87	
AGA	2200000313	**Other Dues & Membership**	1/31/2024	1,881.90	
AGA	2200000325	**Other Dues & Membership**	2/29/2024	1,881.90	
				23,418.37	**47,956.55**

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1300/9930200 Admin & General - Miscellaneous Expenses

Nat. acct	G/L Acct Long Text	ValCOArCur
5308991	Misc Dues & Subscriptions - 2200	31.18
* Sending company code 1300		31.18
5308020	Professional Dues	1,715.00
5308040	Industry Assoc Dues	17,053.80
5308090	Other Dues&Membershp	19,654.57
5308991	Misc Dues & Subscriptions - 2200	370.67
* Sending company code 1600		38,794.04
** Regulatory account 9930200		38,825.22
***Receiving company code 1300		38,825.22

47,956.55

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1300/9930200 Admin & General - Miscellaneous Expenses

Nat. acct	G/L Acct Long Text	ValCOArCur
5308991	Misc Dues & Subscriptions - 2200	5.55
* Sending company code 1300		5.55
5308040	Industry Assoc Dues	5,276.00
5308090	Other Dues&Membershp	3,763.80
5308991	Misc Dues & Subscriptions - 2200	85.98
* Sending company code 1600		9,125.78
** Regulatory account 9930200		9,131.33
***Receiving company code 1300		9,131.33

Schedule C3

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Account No. 426 - Other Income Deductions
For the 12 Months Ended February 2024

Line No.	Item (a)	Amount (b)
1.	Donations	$ 45,393.37
2.	Civic Activities	
3.	Political Activities **(1)**	$ 13,792.53
4.	Other	$ 21,100.01
5.	Total	$ 80,285.91

1. This total includes $10,850 incorrectly mapped to FERC Account 9426400 during the reporting period but included here for full disclosure of Political Activities.

Vendor	Doc Number	Description	Posting Date	Total
Various vendors < $500	100019784	Donations 501 (c) (3)	9/7/2023	250.00
Various vendors < $500	1900005309	Donations Non 501 (c) (3)	4/6/2023	50.00
Various vendors < $500	1900005690	Donations Non 501 (c) (3)	5/8/2023	50.00
Various vendors < $500	100024190	Donations 501 (c) (3)	2/15/2024	43.37
Energy Assistance	100024311	Energy Assistance Program	2/19/2024	45,000.00
				45,393.37

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1600/9426100 Other Income Deductions - Donations

Nat. acct	G/L Acct Long Text	ValCOArCur
6201010	Donations - 501(c)(3)	250.00
6201040	Donations - Non 501(c)(3)	100.00
* Sending company code 1600		350.00
** Regulatory account 9426100		350.00
***Receiving company code 1600		350.00

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1600/9426100 Other Income Deductions - Donations

Nat. acct	G/L Acct Long Text	ValCOArCur
5302015	Travel - Meals (50% Non-Deductible)	178.25
6201010	Donations - 501(c)(3)	43.37
6201070	Donation Dollar Energy Fund	45,000.00
* Sending company code 1600		45,221.62
** Regulatory account 9426100		45,221.62
***Receiving company code 1600		45,221.62

Vendor	Doc Number	Description	Posting Date	Total
AGA Dues- Feb 23	2200000181	Civic/Politic Activities	3/31/2023	117.05
AGA Dues- Mar 23	2200000180	Civic/Politic Activities	3/31/2023	117.05
AGA Dues- Apr 23	100016923	Civic/Politic Activities	5/31/2023	117.05
AGA Dues- May 23	100016922	Civic/Politic Activities	5/31/2023	117.05
AGA Dues- July 23	2200000233	Civic/Politic Activities	7/31/2023	117.05
AGA Dues- June 23	2200000234	Civic/Politic Activities	7/31/2023	117.05
Various vendors < $500	100019539	Civic/Politic Activities	8/31/2023	500.00
AGA Dues- August 2	2200000250	Civic/Politic Activities	8/31/2023	117.05
Various vendors < $500	100020398	Civic/Politic Activities	9/30/2023	22.20
AGA Dues- Septembe	100020715	Civic/Politic Activities	9/30/2023	117.05
AGA Dues- October	100021529	Civic/Politic Activities	10/31/2023	117.05
P-Card Transaction	100021781	Civic/Politic Activities	11/16/2023	884.00
AGA Dues- October	100022039	Civic/Politic Activities	11/30/2023	117.05
AGA Dues- December	100022867	Civic/Politic Activities	12/31/2023	117.05
AGA Dues-Feb 24	220000325	Civic/Politic Activities	2/29/2024	124.39
AGA Dues-Jan 24	220000313	Civic/Politic Activities	1/31/2024	124.39
				2,942.53

2942.53

Natural accounts for reg. account 9426400

Src. objs | Fin. objs

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1600/9426400 Other Income Deductions - Civic/Politica

Nat. acct	G/L Acct Long Text	ValCOArCur
6202020	Civic/Politic Activities	2,693.75
* Sending company code 1600		2,693.75
** Regulatory account 9426400		2,693.75
***Receiving company code 1600		2,693.75

Natural accounts for reg. account 9426400

Src. objs | Fin. objs

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1600/9426400 Other Income Deductions - Civic/Politica

Nat. acct	G/L Acct Long Text	ValCOArCur
6202020	Civic/Politic Activities	248.78
* Sending company code 1600		248.78
** Regulatory account 9426400		248.78
***Receiving company code 1600		248.78

Vendor	Doc Number	Description	Posting Date	Total
Capital Link Consultants	1900004881	Civic/Politic Activities	3/1/2023	700
Capital Link Consultants	1900005274	Civic/Politic Activities	4/1/2023	700
Capital Link Consultants	1900005591	Civic/Politic Activities	5/1/2023	700
Capital Link Consultants	1900005924	Civic/Politic Activities	6/1/2023	700
Capital Link Consultants	1900006247	Civic/Politic Activities	7/1/2023	700
Capital Link Consultants	1900006550	Civic/Politic Activities	8/1/2023	700
Capital Link Consultants	1900007152	Civic/Politic Activities	9/22/2023	700
Capital Link Consultants	1900006925	Civic/Politic Activities	9/1/2023	700
Capital Link Consultants	1900007468	Civic/Politic Activities	10/23/2023	700
Capital Link Consultants	1900007794	Civic/Politic Activities	11/21/2023	700
Capital Link Consultants	1900008245	Civic/Politic Activities	1/2/2024	1,925
Capital Link Consultants	1900008496	Civic/Politic Activities	1/24/2024	1,925
				10,850

G/L Account 5399900 Miscellaneous Expense
Company Code 1600 DELTA NATURAL GAS COMPANY
Ledger 0L Leading Ledger

Stat	Assignment	DocumentNo	BusA	Type	Doc..Date	Pstng Date	Period	PK	LC Amount
✓	20240102	1900008245		KR	12/19/2023	01/02/2024	1	40	1,925.00
✓	20240124	1900008496		KR	01/24/2024	01/24/2024	1	40	1,925.00
*									3,850.00

G/L Account 5399900 Miscellaneous Expense
Company Code 1600 DELTA NATURAL GAS COMPANY
Ledger 0L Leading Ledger

Stat	Assignment	DocumentNo	BusA	Type	Doc..Date	Pstng Date	Period	PK	LC Amount
✓	20231121	1900007794		KR	11/21/2023	11/21/2023	11	40	700.00
✓	20231023	1900007468		KR	10/23/2023	10/23/2023	10	40	700.00
✓	20230901	1900006925		KR	08/29/2023	09/01/2023	9	40	700.00
✓	20230922	1900007152		KR	09/22/2023	09/22/2023	9	40	700.00
✓	20230801	1900006550		KE	08/01/2023	08/01/2023	8	40	700.00
✓	20230701	1900006247		KE	07/01/2023	07/01/2023	7	40	700.00
✓	20230601	1900005924		KE	06/01/2023	06/01/2023	6	40	700.00
✓	20230501	1900005591		KE	05/01/2023	05/01/2023	5	40	700.00
✓	20230401	1900005274		KE	04/01/2023	04/01/2023	4	40	700.00
✓	20230301	1900004881		KE	03/01/2023	03/01/2023	3	40	700.00

Vendor	Doc Number	Description	Posting Date	Total
American United Life	100015051	Life Insurance Premiums	3/31/2023	-29,906.61
American United Life	100017711	Life Insurance Premiums	6/30/2023	-26,194.96
American United Life	100020551	Life Insurance Premiums	9/30/2023	22,291.21
American United Life	100021368	Life Insurance Premiums	10/31/2023	1,895.84
American United Life	100022879	Life Insurance Premiums	12/31/2023	-52,134.40
American United Life	100023716	Life Insurance Premiums	1/31/2024	5,083.93
Kentucky State Treasurer	1900004994	Penalties-Operating	3/9/2023	4,000.00
Kentucky State Treasurer	1900005095	Penalties-Operating	3/21/2023	4,000.00
Kentucky State Treasurer	1900005099	Penalties-Operating	3/21/2023	4,000.00
Kentucky State Treasurer	1900005118	Penalties-Operating	3/22/2023	4,000.00
Kentucky State Treasurer	1900005149	Penalties-Operating	3/23/2023	4,000.00
Kentucky State Treasurer	1900005226	Penalties-Operating	3/30/2023	4,000.00
Kentucky State Treasurer	1900005253	Penalties-Operating	4/3/2023	4,000.00
Kentucky State Treasurer	1900005360	Penalties-Operating	4/13/2023	4,000.00
Kentucky State Treasurer	1900005671	Penalties-Operating	5/4/2023	4,000.00
Kentucky State Treasurer	1900005692	Penalties-Operating	5/8/2023	4,000.00
Kentucky State Treasurer	1900005717	Penalties-Operating	5/11/2023	4,000.00
Kentucky State Treasurer	1900006083	Penalties-Operating	6/15/2023	4,000.00
Kentucky State Treasurer	1900006084	Penalties-Operating	6/15/2023	4,000.00
Kentucky State Treasurer	1900006114	Penalties-Operating	6/16/2023	4,000.00
Kentucky State Treasurer	1900006373	Penalties-Operating	7/14/2023	4,000.00
Kentucky State Treasurer	1900006374	Penalties-Operating	7/14/2023	4,000.00
Kentucky State Treasurer	1900006375	Penalties-Operating	7/14/2023	4,000.00
Kentucky State Treasurer	1900006376	Penalties-Operating	7/14/2023	4,000.00
Kentucky State Treasurer	1900006833	Penalties-Operating	8/25/2023	4,000.00
Kentucky State Treasurer	1900006852	Penalties-Operating	8/28/2023	4,000.00
Kentucky State Treasurer	1900007011	Penalties-Operating	9/11/2023	4,000.00
Kentucky State Treasurer	1900007469	Penalties-Operating	10/23/2023	4,000.00
Kentucky State Treasurer	1900007589	Penalties-Operating	11/3/2023	4,000.00
Kentucky State Treasurer	1500005357	Penalties-Operating	11/6/2023	-4,000.00
Kentucky State Treasurer	1900007602	Penalties-Operating	11/6/2023	4,000.00
Kentucky State Treasurer	1900008108	Penalties-Operating	12/18/2023	4,000.00
Kentucky State Treasurer	1900008337	Penalties-Operating	1/8/2024	4,000.00
Various vendors < $500	1900006316	Penalties-Other	7/10/2023	25.00
Various vendors < $500	1900006317	Penalties-Other	7/10/2023	25.00
Various vendors < $500	100018028	Penalties-Other	7/31/2023	15.00
				21,100.01

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1600/9426200 Other Income Deductions - Life Insurance

Nat. acct	G/L Acct Long Text	ValCOArCur
6299020	Life Insurance Premiums	84,048.92-
* Sending company code 1600		84,048.92-
** Regulatory account 9426200		84,048.92-
***Receiving company code 1600		84,048.92-

(78,964.99)

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1600/9426200 Other Income Deductions - Life Insurance

Nat. acct	G/L Acct Long Text	ValCOArCur
6299020	Life Insurance Premiums	5,083.93
* Sending company code 1600		5,083.93
** Regulatory account 9426200		5,083.93
***Receiving company code 1600		5,083.93

Natural accounts

Period 3-12/2023 Actual
Regulatory account 1600/9426300 Other Income Deductions - Penalties

Nat. acct	G/L Acct Long Text	ValCOArCur
5399200	Penalties - Operating - Non-deductible	96,000.00
6203020	Penalties - Other	65.00
* Sending company code 1600		96,065.00
** Regulatory account 9426300		96,065.00
***Receiving company code 1600		96,065.00

100,065.00

Natural accounts

Period 1-2/2024 Actual
Regulatory account 1600/9426300 Other Income Deductions - Penalties

Nat. acct	G/L Acct Long Text	ValCOArCur
5399200	Penalties - Operating - Non-deductible	4,000.00
* Sending company code 1600		4,000.00
** Regulatory account 9426300		4,000.00
***Receiving company code 1600		4,000.00

21,100.01

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

8. For gas operations, provide an analysis of Delta's expenses for research and development activities for the base period and the three most recent calendar years. The analysis should include the following:

a. The basis of fees paid to research organizations and Delta's portion of the total revenue of each organization; including where the contribution is monthly and the current rate and effective date;

b. Details of the research activities conducted by each organization;

c. Details of services and other benefits provided to Delta by each organization;

d. Annual expenditures of each organization with a basic description of the nature of costs incurred by the organization; and

e. Details of the expected benefits to Delta.

Response:

Delta has supported the research and development efforts of Gas Technology Institute ("GTI") for several years. GTI is an American non-profit research and development organization which develops, demonstrates, and licenses new energy technologies for private and public clients, with a particular focus on the natural gas industry. GTI is located in Des Plaines, Illinois. Through GTI and the UTD (Utilization Technology Development) group Delta selects research or product development projects that it wishes to co-fund. Two particular projects are selected each year from a list of several options. Delta makes its selections based on appliances or

studies that it feels may offer the greatest benefit to its customers. Delta believes that many of these new technologies will impact Delta's customers with greater operating efficiencies, less gas consumption and a positive environmental impact.

Funding for the GTI research and development program is from Delta's customers. This program is not an expense expenditure to Delta, therefore neither the base period nor the forecasted period contains any GTI expenses. A GTI UTD rider is applied to each customer's bill applicable to all customer classifications: residential, small non-residential, large non-residential, interruptible and all transportation by Delta under Delta's system transportation rate schedule. The unit charge applied to the bill is at a rate of $0.002 per Mcf.

a. Delta's customers fund the program $0.002 per Mcf. Collected payment is made to GTI.

A payment of $41,987.77 was made on 02/01/2024 and Delta contributed $5,150.04 on 09/21/2021.

b. Please see the attachment and the included Addendum provided by GTI UTD.

c. GTI UTD, as described above, provides research and product development while giving the utility confidential progress reports and later documentation of a final paper and the results which can be made public. As an example, Delta is monitoring research regarding Gas Absorption Heat Pumps and Residential Kitchen Ventilation, which are of use to our customers.

d. The attachment and the included Addendum highlight Delta's payment history and the funded projects. Please note that Delta collects the monies during a calendar year and is usually not invoiced until the late summer of the following year.

e. Delta each year fully analyzes the list of proposed GTI UTD projects. Delta selects those that could be the most useful to the customers it serves in the Kentucky market. Delta tries to direct most of the UTD funds toward appliances and HVAC equipment in the residential sector that will one day make it to market. However, Delta is also interested in potential commercial and industrial equipment improvements that can affect economic development. We desire to be more competitive for customer growth and at the same time see improvements that benefit those that we provide gas service. Efficiency, lower operating costs and impacting the environment are all important as a responsible energy provider. Customer satisfaction with Delta's service and the energy value we provide are all important to making life better for those that we serve.

Utilization Technology Development, NFP
1700 S. Mount Prospect Road
DesPlaines, IL 60018
Phone:847/768-0572
FAX:847/544-3401

Date: 11/15/2023
Invoice #: 456
Due Date: 12/15/2023

Mr. Jeffrey Steele
Manager – Development & Administration
Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391-9706

INVOICE

2023 Cofunding Contribution under Agreement UTD CF-2:

(1.17.H) Residential Cooking Pollutants and IAQ – Phase 5	**$21,987.77**
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump with Integrated Cooling – Phase 3	**$20,000.00**

$41,987.77 (USD) Total Amount Due

MAKE CHECKS PAYABLE TO: Utilization Technology Development, NFP

Please submit a copy of this invoice with your Payment to:

Utilization Technology Development, NFP
Attn: Mary Sonta
1700 S. Mt. Prospect Road
DesPlaines, IL 60018-1804
USA

WIRING/ACH INSTRUCTIONS:

Utilization Technology Development, NFP
Account Number [redacted]
Harris Bank
Chicago, IL
ABA# 071000288

EXHIBIT A
2023 UTD Cofunding Form

Company Name: Delta Natural Gas

Company Address: 3617 Lexington Road
Winchester, KY 40391-9706

Company Representative (CR): Mr. John B. Brown

CR Title: President

Signature: _____ Date: _____

Phone: 859-744-6171 x1116 Fax: 859-744-3623 E-mail: jbrown@deltagas.com

Payment of the funding amount shall constitute written acceptance of the terms and conditions of this amendment to the CoFunding Agreement (UTD CF-2). The project/funding noted below shall be subject to all terms and conditions of the original UTD Cofunding Agreement No. UTD CF-2, and its Exhibits and Addendums.

Project Title	Total 2023 Cofunding Contribution US $	Technical Representative
(1.17.H) Residential Cooking Pollutants and IAQ - Phase 5	$21,987.77	Jeff Steele
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump with Integrated Cooling – Phase 3	$20,000.00	Jeff Steele

Please return this completed form to:

Rich Kooy, P.E.
Vice President Operations
Utilization Technology Development, NFP
1700 South Mount Prospect Road
Des Plaines, IL 60018
[redacted]

ADDENDUM TO EXHIBIT A OF UTD AGREEMENT NO. UTD CF-2:

SUMMARY OF PROJECT COFUNDING PARTICIPATION

2006-2023 PROJECTS

Project	Technical Representative	Amount of Cofunding
(2.E) Field Demonstration of Prototype Super Boiler (2006)	Johnny Caudill	$6,078.27
(1.6.K) GAX Heat Pump Testing (2006)	Johnny Caudill	$6,078.27
(1.9.E) Residential Hybrid Gas-Solar Water Heating System Demonstrations (2009)	Johnny Caudill	$33,309.61
(1.9.A) High Efficiency Gas Heating Rooftop Package (2011)	Johnny Caudill	$5,638.54
(1.11.G) Integrated Contact Condensing Water Heater (2011)	Johnny Caudill	$5,638.54
(1.12.I) Gas Options for Super-Efficient Dryer (1.11.T next phase) (2012)	Johnny Caudill	$5,188.61
(1.12.P) Combo Systems Enhancement (2012)	Johnny Caudill	$5,188.61
(1.13.F) Application of Innovative Gas Heat Pump Design to Space Conditioning (2013)	Johnny Caudill	$4,884.39
(1.13.G) Increasing Commercial RTU Thermal Efficiency Above 90% (2013)	Johnny Caudill	$4,884.39
(1.14.J) Multifamily Infrastructure Challenges	Johnny Caudill	$5,899.31
(1.14.L) Impact Evaluation of the New Federal Standard on Gas Water Heating	Johnny Caudill	$5,899.30
(1.11.G) Low Cost Condensing Prototype	Jeff Steele	$5,190.00
(1.15.G) Residential Kitchen Cooking Ventilation Effectiveness	Jeff Steele	$5,190.25
(1.15.H - second phase) Maintenance-Free Tankless Heat Exchangers - Coatings Development	Jeff Steele	$9,000.00
(2.16.A) Next Generation Infrared Burner	Jeff Steele	$9,000.00
(1.13.F - Phase 3) Gas Absorption Heat Pump for Space Conditioning - Beta Unit Combination Field Demonstration	Jeff Steele	$8,120.26
(1.14.J - Phase 3) Multifamily Infrastructure Challenges	Jeff Steele	$8,120.26
(1.11.H) Residential Gas Absorption Heat Pump Water Heater – Phase 5: Component Enhancements	Jeff Steele	$8,419.07
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump With Integrated Cooling – Phase 2	Jeff Steele	$8,419.07
(1.20.J) Integrated MCHP System for Multi-Family Building – Phase 2	Jeff Steele	$2,575.02
(1.17.H) Residential Cooking Pollutants and IAQ - Phase 3	Jeff Steele	$2,575.02
(1.17.H) Residential Cooking Pollutants and IAQ - Phase 5	Jeff Steele	$21,987.77
(1.18.H) Economical High-Efficiency Residential Gas Absorption Heat Pump with Integrated Cooling – Phase 3	Jeff Steele	$20,000.00
TOTAL COFUNDING		**$193,284.56**

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

9. Regarding what are commonly referred to as smart grid initiatives, provide the following information:

a. Identify all smart grid costs Delta has incurred since the start of the test year in its last general rate case. Identify the specific projects Delta has undertaken, the accounts in which the costs have been recorded, and state whether the costs were expensed or capitalized.

b. Provide the level of smart grid costs Delta has included in its forecasted test period and the amounts to be expensed and capitalized.

Response:

Delta does not offer any smart grid initiatives.

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

10. Regarding demand-side management, conservation, and energy-efficiency programs, provide the following, separately for electric and gas operations:

a. A list of all programs currently offered by Delta.

b. The total cost incurred for these programs by Delta in each of the three most recent calendar years.

c. The total demand reductions realized through these programs in each of the three most recent calendar years.

d. The total cost for these programs included in the forecasted test period and the expected reductions to be realized therefrom.

Response:

Delta does not offer demand-side management, conservation, and energy-efficiency programs funded through base rates or riders therefore there are no such costs included in the forecasted test period.

Delta utilizes Tennessee Gas Pipeline Marketing Assistance Program (TGP MAP) funds to provide rebates to customers qualifying under the Efficient Natural Gas Appliance Rebate Program guidelines.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

11. For gas operations, provide the following information for the most recent calendar year concerning Delta and any affiliated service corporation or corporate service division/unit:

a. A schedule detailing the costs charged, either directly or allocated, by Delta to the service corporation. Indicate Delta's accounts in which these costs were originally recorded. For costs that are allocated, include a description of the allocation factors utilized.

b. A schedule detailing the costs charged, either directly or allocated, by the service corporation to Delta. Identify Delta's accounts in which these costs were recorded. For costs that are allocated, include a description of the allocation factors utilized.

Response:

Delta does not have an affiliated service corporation or a corporate service division/unit.

a. Not applicable.

b. Not applicable.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

12. For gas operations, provide the following information for the most recent calendar year concerning all affiliate-related activities not identified in response to Item 11:

a. Provide the names of affiliates that provided some form of service to Delta and the type of service Delta received from each affiliate.

b. Provide the names of affiliates to whom Delta provided some form of service and the type of service Delta provided to each affiliate.

c. Identify the service agreement with each affiliate, state whether the service agreement has been previously filed with the Commission and identify the proceeding in which it was filed. Provide each service agreement that has not been previously filed with the Commission.

Response:

See attached.

DELTA NATURAL GAS COMPANY, INC.
CASE NO. 2024-00346

Response:

a. PNG Companies, LLC and Essential Utilities, Inc. provide administrative, management and other services to Delta.

b. Delta provides natural gas transportation, natural gas liquids processing, administrative, management and other services to its affiliate--
Delta Resources, LLC, Delgasco, LLC and Enpro, LLC.

c. Service agreements are listed below for each affiliate for calendar year 2023.

Affiliate	Service Agreement	Filing Reference
PNG Companies, LLC	Utility Services Agreement	Filed and approved in Case
Peoples Gas KY, LLC	*Peoples Gas KY has merged with Delta*	No. 2018-00379
Delta Resources, LLC		
Delgasco, LLC		
Enpro, LLC		

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

13. For gas operations, describe Delta's lobbying activities and provide a schedule showing the name, salary, and job title of each individual whose job function involves lobbying on the local, state, or national level.

Response:

Delta has no employees that are registered lobbyists.

Delta outsources its lobbying activities to several organizations aligned with Delta, the utility industry, and our customers. Attachment 13a lists these organizations, the total amounts we pay them annually, and the estimated percentage of their efforts that relate to advocacy work.

In preparing this response, the Company discovered that it needs to remove an additional $3,664 of lobbying expenses from the fully projected future test year.

Delta primarily relies on Capital Link Consultants to direct Delta's government relations activities. Greg Coker coordinates the services provided by Capital Link to Delta. Attachment 13b details all of the services, including lobbying, that Capital Link Consultants provide to Delta.

	Annual Expense	Lobbying %	Lobbying $
Capital Link Services	42,000	55.0%	23,100
American Gas Association	24,075	6.2%	1,493
Kentucky Chamber of Commerce	2,670	20.0%	534
US Chamber of Commerce	1,000	40.0%	400
Kentucky Legislative Ethics Registration	256	100.0%	256
Kentucky Legislative Ethics Commission Lobbyist Payment	514	100.0%	514
American Institute of Certified Public Accountants	1,110	4.0%	44
Kentucky Society of Certified Public Accountants	750	5.0%	38
Commerce Lexington	433	5.0%	22
Kentucky Rural Water Association	600	40.0%	240
Kentucky Oil & Gas Association	1,020	25.0%	255
			26,895
Estimate for increases			1%
			269
Fully Projected Future Test Year			27,164
Per 2025 Budget			23,500
Additional lobbying expense to eliminate			3,664

Capital Link Consultants
225 Capital Avenue
Frankfort, Kentucky 40601

Capital Link Services	Service Description	Service Provided to Delta	Estimated Time
Government Relations	Capital Link provides clients with experienced consultation and representation at all levels of government within the Commonwealth and in Washington D.C. The firm has an excellent track record with direct legislative lobbying, research, and liaison work with administrative agencies throughout Kentucky state government.	Capital Link works with the Company to identify and support legislation that is important to Delta and its customers. Capital Link keeps Delta regularly informed regarding the status of this important legislation.	55%
Public Relations	Counsel on matters of policy, courses of action, and communication	Capital Link advises Delta on its Strategic Plan, Relationship Management, Media Relations & Media Training, Reputation Management, and Issue Management. Capital Link, for example, assisted the Company in communicating its customer service changes and the rollout of its internet based self-service options.	45%
Crisis Management	Capital Link helps their clients be prepared to encounter obstacles and moments of critical decsion. Capital Link consultants support their clients in emerging from times of crisis with new strength.	Delta has designated one of Capital Link's constultants, Greg Coker, as its media spokesperson during emergencies or news events.	
Organization Development	An affilate of Capital Link Consultants, the Institute for Organization and Leadership Development is a full-service training and consulting firm focusing on Developing Leaders, Building Teams and Transforming Organizations	Delta's management team consults with Greg Coker, the CEO of the Institute for Organization and Leadership Development, on media training, organization development, and communication.	
Economic Development	Partnering with communities, companies, and government on economic development initiatives.	Works with Jeff Steele as needed on Economic Development efforts including Industrial Recruitment	
Business Development	Capital Link helps companies identify opportunities, broker strategic collaborations, and promote its clients' business interests in the public and private sectors.	Delta has not utilized this service.	

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

14. For gas operations, provide the following information concerning the costs for the preparation of this case:

a. A detailed schedule of expenses incurred to date for the following categories:

(1) Accounting;

(2) Engineering;

(3) Legal;

(4) Consultants; and

(5) Other Expenses (Identify separately).

b. For each category identified in Item 14a, the schedule should include the date of each transaction, check number or other document reference, the vendor, the hours worked, the rates per hour, amount, a description of the services performed, and the account number in which the expenditure was recorded. Provide copies of contracts or other documentation that support charges incurred in the preparation of this case. Identify any costs incurred for this case that occurred during the base period.

c. An itemized estimate of the total cost to be incurred for this case. Expenses should be broken down into the same categories as identified in Item 14a, with an estimate of the hours to be worked and the rates per hour. Include a detailed explanation of how the estimate was determined, along with all supporting workpapers and calculations.

d. Provide monthly updates of the actual costs incurred in conjunction with this rate case, reported in the manner requested in Items 14a and 14b, and a cumulative total of cost incurred to date for each category. Updates will be due when Delta files its monthly financial statements

with the Commission, through the month of the public hearing.

Response:

a. See attached.

b. See attached.

c. See attached. Delta’s estimates are based on historical data and discussions with the service providers and consultants.

d. Delta will provide monthly updates as requested.

Delta Natural Gas Company, Inc.
Case No. 2024-00346
Schedule of Rate Case Preparation Costs
Response to Commisson's Order
Dated 3/5/24-11/4/24

Date	Invoice #	Vendor Name	Hours (1)	Rate/Hr.	Amount	Description	Object Name	WBS Element	Cost Element	Cost Element Name
5/1/2024	ID-5/1/2024	The Prime Group	12	$175	$2,100.00	Consulting/Depreciation Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
6/3/2024	062024-1	The Prime Group	1	$200	$200.00	Larry Feltner Participation on May Rate Case Strategy	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
6/3/2024	062024-1	The Prime Group	7	$175	$1,225.00	Eric Blake Assisting with Depreciation Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
6/3/2024	062024-1	The Prime Group	5	$175	$875.00	Eric Blake Consulting/May Assist/Lead-Lag Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
6/3/2024	062024-1	The Prime Group	1	$230	$230.00	Steve Seeyle May participation/Rate Case Strategy	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
6/3/2024	062024-1	The Prime Group	6	$230	$1,380.00	Steve Seeyle May Assisting/Depreciation Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
6/3/2024	062024-1	The Prime Group	10	$230	$2,300.00	Steve Seeyle May Assisting/Lead-Lag Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
7/1/2024	072024-1	The Prime Group	2	$175	$350.00	Eric Blake/June Assisting/Depreciation Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
7/1/2024	072024-1	The Prime Group	1	$175	$175.00	Eric Blake/June Assisting/Lead-Lag Study	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
7/1/2024	072024-1	The Prime Group	2	$175	$350.00	Eric Blake/June Assisting/Testimony	2024 Delta Rate Case Expenses	2024DELTARATECASE	5303220	CONSULTANT SERVICES
8/1/2024	082024-1	The Prime Group	6	$175	$1,050.00	Jeff Wernert/July Consulting/Lead Lag-Depreciation	2024 Delta Rate Case Expenses	2024DELTARATECASE	530220	CONSULTANT SERVICES
10/1/2024	102024-1	The Prime Group	3.5	$200	$700.00	Larry Feltner/September Consulting/Rate Case	2024 Delta Rate Case Expenses	2024DELTARATECASE	530220	CONSULTANT SERVICES
10/1/2024	102024-1	The Prime Group	9.5	$175	$1,662.50	Jeff Wernert/September Consulting/Rate Case	2024 Delta Rate Case Expenses	2024DELTARATECASE	530220	CONSULTANT SERVICES
		The Prime Group Total			**$12,597.50**					

Date	Invoice #	Vendor Name	Hours (1)	Rate/Hr.	Amount	Description	Object Name	WBS Element	Cost Element	Cost Element Name
3/5/2024	1038601	Stoll Keenon & Ogden	0.30	$415	$124.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
3/5/2024	1038601	Stoll Keenon & Ogden			-$12.45	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.30	$310	$93.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.20	$310	$62.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.80	$415	$332.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.50	$310	$155.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.30	$415	$124.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	2.30	$415	$954.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden	0.20	$320	$64.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
5/3/2024	1043982	Stoll Keenon & Ogden			-$186.80	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	0.30	$415	$124.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.20	$415	$498.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	0.30	$320	$96.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	0.90	$320	$288.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.30	$0	$0.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	0.60	$320	$192.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.70	$310	$527.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	3.80	$310	$1,178.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.8	$415	$747.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE

6/5/2024	1046586	Stoll Keenon & Ogden	1.7	$320	$544.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1	$415	$415.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.1	$320	$352.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.7	$310	$527.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden	1.9	$415	$788.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
6/5/2024	1046586	Stoll Keenon & Ogden			-$644.30	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
7/2/2024	1049135	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
7/2/2024	1049135	Stoll Keenon & Ogden	0.30	$415	$124.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
7/22024	1049135	Stoll Keenon & Ogden	1.80	$415	$747.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
7/2/2024	1049135	Stoll Keenon & Ogden			-$95.45	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	0.30	$415	$124.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	0.50	$320	$160.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	0.50	$415	$207.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	0.40	$365	$146.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	2.60	$365	$949.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	1.80	$415	$747.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	1.40	$415	$581.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	1.90	$320	$608.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	2.40	$415	$996.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	0.60	$365	$219.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden	1.70	$320	$544.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
8/5/2024	1051875	Stoll Keenon & Ogden			-$536.50	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden	0.80	$415	$332.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden	0.60	$415	$249.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden	0.70	$415	$290.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden	1.30	$415	$539.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
9/6/2024	1054552	Stoll Keenon & Ogden			-$157.70	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	2.60	$415	$1,079.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	1.80	$415	$747.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.30	$365	$109.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.40	$415	$166.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.10	$415	$41.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.50	$415	$207.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.90	$365	$328.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.80	$415	$332.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.30	$365	$109.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	1.20	$415	$498.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	1.00	$365	$365.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	1.10	$320	$352.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	1.20	$320	$384.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.10	$415	$41.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	0.40	$365	$146.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden	1.60	$365	$584.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE

10/3/2024	1057083	Stoll Keenon & Ogden	0.80	$415	$332.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
10/3/2024	1057083	Stoll Keenon & Ogden			-$582.30	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.20	$415	$498.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.20	$365	$73.00	PROFESSIONAL LEGAL SERVICE - OF COUNSEL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.20	$415	$498.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.60	$310	$186.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.50	$365	$547.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	3.30	$310	$1,023.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	3.00	$415	$1,245.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	2.40	$320	$768.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	3.00	$365	$1,095.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.40	$415	$166.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	2.10	$415	$871.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	3.70	$415	$1,535.50	PROFESSIONAL LEGAL SERVICE -MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	2.10	$320	$672.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.40	$365	$511.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	5.20	$415	$2,158.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.90	$365	$328.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.40	$415	$166.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.30	$320	$96.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.90	$310	$279.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.90	$365	$693.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.60	$415	$249.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	2.10	$320	$672.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.40	$365	$146.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.10	$415	$456.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.70	$320	$544.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.30	$415	$539.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	4.80	$415	$1,992.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.50	$310	$155.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.80	$365	$292.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.80	$415	$747.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.20	$365	$438.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.40	$320	$128.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.50	$365	$547.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.20	$415	$83.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	2.50	$365	$912.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	3.20	$415	$1,328.00	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.30	$320	$96.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.30	$365	$474.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.60	$415	$249.00	PROFESSIONAL LEGAL SERVICE -MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.80	$310	$248.00	PROFESSIONAL LEGAL SERVICE - PARALEGAL	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	0.70	$320	$224.00	PROFESSIONAL LEGAL SERVICE - ASSOCIATE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
11/4/2024	1059743	Stoll Keenon & Ogden	1.70	$415	$705.50	PROFESSIONAL LEGAL SERVICE - MEMBER	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE

11/4/2024	1059743	Stoll Keenon & Ogden			-$2,480.35	COURTESY REDUCTION	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE	5303220	LEGAL SERVICE
		Stoll Keenon & Ogden Total			**$42,262.65**					

Date	Invoice #	Vendor Name	Hours (1)	Rate/Hr.	Amount	Description	Object Name	WBS Element	Cost Element	Cost Element Name
6/12/2024	313135	Secretary of State			$10.00	Certificate of Existence	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		State Authorization
		Total Delta Expenses			**$10.00**					

Date	Invoice #	Vendor Name	Hours (1)	Rate/Hr.	Amount	Description	Object Name	WBS Element	Cost Element	Cost Element Name
9/6/2024	5161609062024	Regulated Capital Consultants	3.9375	$3,120	$12,285.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
9/6/2024	5161609062024	Regulated Capital Consultants	0.125	$3,120	$390.00	T. SYNER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
9/13/2024	5161609132024	Regulated Capital Consultants	0.09375	$3,120	$292.50	M. DIBBLE/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
9/13/2024	5161609132024	Regulated Capital Consultants	1.5	$3,120	$4,680.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
9/13/2024	5161609132024	Regulated Capital Consultants	0.125	$3,120	$390.00	T. SYNER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
9/20/2024	5161609202024	Regulated Capital Consultants	0.8125	$3,120	$2,535.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
9/27/2024	5161609272024	Regulated Capital Consultants	1.5625	$3,120	$4,875.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
10/11/2024	5161610112024	Regulated Capital Consultants	0.09375	$3,120	$292.50	M. DIBBLE/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
10/11/2024	5161610112024	Regulated Capital Consultants	1.125	$3,120	$3,510.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
10/18/2024	5161610182024	Regulated Capital Consultants	2.3125	$3,120	$7,215.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
10/25/2024	5161610252024	Regulated Capital Consultants	1.5	$3,120	$4,680.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
11/1/2024	5161611012024	Regulated Capital Consultants	1.875	$3,120	$5,850.00	P. FISCHER/CONSULTING WORK RELATED TO RATE CASE	2024 DELTA RATE CASE EXPENSES	2024DELTARATECASE		CONSULTING
		Regulated Capital Consultants Total			**$46,995.00**					
		TOTAL EXPENSES			**$101,865.15**					

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
March 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1038601
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 112.05
Total Current Charges This Matter	**$ 112.05**

*PLEASE INDICATE INVOICE NUMBER 1038601 ON PAYMENT

*PLEASE INDICATE INVOICE NUMBER 1038601 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
March 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1038601
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	124.50
COURTESY DISCOUNT	***(12.45)*** ✓
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 112.05
TOTAL BALANCE DUE	**$112.05**

*PLEASE INDICATE INVOICE NUMBER 1038601 ON PAYMENT

BILL DATE: March 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
02/26/24	MLB	Review proposed data response format; emails with J. Brown regarding format and rate case planning meetings	0.30	415.00	$ 124.50
		SUBTOTAL	**0.30**		**$124.50**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$124.50**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	0.30	415.00	$124.50

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
May 3, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1043982
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 1,681.20
Total Current Charges This Matter	**$ 1,681.20**

*PLEASE INDICATE INVOICE NUMBER 1043982 ON PAYMENT

Balance as of 03/05/24	$112.05
Less credits (payments, adjustments)	$0.00
Balance due on prior billings	**$112.05**
Total Amount Due This Matter	**$1,793.25**

*PLEASE INDICATE INVOICE NUMBER 1043982 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
May 3, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1043982
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	1,868.00
COURTESY DISCOUNT	***(186.80)***
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 1,681.20

BALANCE DUE from previous statements:

Bill Date	Invoice	Outstanding Amount
03/05/24	1038601	112.05

Total Balance Due on Previous Statements: $ 112.05

*PLEASE INDICATE INVOICE NUMBER 1043982 ON PAYMENT

TOTAL BALANCE DUE **$1,793.25**

*PLEASE INDICATE INVOICE NUMBER 1043982 ON PAYMENT

BILL DATE: May 3, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
04/12/24	MLB	Discovery response tool preparation	0.20	415.00	$ 83.00
04/12/24	MML	Review email from J. Brown and M. Braun; begin to examine and test link sent regarding technology for rate case	0.30	310.00	93.00
04/15/24	MML	Work with technology for rate case and communications with M. Braun and client	0.20	310.00	62.00
04/18/24	MLB	Meet with P. Bingham and J. Brown regarding CIMP; prepare for meeting by discussing with M. Loy	0.80	415.00	332.00
04/18/24	MML	Prepare forand meeting with J. Brown, P. Bingham and M. Braun regarding technology for rate case	0.50	310.00	155.00
04/22/24	MLB	Draft email to J. Brown regarding CIMP	0.30	415.00	124.50
04/26/24	MLB	Prepare chart of filing requirements and send to P. Bingham	2.30	415.00	954.50
04/30/24	ESC	Reviewed requisite policies to obtain access to software for purposes of developing rate case application and corresponded with client's cybersecurity team re the same.	0.20	320.00	64.00
		SUBTOTAL	**4.80**		**$1,868.00**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$1,868.00**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	3.60	415.00	$1,494.00
E. Childress	Associate	0.20	320.00	$64.00
M. M Loy	Paralegal	1.00	310.00	$310.00

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
June 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1046586
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 5,798.70
Total Current Charges This Matter	**$ 5,798.70**

*PLEASE INDICATE INVOICE NUMBER 1046586 ON PAYMENT

Balance as of 05/03/24	$1,793.25
Less credits (payments, adjustments)	$0.00
Balance due on prior billings	**$1,793.25**
Total Amount Due This Matter	**$7,591.95**

*PLEASE INDICATE INVOICE NUMBER 1046586 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
June 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1046586
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	6,443.00
COURTESY DISCOUNT	***(644.30)***
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 5,798.70

BALANCE DUE from previous statements:

Bill Date	Invoice	Outstanding Amount
03/05/24	1038601	112.05
05/03/24	1043982	1,681.20

Total Balance Due on Previous Statements: $ 1,793.25

*PLEASE INDICATE INVOICE NUMBER 1046586 ON PAYMENT

TOTAL BALANCE DUE	**$7,591.95**

*PLEASE INDICATE INVOICE NUMBER 1046586 ON PAYMENT

BILL DATE: June 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
05/02/24	MLB	Emails with J. Brown regarding filing requirements	0.20	415.00	$ 83.00
05/09/24	MLB	Emails with J. Brown regarding filing requirements	0.30	415.00	124.50
05/20/24	MLB	Emails regarding lead lag study and review Delta information; prepare summary of ROE and capital structure information for other LDCs	1.20	415.00	498.00
05/22/24	ESC	Attended call with David DeWitt and Bill Shondelmeyer to discuss SKO access to system for purposes of developing upcoming rate case application	0.30	320.00	96.00
05/23/24	MLB	Emails with J. Brown regarding PRP roll in issues; emails with S. Seelye related to same	0.20	415.00	83.00
05/23/24	ESC	Attended call with David DeWitt and Bill Shondelmeyer to discuss case management; corresponded with internal SKO team re the same	0.90	320.00	288.00
05/28/24	MLB	Prepare for training regarding case management tools and strategy by reviewing materials provided by team	1.30	0.00	0.00
05/28/24	ESC	Attended call with M. Braun, M.E. Wimberly, and M. Loy to walk through case management tool	0.60	320.00	192.00
05/28/24	MML	Communications with M. Braun, M. Wimberly, E. Childress and IT regarding case management; work on issues related to access of same	1.70	310.00	527.00
05/29/24	MML	Attend case management training by client; follow up communications with same; work on testing; communications	3.80	310.00	1,178.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
		with M. Braun			
05/29/24	MLB	Attend training regarding case management tools and protocols	1.80	415.00	747.00
05/29/24	ESC	Attended client training call regarding case management tools and protocols	1.70	320.00	544.00
05/30/24	MLB	Meet with rate case team regarding rate case timing, schedules, and development	1.00	415.00	415.00
05/30/24	ESC	Meet with rate case team regarding rate case timing, schedules, and development	1.10	320.00	352.00
05/30/24	MML	Meet with rate case team regarding rate case timing, schedules, and development; follow up communications and meetings with same; communication with M. Braun	1.70	310.00	527.00
05/31/24	MLB	Prepare list of items to discuss during rate case strategy meeting; meet with team regarding mechanism and cash working capital issues	1.90	415.00	788.50
		SUBTOTAL	**19.70**		**$6,443.00**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$6,443.00**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	7.90	346.71	$2,739.00
E. Childress	Associate	4.60	320.00	$1,472.00
M. M Loy	Paralegal	7.20	310.00	$2,232.00

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
July 2, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1049135
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 859.05
Total Current Charges This Matter	**$ 859.05**

*PLEASE INDICATE INVOICE NUMBER 1049135 ON PAYMENT

Balance as of 06/05/24	$7,591.95
Less credits (payments, adjustments)	$0.00
Balance due on prior billings	**$7,591.95**
Total Amount Due This Matter	**$8,451.00**

*PLEASE INDICATE INVOICE NUMBER 1049135 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
July 2, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1049135
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	954.50
COURTESY DISCOUNT	***(95.45)***
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 859.05

BALANCE DUE from previous statements:

Bill Date	Invoice	Outstanding Amount
03/05/24	1038601	112.05
05/03/24	1043982	1,681.20
06/05/24	1046586	5,798.70

*PLEASE INDICATE INVOICE NUMBER 1049135 ON PAYMENT

Total Balance Due on Previous Statements:	$ 7,591.95
TOTAL BALANCE DUE	**$8,451.00**

*PLEASE INDICATE INVOICE NUMBER 1049135 ON PAYMENT

BILL DATE: July 2, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
06/06/24	MLB	Emails regarding current depreciation rates	0.20	415.00	$ 83.00
06/11/24	MLB	Respond to J. Brown question regarding the base period	0.30	415.00	124.50
06/25/24	MLB	Research salary and wages issues related to collective bargaining	1.80	415.00	747.00
		SUBTOTAL	**2.30**		**$954.50**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$954.50**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	2.30	415.00	$954.50

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
August 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1051875
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 4,828.50
Total Current Charges This Matter	**$ 4,828.50**

*PLEASE INDICATE INVOICE NUMBER 1051875 ON PAYMENT

Balance as of 07/02/24	$8,451.00
Less credits (payments, adjustments)	$-1,793.25
Balance due on prior billings	**$6,657.75**
Total Amount Due This Matter	**$11,486.25**

*PLEASE INDICATE INVOICE NUMBER 1051875 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
August 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1051875
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	5,365.00
COURTESY DISCOUNT	***(536.50)***
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 4,828.50

BALANCE DUE from previous statements:

Bill Date	Invoice	Outstanding Amount
06/05/24	1046586	5,798.70
07/02/24	1049135	859.05

Total Balance Due on Previous Statements: $ 6,657.75

*PLEASE INDICATE INVOICE NUMBER 1051875 ON PAYMENT

TOTAL BALANCE DUE **$11,486.25**

*PLEASE INDICATE INVOICE NUMBER 1051875 ON PAYMENT

BILL DATE: August 5, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
07/01/24	MLB	Respond to M. Moore's question regarding confidentiality of certain contracts	0.30	415.00	$ 124.50
07/01/24	ESC	Researched Kentucky Public Service Commission precedent regarding confidentiality of certain contract documents under KRS 61.878	0.50	320.00	160.00
07/08/24	MLB	Discuss cost of service and rate design with J. Brown; discuss needed research with M. Wimberly	0.50	415.00	207.50
07/11/24	MEW	Researched rate case experts	0.40	365.00	146.00
07/12/24	MEW	Researched rate case experts; Drafted email re rate case experts	2.60	365.00	949.00
07/25/24	MLB	Meet to discuss cost of service, rate design, lead lag, and depreciation; work on tariff matters	1.80	415.00	747.00
07/29/24	MLB	Emails with client team regarding rate case filing requirements	0.20	415.00	83.00
07/30/24	MLB	Prepare list of potential tariff changes	1.40	415.00	581.00
07/30/24	ESC	Researched Commission precedent on employee compensation issue	1.90	320.00	608.00
07/31/24	MLB	Meet with J. Brown to discuss rate case testimony topics; emails with A. DeDio regarding compensation questions; review research related to long-term compensation; send analysis to client team; review and propose revisions to rate case timeline	2.40	415.00	996.00
07/31/24	MEW	Reviewed rate case dates from Mr. Brown; Emailed notes to Ms. Braun	0.60	365.00	219.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
07/31/24	ESC	Researched Commission precedent on employee compensation issue; drafted summary of research results	1.70	320.00	544.00
		SUBTOTAL	**14.30**		**$5,365.00**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$5,365.00**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	6.60	415.00	$2,739.00
M. Wimberly	Member	3.60	365.00	$1,314.00
E. Childress	Associate	4.10	320.00	$1,312.00

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
September 6, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1054552
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 1,419.30
Total Current Charges This Matter	**$ 1,419.30**

*PLEASE INDICATE INVOICE NUMBER 1054552 ON PAYMENT

*PLEASE INDICATE INVOICE NUMBER 1054552 ON PAYMENT

BILL DATE: September 6, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
08/01/24	MLB	Send revisions to rate case timeline to J. Brown	0.20	415.00	$ 83.00
08/15/24	MLB	Review weather normalization materials from K. Edvarrdson	0.20	415.00	83.00
08/16/24	MLB	Research weather normalization issues	0.80	415.00	332.00
08/19/24	MLB	Research weather normalization issues and send analysis to J. Brown	0.60	415.00	249.00
08/19/24	MLB	Send analysis of ROE and capital structure issues to J. Brown	0.70	415.00	290.50
08/20/24	MLB	Work on proposed tariff changes; emails with M. Moore and J. Brown regarding same	1.30	415.00	539.50
		SUBTOTAL	**3.80**		**$1,577.00**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$1,577.00**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	3.80	415.00	$1,577.00

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
September 6, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1054552
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	1,577.00
COURTESY DISCOUNT	***(157.70)***
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 1,419.30
TOTAL BALANCE DUE	**$1,419.30**

*PLEASE INDICATE INVOICE NUMBER 1054552 ON PAYMENT

*PLEASE INDICATE INVOICE NUMBER 1054552 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
October 3, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1057083
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 5,240.70
Total Current Charges This Matter	**$ 5,240.70**

*PLEASE INDICATE INVOICE NUMBER 1057083 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
October 3, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1057083
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	5,823.00
COURTESY DISCOUNT	***(582.30)*** ✓
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 5,240.70
TOTAL BALANCE DUE	**$5,240.70**

*PLEASE INDICATE INVOICE NUMBER 1057083 ON PAYMENT

*PLEASE INDICATE INVOICE NUMBER 1057083 ON PAYMENT

BILL DATE: October 3, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
09/05/24	MLB	Work on direct testimony outline	2.60	415.00	$ 1,079.00
09/06/24	MLB	Work on direct testimony outline	1.80	415.00	747.00
09/06/24	MEW	Reviewed direct testimony outline; Emailed Ms. Braun re direct testimony outline	0.30	365.00	109.50
09/10/24	MLB	Work on direct testimony outline	0.40	415.00	166.00
09/12/24	MLB	Emails with J. Brown regarding direct testimony outline	0.10	415.00	41.50
09/13/24	MLB	Meet with J. Brown regarding direct testimony	0.50	415.00	207.50
09/13/24	MEW	Participated in call with Mr. Brown and Ms. Braun re testimony outline; Edited testimony outline based on call	0.90	365.00	328.50
09/17/24	MLB	Work on direct testimony	0.80	415.00	332.00
09/17/24	MEW	Responded to testimony inquiry from Ms. Braun; Discussed testimony with Ms. Braun	0.30	365.00	109.50
09/18/24	MLB	Direct testimony planning meeting with E. Childress and M. Wimberly	1.20	415.00	498.00
09/18/24	MEW	Discussed rate case planning with Ms. Braun and Ms. Childress	1.00	365.00	365.00
09/18/24	ESC	Conferred with Ms. Braun and Ms. Wimberly re strategy for rate case filing and discussion of witness testimonies	1.10	320.00	352.00
09/20/24	ESC	Began drafting Delta's Application for general rate adjustment	1.20	320.00	384.00
09/23/24	MLB	Emails with J. Brown regarding capital structure	0.10	415.00	41.50

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
09/25/24	MEW	Emailed with Ms. Carlisle re testimony shells; Reviewed testimony shells; Began preparing testimony	0.40	365.00	146.00
09/27/24	MEW	Researched lead/lag issue; Emailed Mr. Brown re lead/lag issue	1.60	365.00	584.00
09/30/24	MLB	Send analysis of ROE and rider issues to J. Brown	0.80	415.00	332.00
		SUBTOTAL	**15.10**		**$5,823.00**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$5,823.00**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	8.30	415.00	$3,444.50
M. Wimberly	Member	4.50	365.00	$1,642.50
E. Childress	Associate	2.30	320.00	$736.00

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
November 4, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1059743
SKO File No.: 5522/181843

PAYMENT REMITTANCE

Payments via regular mail:

STOLL · KEENON · OGDEN PLLC
P.O. Box 11969
Lexington, Kentucky 40579-1969

Payments via ACH or EFT:

Stoll Keenon Ogden PLLC IOLTA Account
Fifth Third Bank, Cincinnati OH
ABA/Bank Routing Number: [redacted]
Account Number: [redacted]

Please reference your account and invoice numbers.
Email remittance to payments@skofirm.com

Re: 2024 Rate Case

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

Our Reference: 005522/181843/MLB/2402

Fees rendered this bill	$ 22,323.15
Total Current Charges This Matter	**$ 22,323.15**

*PLEASE INDICATE INVOICE NUMBER 1059743 ON PAYMENT

STOLL · KEENON · OGDEN
PLLC
300 West Vine Street
Suite 2100
Lexington, Kentucky 40507-1801
(859) 231-3000
Tax Id # 61-0421389
November 4, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester KY 40391

INVOICE NO.: 1059743
SKO File No.: 5522/181843

Delta Natural Gas Company
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

Company Code 1600
Payment due upon receipt
Vendor # 400001509

MATTER NAME: 2024 Rate Case

TOTAL FEES FOR PROFESSIONAL SERVICES PER ATTACHED	24,803.50
COURTESY DISCOUNT	***(2,480.35)***
TOTAL CHARGES FOR EXPENSES AND OTHER SERVICES PER ATTACHED	0.00
INVOICE TOTAL	$ 22,323.15
TOTAL BALANCE DUE	**$22,323.15**

*PLEASE INDICATE INVOICE NUMBER 1059743 ON PAYMENT

BILL DATE: November 4, 2024

Delta Natural Gas Company, Inc.
Attn: John Brown, President
3617 Lexington Road
Winchester, KY 40391

2024 Rate Case

LEGAL FEES

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
10/02/24	MLB	Work on rate case notice inquiry; emails with J. Brown; phone call with J. Wernert; phone call with M. Wimberly; review notice research	1.20	415.00	$ 498.00
10/02/24	TCF	Provided M. Braun and M. Wimberly with a recent motion and order concerning customer notice content in a Commission proceeding	0.20	365.00	73.00
10/03/24	MLB	Prepare for rate case meeting with extended client team; review research and send analysis to client regarding billing determinants	1.20	415.00	498.00
10/03/24	MML	Conference with M. Braun and preparation for rate case meeting	0.60	310.00	186.00
10/03/24	MEW	Researched forecasting issue; Drafted email re forecasting research	1.50	365.00	547.50
10/04/24	MML	Prepare for and attend rate case strategy meeting with SKO attorneys and Delta team	3.30	310.00	1,023.00
10/04/24	MLB	Meeting with all witnesses and support team regarding all aspects of case and plan for filing	3.00	415.00	1,245.00
10/04/24	ESC	Attended client meeting to discuss 2024 general rate case filing	2.40	320.00	768.00
10/04/24	MEW	Participated in meeting with witnesses re rate case planning	3.00	365.00	1,095.00
10/06/24	MLB	Emails with E. Childress regarding dues expense	0.20	415.00	83.00
10/06/24	MLB	Review draft rate model	0.40	415.00	166.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
10/07/24	MLB	Draft notice of intent; work on customer notice; meet with C. Kelly	2.10	415.00	871.50
10/08/24	MLB	Work on testimony; meet with team regarding capital structure issues; review dues research	3.70	415.00	1,535.50
10/08/24	ESC	Researched Commission precedent regarding miscellaneous expense; drafted summary of research results	2.10	320.00	672.00
10/08/24	MEW	Participated on call with client re capitalization; Reviewed research from Ms. Childress re dues	1.40	365.00	511.00
10/10/24	MLB	Work on direct testimony; meet with J. Wernert and L. Feltner regarding customer usage; review customer usage information; work on customer notice	5.20	415.00	2,158.00
10/10/24	MEW	Reviewed forecasting research; Participated on call with client re forecasting	0.90	365.00	328.50
10/11/24	MLB	Meet with team regarding customer notice and related issues; emails with team regarding rates and notice	0.40	415.00	166.00
10/11/24	ESC	Conferred with Ms. Braun, Ms. Wimberly, and Ms. Loy re status updates for preparing and filing rate case application	0.30	320.00	96.00
10/11/24	MML	Prepare for and conference with attorneys regarding rate case status; work on publication of notice timing; email with Kentucky Press and M. Braun related to same; calendar deadline	0.90	310.00	279.00
10/11/24	MEW	Participated in call with team re status of Delta rate case; Researched newspapers to publish notice; Drafted testimony	1.90	365.00	693.50
10/14/24	MLB	Work on base period filing issue; work on filing requirements	0.60	415.00	249.00
10/14/24	ESC	Conferred with IT group regarding CIMP; corresponded with Ms. Wimberly, Ms. Braun, and Ms. Loy re same	2.10	320.00	672.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
10/14/24	MEW	Reviewed base period and rate case filing statutes and calculated deadlines; Emailed Ms. Braun re deadlines	0.40	365.00	146.00
10/15/24	MLB	Review and send issue analysis to J. Brown; work on direct testimony	1.10	415.00	456.50
10/15/24	ESC	Reviewed Commission filings in investor-owned gas utilities proceedings to provide advice to client; created filing requirement checklist with pertinent witness assignments	1.70	320.00	544.00
10/16/24	MLB	Work on Morphew testimony	1.30	415.00	539.50
10/17/24	MLB	Work on Morphew testimony; work on Brown testimony	4.80	415.00	1,992.00
10/17/24	MML	Review application; prepare notice of intent of electronic filing; email with M. Braun	0.50	310.00	155.00
10/18/24	MEW	Drafted Packer testimony	0.80	365.00	292.00
10/21/24	MLB	Emails with J. Brown and E. Childress regarding cash working capital; work on Packer testimony	1.80	415.00	747.00
10/21/24	MEW	Drafted Odusanya testimony	1.20	365.00	438.00
10/21/24	ESC	Reviewed Commission filings related to cash working capital in rate base; drafted summary of findings re same	0.40	320.00	128.00
10/22/24	MLB	Revise and send notice of intent to J. Brown	0.20	415.00	83.00
10/22/24	MEW	Drafted Odusanya testimony	1.50	365.00	547.50
10/23/24	MLB	Review notice regulation	0.20	415.00	83.00
10/23/24	MEW	Drafted Odusanya testimony; Edited Odusanya testimony and sent to Ms. Braun for review	2.50	365.00	912.50
10/24/24	MLB	Emails with J. Brown regarding filing timing; review regulations; finalize notice of election; work on Odusanya direct testimony; emails with J. Brown regarding meetings with witnesses; work on Packer direct testimony; file notice of election of use of electronic filing procedures	3.20	415.00	1,328.00

DATE	IND	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
10/24/24	ESC	Reviewed status of application preparation on CIMP	0.30	320.00	96.00
10/24/24	MEW	Edited Packer testimony; Edited Odusanya testimony	1.30	365.00	474.50
10/25/24	MLB	File notice of intent; email copy to John Horne; emails with J. Brown; work on testimony	0.60	415.00	249.00
10/25/24	MML	Work with filing; communications with E. Childress	0.80	310.00	248.00
10/25/24	ESC	Revised draft application for general rate increase	0.70	320.00	224.00
10/28/24	MLB	Work on affiliate matters; work on customer notice; work on Brown direct testimony	1.70	415.00	705.50
		SUBTOTAL	**65.60**		**$24,803.50**

EXPENSES AND OTHER SERVICES

DATE	DESCRIPTION	AMOUNT
	SUBTOTAL	**0.00**
	GRAND TOTAL:	**$24,803.50**

ATTORNEY/PARALEGAL SUMMARY

TIMEKEEPER	RANK	HOURS	RATE	AMOUNT
M. Braun	Member	32.90	415.00	$13,653.50
M. Wimberly	Member	16.40	365.00	$5,986.00
E. Childress	Associate	10.00	320.00	$3,200.00
T. Frederick	Of Counsel	0.20	365.00	$73.00
M. M Loy	Paralegal	6.10	310.00	$1,891.00

*PLEASE INDICATE INVOICE NUMBER 1059743 ON PAYMENT

The Prime Group

Vendor # 300005421

Invoice for Services Rendered

Invoice Date: May 1, 2024

To: Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Attn: Mr. John Brown

12.00 hours of consulting work by Eric Blake @ $175.00/hour during April assisting with a Depreciation Study for Delta Natural Gas.	$ 2,100.00
Total Amount due for April	**$ 2,100.00**

Please remit payment to: **The Prime Group, LLC**
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

2024 Rate Case

5-6-24

The Prime Group

May 1, 2024

Mr. John Brown
Delta Natural Gas
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group has provided during April assisting with a Depreciation Study for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,

Jeff Wernert
Principal

Enclosure

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Invoice for Services Rendered

Invoice Date: June 3, 2024 Invoice Number: 062024-1

To: Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Company Code: 1600
Essential Admin Contact: Donna Stoneking
Vendor No. 300005421
Re: Purchase Order No. 7000010278

1.00 hours of consulting services by Larry Feltner @ $200.00/hour during May for participation on a Rate Case strategy call with Delta Natural Gas	$	200.00
7.00 hours of consulting work by Eric Blake @ $175.00/hour during May assisting with a Depreciation Study for Delta Natural Gas.	$	1,225.00
5.00 hours of consulting work by Eric Blake @ $175.00/hour during May assisting with a Lead-Lag Study for Delta Natural Gas.	$	875.00
1.00 hours of consulting services by Steve Seelye @ $230.00/hour during May for participation on a Rate Case Strategy call with Delta Natural Gas	$	230.00
6.00 hours of consulting work by Steve Seelye @ $230.00/hour during May assisting with a Depreciation Study for Delta Natural Gas.	$	1,380.00
10.00 hours of consulting work by Steve Seelye @ $230.00/hour during May assisting with a Lead-Lag Study for Delta Natural Gas.	$	2,300.00
Total Amount due for May	**$**	**6,210.00**

Please remit payment by June 30th to:

The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

The Prime Group

June 3, 2024

Mr. John Brown
Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group has provided during May assisting with a Depreciation Study and Lead-Lag Study for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,

Jeff Wernert
Principal

Enclosure

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Invoice for Services Rendered

Invoice Date: July 1, 2024 Invoice Number: 072024-1

To: Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Company Code: 1600
Essential Admin Contact: Donna Stoneking
Vendor No. 300005421
Re: Purchase Order No. 7000010278

2.00 hours of consulting work by Eric Blake @ $175.00/hour during June assisting with a Depreciation Study for Delta Natural Gas.	$	350.00
1.00 hours of consulting work by Eric Blake @ $175.00/hour during June assisting with a Lead-Lag Study for Delta Natural Gas.	$	175.00
2.00 hours of consulting work by Eric Blake @ $175.00/hour During June assisting with Testimony for Delta Natural Gas.	$	350.00
Total Amount due for June	**$**	**875.00**

Please remit payment by June 30th to:

The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

The Prime Group

July 1, 2024

Mr. John Brown
Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group has provided during June assisting with a Depreciation Study and Lead-Lag Study for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,

Jeff Wernert
Principal

Enclosure

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Invoice for Services Rendered

Invoice Date: August 1, 2024 Invoice Number: 082024-1

To: Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Company Code: 1600
Essential Admin Contact: Donna Stoneking
Vendor No. 300005421
Re: Purchase Order No. 7000010278

6.00 hours of consulting work by Jeff Wernert @ $175.00/hour during July meeting with Delta staff to discuss the upcoming Rate Case in Lexington and correspondence on the Lead Lag and Depreciation studies.	$ 1,050.00
Total Amount due for July	**$ 1,050.00**

Please remit payment by August 31st to:

The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

The Prime Group

August 1, 2024

Mr. John Brown
Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group provided during July meeting on the upcoming Rate Case for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,

Jeff Wernert
Principal

Enclosure

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

The Prime Group

Invoice for Services Rendered

Invoice Date: October 1, 2024 Invoice Number: 102024-1

To: Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Company Code: 1600
Essential Admin Contact: Donna Stoneking
Vendor No. 300005421
Re: Purchase Order No. 7000010278

3.50 hours of consulting work by Larry Feltner @ $200.00/hour during September working on the upcoming Rate Case for Delta Natural Gas.	$	700.00
9.50 hours of consulting work by Jeff Wernert @ $175.00/hour during September working on the upcoming Rate Case for Delta Natural Gas.	$	1,662.50
Total Amount due for September	**$**	**2,362.50**

Please remit payment by August 31st to:

The Prime Group, LLC
P.O. Box 837
Crestwood, KY 40014-0837

Please note that a Late Payment Charge of 3% will be applied to the net amount owed if payment is not received within 60 days of the billing date specified above.

The Prime Group

October 1, 2024

Mr. John Brown
Delta Natural Gas Company
3617 Lexington Road
Winchester, KY 40391

Dear John:

Enclosed is an invoice for the consulting services that The Prime Group provided during September working on the upcoming Rate Case for Delta Natural Gas. Thank you for giving us the opportunity to work with you on this project.

Sincerely,

Jeff Wernert
Principal

Enclosure

The Prime Group, LLC
P. O. Box 837 • Crestwood, KY • 40014-0837
Phone 502-409-4059 FAX 502-241-4392

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161609062024	09/06/2024	$12,675.00	09/06/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
09/06/2024	PANPILAS FISCHER			0.00
09/06/2024	Essential DNG Rate Case - Remote	3.9375	3,120.00	12,285.00
09/06/2024	TOM SYNER			0.00
09/06/2024	Essential DNG Rate Case - Remote	0.125	3,120.00	390.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$12,675.00** ✓

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161609132024	09/13/2024	$5,362.50	09/13/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
09/13/2024	MATTEA DIBBLE			0.00
09/13/2024	Essential DNG Rate Case - Remote	0.09375	3,120.00	292.50
09/13/2024	PANPILAS FISCHER			0.00
09/13/2024	Essential DNG Rate Case - Remote	1.50	3,120.00	4,680.00
09/13/2024	TOM SYNER			0.00
09/13/2024	Essential DNG Rate Case - Remote	0.125	3,120.00	390.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$5,362.50** ✓

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161609202024	09/20/2024	$2,535.00	09/20/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
09/20/2024	PANPILAS FISCHER			0.00
09/20/2024	Essential DNG Rate Case - Remote	0.8125	3,120.00	2,535.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$2,535.00**

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161609272024	09/27/2024	$4,875.00	09/27/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
09/27/2024	PANPILAS FISCHER			0.00
09/27/2024	Essential DNG Rate Case - Remote	1.5625	3,120.00	4,875.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$4,875.00**

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161610112024	10/11/2024	$3,802.50	10/11/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
10/11/2024	MATTEA DIBBLE			0.00
10/11/2024	Essential DNG Rate Case - Remote	0.09375	3,120.00	292.50
10/11/2024	PANPILAS FISCHER			0.00
10/11/2024	Essential DNG Rate Case - Remote	1.125	3,120.00	3,510.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$3,802.50**

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161610182024	10/18/2024	$7,215.00	10/18/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
10/18/2024	PANPILAS FISCHER			0.00
10/18/2024	Essential DNG Rate Case - Remote	2.3125	3,120.00	7,215.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$7,215.00**

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161610252024	10/25/2024	$4,680.00	10/25/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
10/25/2024	PANPILAS FISCHER			0.00
10/25/2024	Essential DNG Rate Case - Remote	1.50	3,120.00	4,680.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$4,680.00**

Thank you for your business!

Regulated Capital Consultants, LLC
4355 Cobb Pkwy Ste J255
Atlanta, GA 30339
(678) 424-1440
tkizzar@regulatedconsultants.com

Invoice

BILL TO
Delta Natural Gas
Attn: Donna Stoneking
3617 Lexington Road
Winchester, KY 40391

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
5161611012024	11/01/2024	$5,850.00	11/01/2024	Due on receipt	

PO/PROJECT/CONTRACT
1600/P1600015303310

W/E	ACTIVITY	QUANTITY	DAILY RATE	AMOUNT
11/01/2024	PANPILAS FISCHER			0.00
11/01/2024	Essential DNG Rate Case - Remote	1.875	3,120.00	5,850.00

Please make all checks payable to Regulated Capital Consultants, LLC. If you have questions regarding this invoice, please contact Terry Kizzar at tkizzar@regulatedconsultants.com

BALANCE DUE **$5,850.00**

Thank you for your business!

Kentucky.gov Certificate of Existence 2024

Kentucky Secretary of State
Michael G. Adams

The transaction was completed successfully. The (Certificates of Existence / Authorization) for DELTA NATURAL GAS COMPANY, INC. is now ready for viewing and printing.

You can print this page to use as your receipt for payment.

View/Print this certificate (PDF)

Certificate number	313135
Jurisdiction	Kentucky
Certificate Type	(Certificates of Existence / Authorization)
Certificate Date	6/12/2024
Company	DELTA NATURAL GAS COMPANY, INC.
Company ID	0143383.09.99998
Charge	$10.00
Certificate Web Address	https://web.sos.ky.gov/corpcertificates/35/2024061200313135.pdf

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Kentucky Unbridled Spirit

Doc. Date	Cocd	Document no	RefDocNo	DocTyp	Document Header Text	Cost Element	Cost element name	Cost element descr.	WBS element	CO Object Name	Σ	Val/COArea Crcy	Year	Per	Posting Date	Offsetting Acct	Created on	Last name First name	Vendor	Name 1	Purch.Doc.	Purchase Order Text
05/03/2024	1600	A000X6XQ00	1900009996	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		1,793.25	2024	6	06/24/2024	400001509	06/24/2024		400001509	STOLL KEENON & OGDE		
05/31/2024	1600	A000X8YQ00	1900010175	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		2,100.00	2024	7	07/18/2024	400003796	07/18/2024		400003796	PRIME GROUP LLC THE		
06/05/2024	1600	A000XRJ900	1900010401	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		5,798.70	2024	8	08/07/2024	400001509	08/07/2024		400001509	STOLL KEENON & OGDE		
07/02/2024	1600	A000XRJB00	1900010400	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		859.05	2024	8	08/07/2024	400001509	08/07/2024		400001509	STOLL KEENON & OGDE		
08/05/2024	1600	A000XQ7W00	5000667063	WE		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		1,050.00	2024	8	08/05/2024	2111200	08/05/2024		300005421	PRIME GROUP LLC THE	7000010278	2024 DELTA RATE CASE CONSULTING SERVICES
	1600	A000XRLY00	1900010396	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		4,828.50	2024	8	08/07/2024	400001509	08/07/2024		400001509	STOLL KEENON & OGDE		
08/12/2024	1600	A000XYDD00	5000669970	WE		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		6,210.00	2024	8	08/12/2024	2111200	08/12/2024		300005421	PRIME GROUP LLC THE	7000010278	2024 DELTA RATE CASE CONSULTING SERVICES
	1600	A000XY0P00	5000669971	WE		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		875.00	2024	8	08/12/2024	2111200	08/12/2024		300005421	PRIME GROUP LLC THE	7000010278	2024 DELTA RATE CASE CONSULTING SERVICES
08/29/2024	1600	A000YPSS00	9170276	AB	TR1000005244	5302015	TravMeals 50%Non-Ded	Travel - Meals (50% Non-Deductible)	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		148.85	2024	8	08/29/2024	2111400	08/29/2024	BROWN, JOHN				
09/06/2024	1600	A000ZEV900	1900010820	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		12,675.00	2024	9	09/17/2024	300004245	09/17/2024		300004245	REGULATED CAPITAL C		
	1600	A000ZEXA00	1900010812	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		1,419.30	2024	9	09/17/2024	400001509	09/17/2024		400001509	STOLL KEENON & OGDE		
09/13/2024	1600	A000ZY8000	1900011067	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		5,362.50	2024	10	10/07/2024	300004245	10/07/2024		300004245	REGULATED CAPITAL C		
09/20/2024	1600	A000ZY7Y00	1900011066	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		2,535.00	2024	10	10/07/2024	300004245	10/07/2024		300004245	REGULATED CAPITAL C		
09/27/2024	1600	A000ZYPH00	1900011077	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		4,875.00	2024	10	10/07/2024	300004245	10/07/2024		300004245	REGULATED CAPITAL C		
09/30/2024	1600	A000ZPVG00	100030597	SA	Reclass AP Invoices	5310031	Assessmt-PUC	Assessment-PUC	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		10.00	2024	9	09/30/2024	5399900	10/01/2024					
	1600	A000ZT9V00	2200000418	AC	1600 -AP ACCRUAL	5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		5,362.50	2024	9	09/30/2024	2111910	10/02/2024					
	1600	A000ZT9V00	2200000418	AC	1600 -AP ACCRUAL	5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		4,875.00	2024	9	09/30/2024	2111910	10/02/2024					
10/01/2024	1600	A000ZVCC00	4400000358	AR	ACCREV	5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		5,362.50-	2024	10	10/01/2024	2111910	10/04/2024					
	1600	A000ZVCC00	4400000358	AR	ACCREV	5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		4,875.00-	2024	10	10/01/2024	2111910	10/04/2024					
10/03/2024	1600	A000ZYMQ00	1900011064	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		5,240.70	2024	10	10/07/2024	400001509	10/07/2024		400001509	STOLL KEENON & OGDE		
10/09/2024	1600	A00107SC00	5000693144	WE		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		2,362.50	2024	10	10/09/2024	2111200	10/09/2024		300005421	PRIME GROUP LLC THE	7000010278	2024 DELTA RATE CASE CONSULTING SERVICES
10/11/2024	1600	A0010JXN00	1900011247	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		3,802.50	2024	10	10/23/2024	300004245	10/23/2024		300004245	REGULATED CAPITAL C		
10/18/2024	1600	A0010JRV00	1900011246	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		7,215.00	2024	10	10/23/2024	300004245	10/23/2024		300004245	REGULATED CAPITAL C		
10/25/2024	1600	A0010UUH00	1900011362	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		4,680.00	2024	11	11/06/2024	300004245	11/06/2024		300004245	REGULATED CAPITAL C		
10/31/2024	1600	A0010DL300	100030987	SA	Reclass AP Invoices	5302015	TravMeals 50%Non-Ded	Travel - Meals (50% Non-Deductible)	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		148.85-	2024	10	10/31/2024	1242020	10/16/2024					
	1600	A0010U8900	2200000433	AC	1600 -AP ACCRUAL	5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		13,598.50	2024	10	10/31/2024	2111910	11/05/2024					
11/01/2024	1600	A0010W0C00	4400000372	AR	ACCREV	5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		13,586.50-	2024	11	11/01/2024	2111910	11/06/2024					
	1600	A0011JS700	1900011438	KR		5303310	Consultant Services	Consultant Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		5,850.00	2024	11	11/20/2024	300004245	11/20/2024		300004245	REGULATED CAPITAL C		
11/04/2024	1600	A0010V9300	1900011356	KR		5303220	Legal Services	Legal Services	2024DELTARATECASE	2024 DELTA RATE CASE EXPENSES		22,329.15	2024	11	11/06/2024	400001509	11/06/2024		400001509	STOLL KEENON & OGDE		
												101,865.15										

2024 Rate Application - DELTA NATURAL GAS COMPANY,INC. - Pro Forma Rate Case Expense
Detail of Rate Case Expenses by Expense Component
GL Account # 1242020
WBS Element # 2024DELTARATECASE

Description of Expense	Estimated Billed Hours If Applicabl	Vendor	Company Contact	Estimated Expense
Case Preparation Assistance & Lead Lag Study		The Prime Group LLC.	Jeff Wernert	45,000
Billing Analysis/Rate Design		The Prime Group LLC.	Jeff Wernert	45,000
Depreciation Study		The Prime Group LLC.	Jeff Wernert	50,000
Rate of Return		Moul Associates	Paul Moul	70,000
Legal		Stoll Kennon & Ogden	Monica Braun	480,000
Cost of Service Study		The Prime Group LLC.	Jeff Wernert	50,000
Tax Consulting		Regulated Capital Consultants	Panpilis Fischer	70,000
SAP / FERC Discovery		Utegration	Alexis Nichols	70,000
Case Preparation Assistance		Aqua Services, Inc.	Danny Allen	15,000
Notice Publication		Kentucky Press Service		100,000
Other Expenses:				
Supplies, printing, copying, postage		Delta Natural Gas Company		5,000
Projected				1,000,000
Amortization Period				3
Pro Forma Costs				333,333

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

15. Provide the following information with regard to uncollectible accounts for the three most recent calendar years separately for gas operations:

a. Reserve account balance at the beginning of the year;

b. Charges to the reserve account (accounts charged off);

c. Credits to reserve account;

d. Current year provision;

e. Reserve account balance at the end of the year; and

f. Percent of provision to total revenue.

Response:

See attached.

Delta Natural Gas Company						
		Case No. 2024-00346				
YEAR	Reserve Balance Beginning of Year	Charges to Reserve Account	Charged to Other Accounts - Recoveries	Current Year Provision	Reserve Account Balance End of Year	Percent of Provision to Total Revenue
	a.	b.	c.	d.	e.	f.
2023	$ 537,891	$ (740,093)	$ 305,408	$ 423,462	$ 526,668	1.05%
2022	$ 536,721	$ (445,655)	$ 346,594	$ 100,296	$ 537,891	0.83%
2021	$ 332,041	$ (84,182)	$ 97,794	$ 191,069	$ 536,721	0.90%

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

16. Provide the amount of excess deferred federal income taxes resulting from the reductions in the corporate tax rate in 1986 and 2018, as of the end of the most recent calendar year. Show the amounts associated with each reduction separately.

Response:

There are no excess deferred federal income taxes resulting from the corporate tax rate reduction in 1986 remaining. In 2018, the Company recorded excess deferred federal income taxes resulting from the Tax Cuts and Jobs Act of 2017 ("TCJA") tax rate reduction in the amount of $15,053,674. The remaining balance of the TCJA excess deferred federal income taxes at December 31, 2023 is $10,657,759.

The amortization of the TCJA excess for the calendar year ended December 31, 2023 is $699,016. This includes amortization approved in PSC Case No. 2021-00185 using the Reverse South Georgia methodology in the amount of $696,296 per year. There is also additional amortization of $2,720 per year using the Average Rate Assumption Method for TCJA excess associated with Peoples Gas of Kentucky excess deferred taxes. This results in a total amortization of federal excess of $699,016 as shown in Tab 58e, Line 18 which results in a decrease to the revenue requirement of $931,400.

The annual amortization of the state excess, as a result of the reduction of the state income tax rate from 6% to 5%, for the calendar year ended December 31, 2023 is $77,448 as shown in Tab 58e, Line 21. This results in a decrease to the revenue requirement by $103,195. The remaining balance of the excess state income taxes at December 31, 2023 is $684,016.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

17. Provide the following tax data for the most recent calendar year:

a. Income taxes:

(1) Federal operating income taxes deferred – accelerated tax depreciation.

(2) Federal operating income taxes deferred – other (explain).

(3) Federal income taxes – operating.

(4) Income credits resulting from prior deferrals of federal income taxes.

(5) Investment tax credit net.

(a) Investment credit realized.

(b) Investment credit amortized – Revenue Act of 1971.

(6) The information in Item 17a(1–4) for state income taxes.

(7) A reconciliation of book to federal taxable income as shown in Schedule D1 and a calculation of the book federal income tax expense for the base period using book taxable income as the starting point.

(8) A reconciliation of book to state taxable income as shown in Schedule D2 and a calculation of the book state income tax expense for the base period using book taxable income as the starting point.

b. An analysis of Kentucky Other Operating Taxes as shown in Schedule D3.

Response:

See attached.

FIRST PSC DATA REQUEST
DATED NOVEMBER 8, 2024

Response:

17. (a) Income taxes - questions (1-6)- see below:

Question No		Dr/(Cr)
	Federal Income Tax Expense:	
17(a)(1)	Deferred (410/411)- accelerated tax depr	(820,561)
17(a)(2)	Deferred (410/411) - Other (non property book vs. tax differences)	(210,472)
17(a)(3)	Operating (409)	1,921,957
17(a)(4)	Credits from Prior deferrals	None
	Investment tax credit:	
17(a)(5)(a)	Investment credit realized	None
17(a)(5)(b)	Investment credit amortized	None
	State Income Tax Expense:	
17(a)(6)	Deferred (410/411)- accelerated tax depr	(35,934)
17(a)(6)	Deferred (410/411) - Other (non property book vs. tax differences)	(78,519)
17(a)(6)	Operating (409)	409,923
17(a)(6)	Credits from Prior deferrals	None

17. (a)(7) –Please see Attachment D1 for a reconciliation of book to federal taxable income as

FIRST PSC DATA REQUEST
DATED NOVEMBER 8, 2024

shown in Schedule D1. For an itemization of the flow through items and differences between book taxable income and taxable income per tax return, see Attachment A. The calculation of the book federal income tax expense for the base period using book taxable income as a starting point is as follows:

Line No	Base Period:	
1	Book taxable loss (Pre Tax Book loss)	(1,224,760)
2	State Tax Benefit (Line 1 X 5%)	(61,238)
3	Book taxable loss net of state tax tax tax benefit (Line 1- Line 2)	(1,163,522)
4	Federal Tax Benefit (Line 3 X 21%)	(244,340)

17. (a)(8)- Please see Attachment D2 for a reconciliation of book to state taxable income as shown in Schedule D2. For an itemization of the flow through items and differences between book taxable income and taxable income per tax return, see Attachment A. The calculation of the book state tax expense for the base period using book taxable income as a starting point is as follows:

Line No	Base Period:	
1	Book taxable loss (Pre Tax Book loss)	(1,224,760)
2	State Tax Benefit (Line 1 X 5%)	(61,238)

Schedule D1
Delta Natural Gas Company, Inc.
Case No. 2024-00346
Reconciliation of Book Net Income and Federal Taxable Income 12 Months Ended December 31, 2023

Line No.	Item (a)	Total Company (b)	Total Company Non-Operating (c)	Operating	
				Kentucky Retail (d)	Other Jurisdictional (e)
1.	Net income per books	6,451,808		6,451,808	
2.	Add income taxes:				
3.	Federal income tax – current	1,921,957		1,921,957	
4.	Federal income tax – deferred depreciation	(70,513)		(70,513)	
5.	Federal income tax – deferred other	(960,520)		(960,520)	
6.	Investment tax credit adjustment	0		0	
7.	Federal income taxes charged to other income and deductions	0		0	
8.	State income taxes	295,470		295,470	
9.	State income taxes charged to other income and deductions	0		0	
10.	Total	7,638,202		7,638,202	
11.	Flow through items:				
12.	Add (itemize)	120,330		120,330	
13.	Deduct (itemize)	(84,049)		(84,049)	
14.	Book taxable income	7,674,483		7,674,483	
15.	Differences between book taxable income and taxable income per tax return:				
16.	Add (itemize)	8,584,671		8,584,671	
17.	Deduct (itemize)	(5,990,627)		(5,990,627)	
18.	Taxable income per return	10,268,527		10,268,527	

Note: (1) Provide a calculation of the amount shown on Lines 3 through 7 above.
(2) Provide workpapers supporting each calculation including the depreciation for straight-line tax and accelerated tax depreciation.
(3) Provide a schedule setting forth the basis of allocation of each item of revenue or cost above.

Schedule D2
Delta Natural Gas Company, Inc.
Case No. 2024-00346
Reconciliation of Book Net Income and State Taxable Income 12 Months Ended December 31, 2023

Line No.	Item (a)	Total Company (b)	Total Company Non-Operating (c)	Operating	
				Kentucky Retail (d)	Other Jurisdictional (e)
1.	Net income per books	6,451,808		6,451,808	
2.	Add income taxes:				
3.	Federal income tax – current	1,921,957		1,921,957	
4.	Federal income tax – deferred depreciation	(70,513)		(70,513)	
5.	Federal income tax – deferred other	(960,520)		(960,520)	
6.	Investment tax credit adjustment	0		0	
7.	Federal income taxes charged to other income and deductions	0		0	
8.	State income taxes	295,470		295,470	
9.	State income taxes charged to other income and deductions	0		0	
10.	Total	7,638,202		7,638,202	
11.	Flow through items:				
12.	Add (itemize)	120,330		120,330	
13.	Deduct (itemize)	(84,049)		(84,049)	
14.	Book taxable income	7,674,483		7,674,483	
15.	Differences between book taxable income and taxable income per tax return:				
16.	Add (itemize)	7,625,150		7,625,150	
17.	Deduct (itemize)	(5,984,799)		(5,984,799)	
18.	Taxable income per return	9,314,834		9,314,834	

Note: (1) Provide a calculation of the amount shown on Lines 3 through 7 above.
(2) Provide workpapers supporting each calculation including the depreciation for straight-line tax and accelerated tax depreciation.
(3) Provide a schedule setting forth the basis of allocation of each item of revenue or cost allocated above.

Delta Natural Gas		**PSCDR1_NUM017**
2023 Actual Tax Accrual		**Attachment A**
Case No. 2024-00346		
Federal		Current Period
Book Income		7,638,202
Permanent		
P41026	CSV LIFE INSURANCE	(84,049)
P65000	MEALS AND ENTERTAINMENT (5302015)	12,996
P65000	MEALS AND ENTERTAINMENT (5302020)	4,468
P65000	MEALS AND ENTERTAINMENT (5302021)	55
P66000	FINES AND PENALTIES (5399200)	100,000
P89056	DUES AND LOBBYING (6202020)	2,811
P89073	PARKING DISALLOWANCE	-
Total for Permanent:		36,281
Temporary		
T2602N	UNICAP 263A	(94,202)
T6214D	LOSS-DEBT EXTINGUISHMENT (1242150)	178,600
T63110	RESTRICTED STOCK UNITS	17,888
T63120	PERFORMANCE STOCK UNITS	34,486
T70010	PENSION	-
T70010	PENSION (2291508)	201,571
T70030	SUPPLEMENTAL EXEC RET PLN (2291080)	79,637
T71010	OPEB (2192037)	-
T71010	OPEB (2291510)	(6,216)
T82040	TAX AMORTIZATION	(24,716)
T86000	BAD DEBTS (1136101)	(5,000)
T86000	BAD DEBTS (1138010)	(11,223)
T89020	ANNUAL PERFORM INCENT PLN	-
T89020	ANNUAL PERFORM INCENT PLN (2141200)	278,940
T89023	IBNR (2192060)	(794)
T89060	VACATION (1242204)	(45,715)
T89060	VACATION (2141100)	45,715
T89067	PURCHASE GAS ADJ-CUR PER (1194010)	2,974,401
T89067	PURCHASE GAS ADJ-CUR PER (1194060)	(1,755,584)
Total for Temporary:		1,867,790
Temporary - Fed		(142,150)
STD	STATE ADJUST - RTP	55,819
TCF	CHARITABLE CONTRIB LIMIT - FED	45,350
Total for Temporary - Fed:		101,169
PowerTax Fed		
PLT	PT-FED BASIS DIFFS 481A-NORM	383,095
PLT	PT-FED BASIS DIFFS-NORM	5,186,767
PLT	PT-FED M/L-NORM	903,701
PLT	PT-FED REPAIRS-NORM	(5,382,735)
Total for PowerTax Fed:		1,090,827
Taxable Income Before Deductions		10,734,270
Deductions for Fed/Other States		465,742
Taxable Income Before Apportionment		10,268,528
Apportionment Factor		1
Taxable Income After Apportionment		10,268,528
Statutory Tax Rate		21%
409 Current Federal		2,156,391
409 Current Federal (Return to Provision)		(234,434)
Federal Income Tax Current (D1/D2 Line No. 3)		**$ 1,921,957**
410/411 Deferred Federal Accelerated Tax Depr/property		(229,074)
410/411 Deferred Federal Accelerated Tax Depr/property (Return to Provision)		(591,487)
Federal Income Tax Deferred Depreciation (D1/D2 Line No. 4)		**$ (820,561)**
410/411 Deferred Federal Other		(413,481)
410/411 Deferred Federal Other (Return to Provision/Other)		203,009
Federal Income Tax Deferred Other (D1/D2 Line No. 5)		**$ (210,472)**
Investment Tax Credit Adjustment (D1/D2 Line No. 6)		**N/A**

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024 - 00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

17. Provide the following tax data for the most recent calendar year:

b. An analysis of Kentucky Other Operating Taxes as shown in Schedule D3.

Response:

See attached.

Schedule D3

Delta Natural Gas Company, Inc.
Case No. 2024-00346
Analysis of Other Operating Taxes
12 Months Ended December 31, 2023
"000 Omitted"

Line No.	Item (a)	Charged Expense (b)	Charged to Construction (c)	Charged to Other Accounts (1) (d)	Amounts Accrued (e)	Amount Paid (f)
1.	Kentucky Retail					
	(a) State Income	410			75	485
	(b) Franchise Fees	60			69	129
	(c) Ad Valorem	2,762			501	3,263
	(d) Payroll (employer's portion)	532				532
	(e) Other taxes	19				19
2.	Total Retail [L1(a) through L1(e)]	3,782	-	-	645	4,428
3.	Other Jurisdictions	-	-	-	-	-
	Total per books (L2 and L3)	3,782	-	-	645	4,428

Amounts applicable to construction or other accounts are allocated and cleared from operating expenses.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

18. Provide a copy of federal and state income tax returns for the most recent tax year, including supporting schedules.

Response:

See attached. The returns are being provided pursuant to a petition for confidential protection.

ATTACHMENTS FILED UNDER SEAL PURSUANT TO THE PETITION FOR CONFIDENTIAL PROTECTION FILED ON DECEMBER 9, 2024

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024 - 00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

19. Provide a schedule of franchise fees paid to cities, towns, or municipalities, including the basis of these fees.

Response:

Franchise fees are based on a percentage of gross revenue and assessed on monthly bills of customers in the franchise area. Because franchise fees are a pass-through line item on customers bills, no franchise fees are included in the base or forecast periods in this case.

See the attached document for specifics regarding rates/fees for calendar year 2023.

Franchise Location	Assessment Rate	2023 Franchise Payment
Barbourville	5%	75,493
Beattyville	3%	8,117
Berea	3%	114,095
Camargo	2%	1,188
Clay City	3%	11,288
Jeffersonville	3%	12,735
Lexington	4%	27,323
London	3%	119,028
Nicholasville	3%	276,437
North Middletown	3.5%	4,064
Owingsville	3%	20,100
Richmond	3%	44,549
TOTAL		**714,418**

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024 - 00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

20. For gas operations, provide the journal entries relating to the purchase of utility plant acquired as an operating unit or system by purchase, merger, consolidation, liquidation, or otherwise currently included in rate base. Also, provide a schedule showing the calculation of the acquisition adjustment at the date of purchase for each item of utility plant, the amortization period, and the unamortized balance at the beginning of the base period.

Response:

See attached. Delta is providing the applicable journal entries provided in its last rate case. Delta has acquired no utility plant as an operating unit or system that is currently included in rate base since its last rate case. There was no unamortized balance at the beginning of the base period.

Delta, effective March 31, 1985, merged with its wholly owned subsidiary, Laurel Valley Pipe Line Company. The journal entry recording this merger was as follows:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	553,948	
2	1081	Accumulated Provision for Depreciation		328,711
3	117	Gas Stored Underground Non Current	328,092	
4	123	Investment in Subsidiary		226,850
5	1462	Receivable from Subsidiary		253,382
6	232	Accounts Payable		25,769
7	236	Taxes Payable		6,728
8	255	Investment Tax Credit		2,100
9	282	Deferred Income Taxes		38,500

There was no acquisition adjustment when Delta acquired this company in October, 1977, as it was acquired at book value.

Delta acquired approximately 57 miles of transmission lines and related measuring and regulating equipment from The Wiser Oil Company. The acquisition occurred effective January 31, 1982. A copy of the journal entries to record this purchase is included below:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	2,198,023	
2	1081	Accumulated Provision for Depreciation		622,147
3	131	Cash		1,575,876
		To record the purchse of the Wiser Transmission Facilities at 1/31/82		
4	131	Cash	1,575,876	
5	231	Notes Payable		1,575,876
		To record the short-term debt used to finance the purchase of the Wiser Transmission Facilities at 1/31/82		

There was no acquisition adjustment. The assets were purchased at the net book value on the date of purchase.

Delta acquired the assets and assumed certain liabilitiers of Peoples Gas Company of Kentucky. This acquisition occurred effective January 31, 1981. A copy of the journal entry to record the purchase is included below:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	3,854,706	
2	107	Construction Work In Progress	12,822	
3	1081	Accumulated Provision for Depreciation		1,750,111
4	131	Cash	74,976	
5	142	Accounts Receivable	776,445	
6	144	Reserve for Bad Debts		3,700
7	154	Inventory Materials	45,483	
8	173	Accrued Utility Revenues	151,230	
9	232	Accounts Payable		701,634
10	235	Customer Deposits		151,240
11	236	Taxes Accrued		58,003
12	237	Interest Accrued		20,850
13	241	Tax Collections Payable		4,990
14	231	Notes Payable		2,225,134

There was no acquisition adjustment. The assets were purchased at the net book value on the date of purchase.

Delta, effective December 21, 1979, merged with its wholly owned subsidiaries, Gas Service Company and Cumberland Valley Pipe Line Co. The journal entry made recording this merger was as follows:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	5,738,581	
2	107	Construction Work In Progress	30,742	
3	1081	Accumulated Provision for Depreciation		2,184,448
4	114	Gas Plant Acquisition Adjustments	411,160	
5	115	Amortization of Gas Plant Acquisition		240,799
6	121	Non Utility Property	30,330	
7	122	Accumulated Provision for Depreciation		4,787
8	123	Investment in Associated Companies		3,436,099
9	131	Cash	98,825	
10	135	Working Funds	10,215	
11	142	Accounts Receivable Customers	656,298	
12	143	Accounts Receivable Misc	31,441	
13	144	Provision for Uncollectible Accounts		39,691
14	146	Accounts Receivable from Associated Companies		351,900
15	154	Inventory Construction Materials	39,623	
16	164	Gas Stored Underground	240,235	
17	165	Prepayments	146,293	
18	167	Advance for Gas	73,146	
19	173	Accrued Utility Revenue	394,000	
20	182	Extraordinary Property Loss	7,500	
21	184	Clearing Account	26,121	
22	186	Prepaid Income Tax	14,600	
23	212	Installment Received on Capital Stock		7,440
24	224	Long-Term Debt		133,101
25	231	Notes Payable		500,000
26	232	Accounts Payable		468,949
27	235	Customer Deposits		146,698
28	236	Taxes Accrued		131,973
29	237	Interest Accrued		24,575
30	241	Tax Collection Payable		7,292
31	242	Misc. Accrued Liabilities		1,215
32	243	Accrued Vacation Pay		4,800
33	253	Gas Refunds Payable		143,743
34	265	Deferred Investment Tax Credit		57,400
35	282	Deferred Income Taxes		64,200

There was no acquisition adjustment when Delta purchased these companies in October, 1977. Delta acquired these companies at net book value. The acquisition costs shown above were incurred by Gas Service Company prior to Delta acquiring the properties. The acquisition adjustment was amortized over a 25 year period and is fully amortized, as allowed by the Commision in prior Orders.

Delta, effective December 13, 1971, merged with its wholly owned subsidiary, Delta Natural Gas of Stanton, Inc. The journal entry made recording this merger was as follows:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	445,663	
2	107	Construction Work In Progress	115	
3	1081	Accumulated Provision for Depreciation		102,635
4	123	Invenstment in Associated Companies		26,000
5	131	Cash	3,661	
6	135	Special Deposits - Working Fund	675	
7	141	Notes Receivable	550	
8	142	Customers Account Receivable	47,722	
9	143	Other Accounts Receivable	3,404	
10	144	Provision for Uncollectible Accounts		706
11	145	Receivable from Associated Company		251,858
12	154	Plant Materials	5,400	
13	155	Merchandise Materials	400	
14	165	Prepayments	4,132	
15	173	Accrued Utility Revenues	20,700	
16	1843	Clearing Account - Transportation Expense		1,185
17	1844	Clearing Account - Miscellaneous	383	
18	1862	Prepaid Taxes - Gas Refunds	2,900	
19	212	Installments Received on Capital Stock		1,215
20	216	Inappropriated Earned Surplus		69,077
21	224	Other Long-Term Debt		13,500
22	232	Accounts Payable		17,736
23	235	Customer Deposits		11,780
24	2361	Federal Income Taxes - Accrued	4,580	
25	2363	Kentucky Sales Taxes - Accrued		1,508
26	2364	Payroll Taxes - Accrued		278
27	2365	Property Taxes - Accrued		1,741
28	2374	Interest Accrued - Customer Deposits		3,480
29	241	Tax Collections - Payable		689
30	2421	Accrued Net Payroll Liability		189
31	2422	Employees Christmas Funds Payable		135
32	243	Accrued Vacation Pay		2,100
33	244	Accrued Insurance Expense		1,185
34	2521	Customer Advances for Construciton		2,516
35	253	Refunds Due Under Purchase Gas Clause		9,884
36	265	Reserve for Investment Credit		5,200
37	271	Contribution in Aid of Construction		1088
38	282	Reserve for Deferred Income Taxes		14600

There was no acquisition adjustment when Delta acquired this Company in December of 1958.

Delta acquired the North Middletown natural gas distribution system from the City of North Middletown. The acquisition occurred effective November 18, 1996. A copy of the joural entry to record the purchase is included below:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	230,000	
2	131	Cash		230,000

There was no acquisition adjustment. The assets were purchased and recorded at cost on the date of purchase.

Delta acquired the Annville gas transmission line from Annville Gas Transmission Inc. The acquisition occurred July 1997. A copy of the journal entry to record the purchase is included below:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	101	Gas Plant in Service	104,634	
2	131	Cash		104,634

There was no acquistion adjustment. The assets were purchased and recorded at cost on the date of purchase.

Property acquired is located in the Jackson County Tax District

Effective April 1999, Delta merged with its wholly owned subsidiaries Tranex and Circle R. The Journal entry recording this merger was as follows:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	6.107.01	Provision for Depr Plant in Service	2,506,468	
2	6.114	Gas Plant Acquisition Adjustment	1,045,704	
3	6.115	Accum Prov for Fas Plant Acq Adjustment		95,104
4	6.143	Other Accounts Receivable		50,000
5	6.146	Intercompany Clearing Account		95,713
6	6.207	Premiums on Common Stock	1,000,000	
7	6.216	Retained Earnings		139,791
8	6.234.01	Payable to Delta Natural	513,006	
9	6.234.07	Payable to Circle R	28,000	
10	6.236.01	Taxes Accrued Federal Income		37,500
11	6.236.02	Taxes Accrued State Income		6,500
12	6.236.07	Taxes Accrued Est Income Taxes		39,300
13	6.365.01	Transmission Land & Land Rights		10,000
14	6.365.02	Transmission Rights of Ways		227,267
15	6.366	Transmission Structures & Improvements		1,622
16	6.367	Transmission Mains		3,664,657
17	6.368	Transmission Compressor Station Equipment		519,600
18	6.369	Transmission Meas & Reg Station Equipment		145,142
19	6.371	Other Equipment - Telemetering		60,982
20	7.111	Accumulated Depreciation	14,000	
21	7.146	Receivable from Tranex		28,000
22	7.201	Common Stock	2,026	
23	7.207	Premiums on Common Stock	407,962	
24	7.236.07	Taxes Accrued Est Income Taxes	4,900	
25	7.303	Misc Intangible Plant		409,988
26	7.216	Retained Earnings	9,100	
27	5.123.07	Investment in Circle R		419,088
28	5.234.01	Payable to Delta Natural	419,088	
29	1.123.06	Investment in Tranex		860,210
30	1.146.05	Receivable from Enpro		419,088
31	1.146.06	Receivable from Tranex		513,006
32	1.146	Intercompany Clearing Account	95,713	
33	1.108.01	rovision for Depr Plant in Service		2,506,468
34	1.114	Gas Plant Acquisition Adjustment		1,045,704
35	1.115	Provision for Amort Acq Adj	95,104	
36	1.367	Transmission Mains	50,000	
37	1.236.01	Taxes Accrued Federal Income	37,500	
38	1.236.02	Taxes Accrued State Income	6,500	
39	1.236.07	Taxes Accrued Est Income Taxes	39,300	
40	1.365.01	Transmission Land & Land Rights	10,000	
41	1.365.02	Transmission Rights of Ways	227,267	
42	1.366	Transmission Structures & Improvements	1,622	
43	1.367	Transmission Mains	3,664,657	
44	1.368	Transmission Compressor Station Equipment	519,600	
45	1.369	Transmission Meas & Reg Station Equipment	145,142	
46	1.371	Transmission Other Equipment	60,982	
47	1.108.01	Provision for Depr Plant in Service		14,000
48	1.236.07	Taxes Accrued Est Income Taxes		4,900
49	1.367	Transmission Mains	409,988	

See next page for Acqusition Adjustment

Acquisition Adjustment for Tranex
See Journal Entry 91, Account 1.115
Tranex was purchased un June 1997 and set up as a subsidiary company.
Total amount calculated to amortize over 18 years $ 1,045,704

Line number		Amortization		
1	1997	July through December	16,704	
2	1998		58,800	
3	1999	Amortized as Tranex through April 99	19,600	
4		Total Tranex Amortization	95,104	
5		Balance remaining to amortize when merged with Delta 4/99		950,600
6	1999	May through December	39,200	
7	2000		58,800	
8	2001		58,800	
9	2002		58,800	
10	2003		58,800	
11	2004		58,800	
12	2005		58,800	
13	2006		58,800	
14	2007		58,800	
15	2008		58,800	
16	2009		58,800	
17		Total Amortized as of 12/31/09	722,304	
18		Balance remaining to amortize at end of test year		323,400
19	2010		58,800	
20	2011		58,800	
21	2012		58,800	
22	2013		58,800	
23	2014		58,800	
24	2015		29,400	
25		Total Delta Amortization	950,600	
26		Total Amortization	1,045,704	

Delta acquired the Mt Oliver natural gas distribution system November 1999.
Property acquired located in Robertson and Mason County.
A copy of the journal entry to record the purchase is included below:

Line Number	Account Number	Account Description	General Ledger Debit	General Ledger Credit
1	1.39	General Structures and Improvements	10,318	
2	1.376	Distribution Mains	127,336	
3	1.38	Distribution Services	27,126	
4	1.381	Distribution Meters	21,807	
5	1.382	Distribution Meter & Reg Installation	1,364	
6	1.383	Distribution Regulators	3,050	
7	1.391	Office Furniture & Equipment	1,895	
8	1.394	Too, Shop & Garage Equipment	3,830	
9	1.108.01	Prov for Depr Plant in Service		175,548
10	1.114.01	Gas Plant Acq Adj - Mt Olivet	464,945	
11	1.106.01	Fixed Asset Clearing		486,123
		Acquisition Adjustment for Mt Olivet		
		See Standard Journal Entry 98, Account 1.115.01		
12		Total amount calculated amortized over 10 years	464,945	
		Amortization		
13	1999	Nov & Dec	4,745	
14	2000		46,800	
15	2001		46,800	
16	2002		46,800	
17	2003		46,800	
18	2004		46,800	
19	2005		46,800	
20	2006		46,800	
21	2007		46,800	
22	2008		46,800	
23	2009	Fully amortized 10/31/09	39,000	
24		Total Amortization	464,945	

FERC Financial Statements

Below is the balance sheet for Peoples Gas KY LLC at the time of liquidation, effective March 31, 2021

There are no journal entries associated with the acquisition of People's Gas KY LLC because the entity has not yet been merged with Delta in SAP

0L	Ledger
10	Currency type Company code currency
USD	Amounts in United States Dollar
2021.01 -2021.03	Reporting periods

Account Number	Text for B/S P&L Item	Total of Period
	ASSETS & OTHER DEBITS:	
	UTILITY PLANT:	
9101000	9101000 Plant in Service	2,850,178.02
9101100	9101100 Property Under Capital Leases	85,471.66
	Utility Plant (101,-106,114)	2,935,649.68
9107000	9107000 Construction Work in Progress	16,254.64
	Construction Work in Progress (107)	16,254.64
	Total Utility Plant (Gross)	2,951,904.32
9108000	9108000 Accumulated Depreciation-Utility Plant	-724,105.54
9111000	9111000 Accumulated Amortization-Utility Plant	-157,586.18
	Accum Prov for Depr & Amort (108,111,115)	-881,691.72
	Net Utility Plant	2,070,212.60
	Total Net Utility Plant	2,070,212.60
	TOTAL UTILITY PLANT	2,070,212.60
	OTHER PROPERTY & INVESTMENTS:	
9128000	9128000 Other Special Funds	1,250.00
	Other Special Funds (128)	1,250.00
	TOTAL OTHER PROPERTY & INVESTMENTS	1,250.00
	CURRENT & ACCRUED ASSETS:	
9131000	9131000 Cash	12,367.27
	Cash (131)	12,367.27
9142000	9142000 Customer Accounts Receivable	241,082.89
	Customer Accounts Receivable (142)	241,082.89
9144000	9144000 Accumulated Provision for Uncollectible Accounts	-49,045.21
	Accum Prov - Uncollectible Accts (144)	-49,045.21
9146000	9146000 Accounts Receivable from Associated Companies	35,315.46
	Accts Receivable from Assoc. Co.'s (146)	35,315.46
9154000	9154000 Plant Materials & Operating Supplies	0
	Plant Materials & Operating Supplies (154)	0
9165000	9165000 Prepayments	247,112.42
	Prepayments (165)	247,112.42
9173000	9173000 Accrued Utility Revenues	64,853.20
	Accrued Utility Revenues (173)	64,853.20
	TOTAL CURRENT & ACCRUED ASSETS	551,686.03

	DEFERRED DEBITS:	
9182300	9182300 Other Regulatory Assets	26,409.85
	Other Regulatory Assets (182.3)	26,409.85
9186000	9186000 Miscellaneous Deferred Debits	1.45
	Miscellaneous Deferred Debits (186)	1.45
9190000	9190000 Accumulated Deferred Income Taxes	217,864.00
	Accumulated Deferred Income Taxes (190)	217,864.00
9191000	9191000 Unrecovered Purchased Gas Costs	-21,008.47
	Unrecoverd Purchased Gas Costs (191)	-21,008.47
	TOTAL DEFERRED DEBITS	223,266.83
	TOTAL ASSETS & OTHER DEBITS	2,846,415.46
	LIABILITIES & OTHER CREDITS:	
	PROPRIETARY CAPITAL:	
9211000	9211000 Miscellaneous Paid-In Capital	-1,761,426.49
	Other Paid-In-Capital (208-211)	-1,761,426.49
9216000	9216000 Unappropriated Retained Earnings	682,873.33
	Retained Earnings - Prior Year Balance	682,873.33
	Current Year Loss	63,185.00
	Retained Earnings (215, 215.1, 216)	746,058.33
	TOTAL PROPRIETARY CAPITAL	-1,015,368.16
	LONG TERM DEBT:	
9223000	9223000 Advances from Associated Companies	-318,800.00
	Advances From Associated Companies (223)	-318,800.00
	TOTAL LONG TERM DEBT	-318,800.00
	OTHER NON-CURRENT LIABILITIES:	
9227000	9227000 Obligations under Capital Lease-Noncurrent	-60,920.09
	Obligations Undr Cap Lease - Non-curr (227)	-60,920.09
9228300	9228300 Accumulated Provision for Pensions & Benefits	-9,062.31
	Accum Prov for Pensions & Benefits (228.3)	-9,062.31
	TOTAL OTHER NON-CURRENT LIABILITIES	-69,982.40
	CURRENT & ACCRUED LIABILITIES:	
9232000	9232000 Accounts Payable	-457,860.93
	Accounts Payable (232)	-457,860.93
9233000	9233000 Notes Payable to Associated Companies	-983,879.35
	Notes Payable to Assoc Companies (233)	-983,879.35
9234000	9234000 Accounts Payable to Associated Companies	-61,402.39
	Accounts Payable to Assoc Companies (234)	-61,402.39
9235000	9235000 Customer Deposits	-5,038.41
	Customer Deposits (235)	-5,038.41
9236000	9236000 Taxes Accrued	63,411.00
	Taxes Accrued (236)	63,411.00
9237000	9237000 Interest Accrued	-3.03
	Interest Accrued (237)	-3.03
9241000	9241000 Tax Collections Payable	-4,296.93
	Tax Collections payable (241)	-4,296.93
9242000	9242000 Miscellaneous Current & Accrued Liabilities	-25,015.04
	Misc Current & Accrued Liabilities (242)	-25,015.04

9243000	9243000 Obligations under Capital Lease-Current	-24,551.57
	Obligations Under Cap Lease - Current (243)	-24,551.57
	TOTAL CURRENT & ACCRUED LIABILITIES	-1,498,636.65
	DEFERRED CREDITS:	
9253000	9253000 Other Deferred Credits	-157,890.25
	Other Deferred Credits (253)	-157,890.25
9254000	9254000 Other Regulatory Liabilities	324,880.00
	Other Regulatory Liabilities (254)	324,880.00
9282000	9282000 Accumulated Deferred Income Taxes-Other Property	-146,183.00
9283000	9283000 Accumulated Deferred Income Taxes-Other	35,565.00
	Accum Deferred Income Taxes (281-283)	-110,618.00
	TOTAL DEFERRED CREDITS	56,371.75
	TOTAL LIABILITIES & OTHER CREDITS	-2,846,415.46
		0
		7,775,202.85

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024 - 00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

21. For gas operations, provide Delta's rate base, capital structure, and statement of income for the most recent 12 months preceding the base period and for the base period. Provide a reconciliation with detailed explanations.

Response:

See attached.

Delta Natural Gas Co., Inc.
Case No. 2024-00346
PSC Set 1 #21

Provide the utility's rate base, capital structure, and statement of income for the most recent 12 months preceding the base period and for the base period. Provide a reconciliation with detailed explanations.

Line No.			Rate Base	Capitalization
1	**Base - 2/28/25**		**165,593,894**	**165,593,894**
2	Reconciling Differences:			
3	Materials & Supplies	(elim base ave.)	(107,126)	
4	Gas Stored Underground	(elim base ave.)	(1,025,148)	
5	Prepayments - net	(elim base ave.)	(388,999)	
6	Utility Plant in Service		(21,739,456)	
7	Accumulated Depreciation		9,744,501	
8	Customer Advances		(1,497,025)	
	Unamortized Debt Expense		(159,478)	
9	Deferred Taxes		(498,205)	
10	Equity - 12 Mo. income / loss net of any dividends, rebalancing		-	(649,271)
11	Long Term Debt - issuance net of sinking fund (Delta Tranche 2)		-	(13,611,111)
12	Short Term Debt - deficit / surplus internally generated funds		-	(10,149,356)
13	**Preceding Year - 2/29/24**		**149,922,958**	**141,184,155**

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

22. Provide the capital structure at the end of the five most recent calendar years and each of the other periods shown in Schedule E1 and Schedule E2.

Response:

See attached.

Schedule E1
Delta Natural Gas Company, Inc.
Case No. 2024-00346
Calculation of Average Capital Structure
12 Months Ended December 31, 2023
"000 Omitted"

Line No.	Type of Capital	2019		2020		2021		2022		2023		Base Period 2/2025	
		Amount	Ratio	Amount	Ratio	Amount	Ratio	Amount	Ratio	Amount	Ratio	Amount	Ratio
1.	Long-Term Debt	$ 44,500	38.32%	$ 43,000	37.19%	$ 56,819	41.97%	$ 55,138	37.62%	$ 53,638	37.35%	$ 67,249	40.61%
2.	Short-Term Debt	$ 4,337	3.73%	$ 15,783	13.65%	$ 10,551	7.79%	$ 13,676	9.33%	$ 5,763	4.01%	$ 7,982	4.82%
3.	Preferred & Preference Stock	$ -	0.00%	$ -	0.00%	$ -		$ -		$ -			
4.	Common Equity	$ 67,300	57.95%	$ 56,847	49.16%	$ 68,018	50.24%	$ 77,766	53.05%	$ 84,218	58.64%	$ 90,363	54.57%
5.	Other	$ -	0.00%	$ -	0.00%	$ -		$ -		$ -			
6.	Total Capitalization	$ 116,137	100.00%	$ 115,630	100.00%	$ 135,387	100.00%	$ 146,579	100.00%	$ 143,619	100.00%	$ 165,594	100.00%

Schedule E2
Delta Natural Gas Company, Inc.
Case No. 2024-00346
Calculation of Average Capital Structure
12 Months Ended December 31, 2023
"000 Omitted"

Line No.	Item (a)	Total Capital (b)	Long-Term Debt (c)	Short-Term Debt (d)	Preferred Stock (e)	Common Stock (f)	Retained Earnings (g)	Total Common Equity (h)
1.	Balance at beginning of most recent calendar year	146,579	55,138	13,676	-	-	77,766	77,766
2.	January 2023	139,395	55,138	4,346	-	-	79,911	79,911
3.	February 2023	143,275	55,138	5,687	-	-	82,451	82,451
4.	March 2023	140,878	55,138	4,079	-	-	81,662	81,662
5.	April 2023	142,593	55,138	3,692	-	-	83,764	83,764
6.	May 2023	143,076	55,138	2,824	-	-	85,115	85,115
7.	June 2023	141,767	55,138	3,745	-	-	82,884	82,884
8.	July 2023	144,436	55,138	6,495	-	-	82,804	82,804
9.	August 2023	141,774	55,138	4,265	-	-	82,371	82,371
10.	September 2023	142,204	55,138	5,303	-	-	81,763	81,763
11.	October 2023	141,647	55,138	4,528	-	-	81,981	81,981
12.	November 2023	142,767	55,138	4,876	-	-	82,753	82,753
13.	December 2023	143,619	53,638	5,763	-	-	84,218	84,218
14.	Total (L1 through L13)	1,854,011	715,289	69,280	-	-	1,069,441	1,069,441
15.	Average Balance (L14 / 13)	142,616	55,022	5,329	-	-	82,265	82,265
16.	Average Capitalization Ratios		38.58%	3.74%	0.00%	0.00%	57.68%	57.68%
17.	End-of-period Capitalization Ratios		37.35%	4.01%	0.00%	0.00%	58.64%	58.64%

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

23. Provide the following:

a. A list of all outstanding issues of long-term debt as of the end of the latest calendar year together with the related information as shown in Schedule F1.

b. An analysis of short-term debt as shown in Schedule F2 as of the end of the latest calendar year

Response:

See attached.

Question No. 23

Schedule of Outstanding Long-Term Debt
For the Year Ended December 31, 2023

Schedule F1

Line No.	Type of Debt Issue (a)	Date of Issue (b)	Date of Maturity (c)	Amount Outstanding (1) (d)		Coupon Interest Rate (2) (e)	Cost Rate at Issue (3) (f)	Cost Rate at Maturity at 12/31/2020(4) (g)	Bond Rating at Issuance (5) (h)	Type of Obligation (i)	Annualized Cost Col. (d) x Col. (g) (j)
1	Delta 2017 Note	11/28/2017	12/20/2031	38,500,000	(6)	4.260%	4.260%	4.260%			1,776,125
2	Peoples KY 2014 Note	12/31/2021	4/15/2030	6,818,182		2.704%	2.704%	2.704%			208,429
3	Delta 2022 Note	12/31/2021	4/15/2050	8,181,818		3.351%	3.351%	3.351%			250,115
4	Delta 2022 Note	12/19/2021	12/19/2025	137,700		2.430%	2.430%	2.430%			5,848
5											
6											
7											
8											
9	Total Long-Term Debt and Annualized Cost			$ 53,637,700							$ 2,240,517
10											$ -
11	Annualized Cost Rate (Total col (j) / Total Col. (d))			4.177%							

(1) Nominal Rate. (For Variable Rate/Put Rate Bonds - Nominal Rate is interest rate as of 12/31/2023)
(2) Nominal Rate Plus Discount or Premium Amortization
(3) Nominal Rate Plus Discount or Premium Amortization and Issuance Cost and Credit Enhancement Cost
(4) Standard and Poor's / Moody's
(5) Bonds are shown net of discount.
(6) Current portion of the Delta 2017 long term note is $1,500,000.

Question No. 23

Schedule of Outstanding Short-Term Debt
For the 12 Months Ended December 31, 2023

Schedule F2

Line No.	Type of Debt Instrument (a)	Date of Issue (b)	Date of Maturity (c)	Amount Outstanding (d)	Nominal Interest Rate (e)	Average Interest Rate (f)	Annualized Interest Cost Col. (f) x Col. (d) (g)
1	2014 Notes Payable (1300)	1/7/2014		1,445,205	6.349%	6.310%	91,198
2	2018 Notes Payable (1600)	2/28/2018		4,318,082	6.349%	6.310%	272,488
3	Total Short-Term Debt and Annualized Cost			$ 5,763,287			$ 363,686
4	Annualized Cost Rate (Total col (g) / Total Col. (d))			6.310%			
5	Actual Interest Paid or Accrued on Short-Term Debt the Latest Calendar Year						143,871
6	Average Short-Term Debt						5,329,257
7	Test-Year Interest Cost Rate (Actual Interest / Average Short-Term Debt)						2.70%

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024 - 00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

24. For gas operations, provide a reconciliation and detailed explanation of each difference, if any, in Delta's capitalization and net investment rate base for the base period and forecast period.

Response:

See attached.

Delta Natural Gas Co., Inc.
Case No. 2024-00346
PSC Set 1 #24

Provide a reconciliation and detailed explanation of each difference, if any, in the utility's capitalization and net investment rate base for the base period and forecast period.

Line No.		8/31/2024 Base Period	Forecast Period
1	**Rate Base**	**158,914,512**	**180,570,376**
2	Reconciling Differences:		
3	Averaging of M&S, prepayments & gas	(184,690)	
4	Other Property & Investments	1,942,891	
5	Regulatory Liability Gross up	(3,754,293)	
6	Deferred Income Taxes	3,455,537	
7	Regulatory Assets	1,122,089	
8	Deferred Credits	(289,562)	
9	Non-Current Liabilities	(2,167,704)	
10	Working Capital	(20,851,166)	
11	Unrecovered Gas	5,025,401	
12	Misc. Deferred Debits	1,056,758	
13	13 Mo. Ave. STD reflected at $0 in Forecast	-	(89,578)
14	**Capitalization**	**144,269,774**	**180,480,799**

Company: Delta Natural Gas Company, Inc.

Witness: Morphew, Jonathan W **Title:** Operations Director

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

25. For gas operations, provide the information shown in Schedule G for each construction project in progress, or planned to be in progress, during the 12 months preceding the base period, the base period, and the forecasted test period.

Response:

See attached. Delta is providing accumulated costs of its construction projects as of February 28, 2023, February 29, 2024, and June 30, 2025.

Schedule G

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Projects
As of February 28, 2023

Line No. (A)	Project No. (B)	Description of Project (C)	Accumulated Costs				Estimated Physical Percent Complete
			Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F)*	Total Cost (G = D + E + F)	
1	201300052	SW BLACKLINE IMPLEMENT - PURCHASED	$ 666.17			$ 666.17	24%
2	201300055	SW DUNNING STRATEGY - IN HOUSE	$ 2,479.02			$ 2,479.02	84%
3	201300056	SW ENHANCE FOOTPRINTS - IN HOUSE	$ 81.11			$ 81.11	100%
4	201300060	SW LOW PRESSURE MONITOR - PURCHASED	$ 692.99			$ 692.99	100%
5	201300062	SW SIP CONTRACT MGMT - IN HOUSE	$ 1,087.24			$ 1,087.24	100%
6	201300063	SW SIP MICROSOFT M365 - IN HOUSE	$ 657.07			$ 657.07	100%
7	201300064	SW SIP MICROSOFT M365 - PURCHASED	$ 5,408.26			$ 5,408.26	100%
8	201300067	SW SIP QUALYS - PURCHASED	$ 512.75			$ 512.75	100%
9	201300068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$ 11,157.28			$ 11,157.28	99%
10	201300069	SW SIP SPLUNK - IN HOUSE	$ 3,957.71			$ 3,957.71	100%
11	201300070	SW SIP SPLUNK - PURCHASED	$ 4,671.72			$ 4,671.72	100%
12	201300073	SW SIP WORKDAY IMPLEMENT - PURCHASE	$ 1,756.36			$ 1,756.36	100%
13	201300074	SW WORKDAY IMPLEMENT - IN HOUSE	$ 15.21			$ 15.21	100%
14	201300075	SW SIP WORKMGT - IN HOUSE	$ 18,650.32			$ 18,650.32	100%
15	201300076	SW SIP WORKMGT - PURCHASED	$ 199.28			$ 199.28	100%
16	201300083	SW DATA NETWORK - PURCHASED PKYC	$ 21.03			$ 21.03	100%
17	201300089	POWER TAX PROVISION PGKY	$ 4,831.58			$ 4,831.58	45%
18	201300091	SHAREPONT MIGRATION PGKY	$ 1.52			$ 1.52	1%
19	201600005	GIS Migr to Utility Data Model-DELT	$ 2,189.69			$ 2,189.69	59%
20	201600007	Finance Enhancements-DELTA	$ 12,850.72			$ 12,850.72	90%
21	201600008	Cust Svc Enhancements-DELTA	$ 45,871.59			$ 45,871.59	97%
22	201600011	Ensyte (Gastar) Upgrade-DELTA	$ 1,616.80			$ 1,616.80	100%
23	201600016	HRIS (Workday)-DELTA	$ 9,503.28			$ 9,503.28	23%
24	201600018	Intranet Rebuild-DELTA	$ 1,190.43			$ 1,190.43	6%
25	201600021	Server Capacity/Replace-DELTA	$ 12,654.59			$ 12,654.59	98%
26	201600022	System Backup Capacity/Replace-DELT	$ 3,024.33			$ 3,024.33	100%
27	201600023	vRealize Infrastructure Mgmt Tool-D	$ 3.81			$ 3.81	100%
28	201600024	Software license compliance-DELTA	$ 3,356.01			$ 3,356.01	100%
29	201600026	SIP-Data Center Consolidation-DELTA	$ 1,069.21			$ 1,069.21	90%
30	201600028	SIP-Office Systems-DELTA	$ 5,917.60			$ 5,917.60	100%
31	201600030	SIP Infrastructure Work-DELTA	$ 50.64			$ 50.64	100%
32	201600034	SAP Security Enhancements-DELTA	$ 1,547.71			$ 1,547.71	100%
33	201600035	SIP-Endpoint Security-DELTA	$ 486.77			$ 486.77	100%
34	201600038	GRC Enhancements-DELTA	$ 174.73			$ 174.73	100%
35	201600039	Security Awareness-DELTA	$ 1,645.62			$ 1,645.62	100%
36	201600040	Security Risk Projects-DELTA	$ 7,585.74			$ 7,585.74	100%
37	201600041	Co-Managed Security Monitoring-DELT	$ 4,013.39			$ 4,013.39	100%

38	201600042	SIEM Enhancements-DELTA	$	169.08	$	169.08	8%
39	201600043	SIP-DUO-DELTA	$	1,911.05	$	1,911.05	100%
40	201600045	PNG Computer Refresh-DELTA	$	1,934.03	$	1,934.03	12%
41	201600046	SIP-Bomgar for Peoples-DELTA	$	292.78	$	292.78	100%
42	201600051	SW BLACKLINE IMPLEMENT - IN HOUSE-D	$	8,239.78	$	8,239.78	72%
43	201600052	SW BLACKLINE IMPLEMENT - PURCHASED-	$	7,989.02	$	7,989.02	24%
44	201600055	SW DUNNING STRATEGY - IN HOUSE	$	29,597.46	$	29,597.46	85%
45	201600056	SW ENHANCE FOOTPRINTS - IN HOUSE	$	964.80	$	964.80	100%
46	201600067	SW SIP QUALYS - PURCHASED	$	5,976.78	$	5,976.78	100%
47	201600068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$	133,652.59	$	133,652.59	99%
48	201600069	SW SIP SPLUNK - IN HOUSE	$	47,252.20	$	47,252.20	100%
49	201600070	SW SIP SPLUNK - PURCHASED	$	55,297.20	$	55,297.20	96%
50	201600071	SW SIP VALMS - IN HOUSE	$	79,397.22	$	79,397.22	100%
51	201600073	SW SIP WORKDAY IMPLEMENT - PURCHASE	$	20,756.21	$	20,756.21	100%
52	201600074	SW WORKDAY IMPLEMENT - IN HOUSE	$	180.59	$	180.59	92%
53	201600076	SW SIP WORKMGT - PURCHASED	$	2,373.12	$	2,373.12	100%
54	201600078	Safety Applications - JSSO, Root Ca	$	327.85	$	327.85	100%
55	201600080	Agent Assist Payments in CSC	$	2,198.25	$	2,198.25	100%
56	201600083	SW DATA NETWORK - PURCHASED DELTA	$	252.46	$	252.46	100%
57	201600090	CITRIX LICENSE Delta	$	8,800.62	$	8,800.62	31%
58	201600091	SHAREPONT MIGRATION Delta	$	20.16	$	20.16	1%
59	201690006	Exchange Migration	$	379.50	$	379.50	100%
60	201690007	Active Directory Integration	$	39,601.44	$	39,601.44	28%
61	201690012	Delta Networking Equipment (WAN, Ca	$	4,703.26	$	4,703.26	36%
62	201690013	Delta Voice Equipment	$	292,720.51	$	292,720.51	59%
63	201690016	Delta Computer Refresh	$	54,962.04	$	54,962.04	100%
64	201690021	SW DELTA E-ACCOUNT - IN HOUSE	$	311,708.21	$	311,708.21	97%
65	201690023	SW SCADA (EAGLE TALON) - PURCHASED	$	86,934.46	$	86,934.46	100%
66	10090990	21MIDD-SO-ACIDIZE 21-1B WELL	$	103,454.44	$	103,454.44	100%
67	10090995	21MIDD-SO-ACIDIZE PEET1 WELL	$	78,717.48	$	78,717.48	100%
68	2300162	526.21.032.1-REP ENGINE HEAD COMP E	$	7,867.40	$	7,867.40	100%
69	10100697	21WILL-INS-Muffler blanket on lifor	$	10,276.10	$	10,276.10	100%
70	10102050	22MIDD-REP- TUBING/LOG 22-1 WELL	$	42,986.66	$	42,986.66	100%
71	10102051	22MIDD-REP- TUBING/LOG 22-2 WELL	$	25,266.08	$	25,266.08	100%
72	10100691	21BEREA-INS-M&R STATION LINCOLN COU	$	2,092,060.09	$	2,092,060.09	100%
73	10098705	21NICH-INS-TRANSMISSION LINE #2 MAD	$	41,353.98	$	41,353.98	25%
74	10100874	21NICH-INS-TRANSMISSION LINE #2 JES	$	146,494.25	$	146,494.25	30%
75	10101130	21MIDD-TRANSMISSION-REPLACE GROUND	$	5,277.08	$	5,277.08	100%
76	2300115	525.21.035.1-REP MUFFLER LIEFORD CO	$	8,710.96	$	8,710.96	100%
77	2300160	526.21.012.1-REP COOLER FAN COMP ST	$	5,777.08	$	5,777.08	100%
78	2300112	525.21.020.1-REP REG STAT 09002 AT	$	2,021.50	$	2,021.50	100%
79	2300103	501.21.017.1-EXT 2" PL 25 LOCUST PO	$	8,329.65	$	8,329.65	100%
80	2300341	D7400.21.27 GAS EXTERNAL SAMPLING S	$	2,556.00	$	2,556.00	100%
81	10067751	19Stat-REL-4483ft of pl.in Lee Co.	$	1,446.50	$	1,446.50	100%
82	10075258	20Stat-RP-Rel Reg St. on Railroad S	$	125.85	$	125.85	0%
83	2300166	DELTA.AIP.CAP-DELTA OVERHEAD - AIP	$	18,347.31	$	18,347.31	100%
84	10098594	21BERA-EXT-MAIN LINE TO FIREBROOK S	$	143,714.60	$	143,714.60	100%
85	2300104	502.21.002.8-21BERA-RET REG STAT 02	$	789.90	$	789.90	100%
86	10100888	21BERA-METER-1013 BUC-EE'S BLVD	$	10,199.97	$	10,199.97	100%
87	2300296	501.20.023.1-INS SRV LINE 4775 HWY	$	244.06	$	244.06	100%
88	10098670	21BERA-SVC-304 SADDLE WOOD CT-CANCE	$	27.19	$	27.19	75%

89	10105358	22 BERA SVC 164 AVAWAM DR	$ 3,397.13	$ 3,397.13	100%
90	2300108	512.21.006.1-REP MASTER METER BEECH	$ 3,281.44	$ 3,281.44	100%
91	2300297	501.21.008.1-MOVE EXISTING METER AT	$ 4,738.73	$ 4,738.73	100%
92	2300116	526.21.001.1-REBUILD WOODBINE COMPR	$ 5,348.73	$ 5,348.73	100%
93	C.P160001514.000002.0009	22WILL- REBUILD POWER END 10086384	$ 8,844.25	$ 8,844.25	100%
94	C.P160001524.000002.0006	22MIDD-INST COMPRESSOR AT STONY FOR	$ 25,729.42	$ 25,729.42	100%
95	C.P160001514.000002.0010	22WILL-INS METER RUN FOR WELL#212	$ 11,180.43	$ 11,180.43	100%
96	10100696	21 MIDD-REP-STA 7119 VALVE REPLACEM	$ 11,238.99	$ 11,238.99	100%
97	10102046	22MIDD-REP- TUBING/LOG PEET2 WELL	$ 31,784.80	$ 31,784.80	100%
98	10102052	22MIDD-REP- TUBING/LOG 22-3 WELL -Cancel	$ 8,104.31	$ 8,104.31	26%
99	2300117	526.21.007.1-REBUILD CAN MTN COMP #	$ 12,249.25	$ 12,249.25	100%
100	2300118	526.21.008.1-REBUILD CAN MTN COMP #	$ 18,249.44	$ 18,249.44	100%
101	2300119	526.21.009.1-REBUILD CAN MTN COMP #	$ 10,433.38	$ 10,433.38	100%
102	2300161	526.21.026.1-REP RECIP COMP STRIP P	$ 45,896.96	$ 45,896.96	100%
103	10100946	21MIDD-TRANSMISSION-EQUIPMENT SHED	$ 19,302.04	$ 19,302.04	100%
104	C.P160001514.000002.0006	22MIDD-DESICCANT VESSEL AT KETTLE I	$ 13,407.12	$ 13,407.12	100%
105	2300109	525.19.031.1-REP 6" CS TL 108 MEADO	$ 1,223.26	$ 1,223.26	100%
106	2300110	525.21.004.1-REP 100FT 6" YOUNG CRE	$ 121.33	$ 121.33	100%
107	2300114	525.21.026.1-REP 8" TRANSMISSION VA	$ 8,894.97	$ 8,894.97	100%
108	10100036	21WILL-REP-CROLEY BEND LINE	$ 1,833,639.54	$ 1,833,639.54	100%
109	C.P160001102.000002.0001	22MIDD-INS 4" TO STAT 444 10103562 CANCEL	$ 23,940.77	$ 23,940.77	40%
110	C.P160001102.000002.0003	22BERA-INSTL TRANSM LINE TO LINCOLN	$ 299,353.01	$ 299,353.01	120%
111	C.P160001102.000002.0005	23CORB-INS-4" STEEL TO LAUREL RIDGE	$ (342,000.00)	$ (342,000.00)	100%
112	C.P160001102.000002.0007	23BERA-INS 200' 4" CS DUNCANNON REG	$ 9,482.70	$ 9,482.70	100%
113	10101124	21MIDD-MODIFY-PIPING IN KI COMPRESS	$ 32,331.47	$ 32,331.47	100%
114	C.P160001524.000002.0007	22BERA- INST RECIRCULATOR REDLICK C	$ 37,294.77	$ 37,294.77	100%
115	C.P160001514.000002.0012	23BERA- MOVE UPGR PK TOOL REG STATI	$ 15,355.20	$ 15,355.20	100%
116	C.P160001524.000002.0003	22MIDD-CANADA MTN STACK TEST #5	$ 8,946.00	$ 8,946.00	100%
117	C.P160001524.000002.0004	22BERA-INTALL FENCE LINCOLN PURCH S	$ 51,235.95	$ 51,235.95	100%
118	C.P160001524.000002.0005	22BERA-REG STAT,HEATR,ODORIZR AT PU	$ 91,435.97	$ 91,435.97	100%
119	C.P160001524.000002.0008	22BERA- INS TAP, 50' 1"CS HICKORY L	$ 3,021.64	$ 3,021.64	100%
120	C.P160001524.000002.0009	23BERA- DUNCANNON REGULATOR STATION	$ 3,751.21	$ 3,751.21	100%
121	2300105	510.21.006.1-UPRATE STRAIGHT CREEK	$ 1,958.32	$ 1,958.32	100%
122	2300106	511.20.027.8-RET 2" PL 313' BEECH S	$ 900.81	$ 900.81	100%
123	2300311	D9200.LAUREL-Service Installations	$ 55.44	$ 55.44	100%
124	10067752	19STAT-RELOCATE TLH KY 11 LEE CO B	$ 183,721.87	$ 183,721.87	100%
125	10100161	21BERA-EXT-MAIN LINE TO 1030 ACE DR	$ 10,179.38	$ 10,179.38	100%
126	10101129	21MANC-TRANSMISSION-CONCRETE DRIVEW	$ 394,982.86	$ 394,982.86	100%
127	C.P160001109.000008.0005	22BARB-TEST DOWNTOWN BARBOURVILLE A	$ 66,616.59	$ 66,616.59	100%
128	C.P160001107.000003.0017	23BERA- INS 100' 4" CS REG STATN BG	$ 12,464.69	$ 12,464.69	100%
129	C.P160001107.000010.0003	21CORB-EXT-2"PEMAINFOR360&362WCITYD	$ 63.00	$ 63.00	100%
130	C.P160001109.000003.0013	23BERA-RET REG DUNCANNON LANE DAMAG	$ 4,837.25	$ 4,837.25	100%
131	C.P160001110.000002.0002	REPLACE Aldyl-A MAIN HWY 60	$ 67,044.22	$ 67,044.22	100%
132	C.P160001110.000002.0003	REPLACE Aldyl-A PIPE US Hwy 60	$ 50,778.14	$ 50,778.14	100%
133	C.P160001110.000002.0008	REP PL MAIN OWINGSVILLE CITY	$ 56,436.56	$ 56,436.56	44%
134	C.P160001110.000002.0009	21OWNG-REP PL OUTSIDE OWNGSVILLE CI	$ 44,982.64	$ 44,982.64	95%
135	C.P160001110.000004.0002	22NICH-REP MULTIPLE ST IN NV3 SYSTE	$ 134,815.44	$ 134,815.44	20%
136	C.P160001110.000005.0007	REP PL VARIOUS LOC PRP	$ 70,749.86	$ 70,749.86	100%
137	C.P160001110.000005.0008	REP PL MAIN POWELL CO PRP	$ 40,783.55	$ 40,783.55	100%
138	C.P160001110.000006.0001	19LOND-REP BS PIPE S DIXIE ST LONDO	$ 9,547.43	$ 9,547.43	100%
139	C.P160001110.000010.0001	21CORB-REL-US25WREL(KY#:11-186)	$ 269,620.19	$ 269,620.19	100%

140	C.P160001110.000010.0002	REP PIPE LAUREL COUNTY CORB	$	189.44	$	189.44	0%
141	C.P160001110.000010.0003	REP 8" CS ELLISON STREET	$	189.44	$	189.44	0%
142	C.P160001110.000011.0001	REPLAC ALDYL-A MAIN BURNING SPRINGS	$	988,381.89	$	988,381.89	100%
143	C.P160001130.000002.0001	19CORB-RELHWY 25 TO I75 2300640	$	(534,361.85)	$	(534,361.85)	100%
144	C.P160001130.000002.0002	22BERA - RELOC KYTC PROJ-US 25 RICH	$	8,775.70	$	8,775.70	100%
145	2300111	525.21.018.1-INSTL REG STAT AT PVIL	$	9,232.44	$	9,232.44	100%
146	C.P160001215.000001.03	22REG STATION FEED 10108080 BERA US	$	4,474.32	$	4,474.32	100%
147	C.P160001524.000002.0001	22NICH-INS REG STAT 1301 SHORT SHUN	$	7,128.75	$	7,128.75	100%
148	C.P160001524.000002.0002	22MANC-GABARD FORK STACK TEST 10104	$	3,445.90	$	3,445.90	100%
149	10104325	22STAT-REPSVC 525 ADAMS RIDGE RD	$	135.40	$	135.40	100%
150	10105708	22STAT REPSVC 3761CAMARGO HEIGHTS	$	(177.98)	$	(177.98)	100%
151	10093590	21BARB-RET-3174 KY RT. 6- KNOX CO.	$	146.51	$	146.51	100%
152	10093591	21BARB-RET-428 SOUTH MAIN- BVILLE C	$	376.49	$	376.49	100%
153	10099644	21BARB-RET-RETIRE 5000 METER SET	$	285.95	$	285.95	100%
154	10099914	21BARB-RET-3419 HWY 11- ANNA L CARR	$	68.14	$	68.14	100%
155	10100057	21BERA-RET SVC-981 KIRKSVILLE RD	$	194.15	$	194.15	100%
156	10100073	21CORB-RETSVC-1107CIRCLEDR-PR:61329	$	17.38	$	17.38	100%
157	10100075	21CORB-RETSVC-119OLDBARSCHRD-PR:613	$	26.06	$	26.06	100%
158	10100097	21MIDD-RET-801 EXETER AVE- BIGGERST	$	155.76	$	155.76	100%
159	10100147	21CORB-RETSVC-120EBARBOURST-PR:6132	$	221.00	$	221.00	100%
160	10100153	21CORB-RETSVC-121NORTHLANDR-PR:6133	$	178.86	$	178.86	100%
161	10100156	21CORB-RETSVC-1017W4THST-PR:6133117	$	176.80	$	176.80	100%
162	10101555	22WILL-RET-CROLEYBENDRD(507-03-58)	$	35.88	$	35.88	100%
163	10101556	22WILL-RET-CROLEYBENDRD(507-03-58)	$	35.88	$	35.88	100%
164	10101679	22LOND-RETSVC-1202SMAINST-PR:613225	$	66.59	$	66.59	100%
165	10101735	22LOND-RETSVC-717OWENST-PR:61321197	$	211.54	$	211.54	100%
166	10101762	22BARB-RET-113 CAMPBELL ST.-JEREMIA	$	96.41	$	96.41	100%
167	10101935	22STAT RET 389 N MAIN ST	$	8.68	$	8.68	100%
168	10102070	22LOND-RETSVC-103SMCWHORTERST-P:613	$	28.95	$	28.95	100%
169	10102145	22WILL-RETSVC-48EMLYNCEMRD-PR:61322	$	158.66	$	158.66	100%
170	10102385	22BARB-RET-33 ELLWOOD DRIVE- KNOX C	$	17.10	$	17.10	100%
171	10102629	22LOND-RETSVC-715GREENST-PR:6130811	$	211.54	$	211.54	100%
172	10102865	22CORB-RETSVC-409ALSIPTRL-PR:613308	$	8.68	$	8.68	100%
173	10102885	22BARB-RET-428 SOUTH 11 BVILLE CITY	$	393.20	$	393.20	100%
174	2300107	512.21.005.1-REP MASTER METER PACES	$	3,473.53	$	3,473.53	100%
175	C.P160001720.000002.0001	PURCHASE OFFICE BLDG PRESTONSBURG	$	835,052.67	$	835,052.67	100%
176	C.P160001720.000002.0002	STORAGE BLDG 14x24 MANCHESTER	$	23,900.00	$	23,900.00	100%
177	C.P160001720.000002.0003	REPL MAIN ENTRY DOOR AT WINCH OFFIC	$	4,985.00	$	4,985.00	100%
178	C.P160001720.000002.0004	REPL ATRIUM DOOR AT WINCH OFFICE BL	$	3,871.00	$	3,871.00	100%
179	C.P160001720.000002.0005	NEW LANDSCAPING AT BEREA OFFICE	$	4,820.00	$	4,820.00	100%
180	C.P160001720.000002.0006	3TON TRANE GAS PACKAGE UNIT PRESTON	$	6,375.00	$	6,375.00	100%
181	C.P160001720.000002.0008	LED LIGHT CONVERSION NICHOLASVILLE	$	2,305.00	$	2,305.00	100%
182	C.P160001720.000002.0009	SECURITY SYSTEM WINCHESTER LOBBY DO	$	3,613.00	$	3,613.00	88%
183	C.P160001720.000002.0010	CARPET INSTALLATION NICH OFFICE, IM	$	10,184.72	$	10,184.72	100%
184	C.P160001720.000002.0011	CORBIN OFFICE ROOF INSTALLATION	$	34,100.00	$	34,100.00	100%
185	C.P160001720.000002.0012	LONDON VINYL PLANK FLOORING INSTALL	$	7,598.80	$	7,598.80	100%
186	C.P160001720.000002.0013	WINCHESTER SHOP PIPE/DRYWALL RENO	$	23,715.00	$	23,715.00	100%
187	2300163	D7000.21.11-NETWORK COMMUNICATION E	$	390,047.95	$	390,047.95	100%
188	2300168	DELTAOH.GA-DELTA OVERHEAD - G&A	$	709,682.96	$	709,682.96	79%
189	2300900	NIKON N 5" STATION DATA COLLECTOR -	$	11,977.42	$	11,977.42	100%
190	201300051	SW BLACKLINE IMPLEMENT - IN HOUSE	$	686.99	$	686.99	78%

191	201300090	CITRIX LICENSE PGKY	$	768.55	$	768.55	49%
192	201600089	POWER TAX PROVISION DELTA	$	64,062.74	$	64,062.74	45%
193	201690019	SW.DELTA.CRB.2 IN-HOUSE	$	4,065,706.29	$	4,065,706.29	100%
194	201690020	SW.DELTA.CRB.3 PURCHASE	$	204,991.27	$	204,991.27	100%
195	2300167	DELTAOH.CONS-DELTA OVERHEAD - CONST	$	104,197.77	$	104,197.77	100%
196	2301563	D7000.21.3 11-ITRON MC3LITE RF METE	$	326,480.00	$	326,480.00	100%
197	1300216924	2022 FORD F250 OPEN UTILITY BODY	$	49,616.20	$	49,616.20	100%
198	1300216935	2022 FORD F250 OPEN UTILITY BODY	$	49,616.20	$	49,616.20	100%
199	1300216936	2022 FORD F250 OPEN UTILITY BODY	$	49,616.20	$	49,616.20	100%
200	1600216957	2022 CHEVROLET 2500 4X4 DOUBLE CAB	$	60,380.65	$	60,380.65	100%
201	2300060	ODORATOR W CASE AND REGULATOR WINC	$	6,863.19	$	6,863.19	100%
202	2300061	ODORATOR W CASE AND REGULATOR	$	6,863.21	$	6,863.21	100%
203	2300121	TDW TAPPING GEAR EQUIPMENT WINCHEST	$	9,632.70	$	9,632.70	116%
204	2300382	DELTAOH.CONS - CONSTRUCTION OVERHEA	$	561,152.94	$	561,152.94	75%
205	C.P160001898.000001.02	PORTAFUSE MACHINE WINCHESTER	$	4,840.00	$	4,840.00	88%
206	C.P160001899.000001.02	PORTAFUSE MACHINE CORBIN WAREHOUSE	$	4,840.00	$	4,840.00	100%
207	2300165	D9525.MISCMTRMAT-DELTA MISC METER M	$	161,029.28	$	161,029.28	N/A
208	161100DG02	Meter Install/Replace BARBOURVILLE	$	549.96	$	549.96	N/A
209	161100DG03	Meter Install/Replace BATH	$	162.33	$	162.33	N/A
210	161100DG04	Meter Install/Replace BELL	$	111.56	$	111.56	N/A
211	161100DG05	Meter Install/Replace BEREA CITY	$	3,426.62	$	3,426.62	N/A
212	161100DG06	Meter Install/Replace CLAY	$	699.55	$	699.55	N/A
213	161100DG07	Meter Install/Replace CLAY CITY	$	4,847.04	$	4,847.04	N/A
214	161100DG08	Meter Install/Replace CORBIN CITY.W	$	251.51	$	251.51	N/A
215	161100DG09	Meter Install/ReplaceFRENCHBURG CIT	$	116.06	$	116.06	N/A
216	161100DG11	Meter Install/Replace JESSAMINE	$	2,645.07	$	2,645.07	N/A
217	161100DG12	Meter Install/Replace KNOX	$	626.29	$	626.29	N/A
218	161100DG13	Meter Install/Replace LAKEVIEW HEIG	$	174.29	$	174.29	N/A
219	161100DG14	Meter Install/Replace LAUREL	$	669.90	$	669.90	N/A
220	161100DG16	Meter Install/Replace LONDON CITY	$	660.57	$	660.57	N/A
221	161100DG17	Meter Install/Replace MADISON	$	3,802.88	$	3,802.88	N/A
222	161100DG19	Meter Install/Replace MIDDLESBORO C	$	698.43	$	698.43	N/A
223	161100DG20	Meter Install/Replace MONTGOMERY	$	5,496.44	$	5,496.44	N/A
224	161100DG21	Meter Install/Replace NICHOLASVILLE	$	1,467.13	$	1,467.13	N/A
225	161100DG22	Meter Install/Replace OWINGSVILLE C	$	388.67	$	388.67	N/A
226	161100DG23	Meter Install/Replace PINEVILLE CIT	$	220.56	$	220.56	N/A
227	161100DG24	Meter Install/Replace POWELL	$	1,498.92	$	1,498.92	N/A
228	161100DG25	Meter Install/Replace RICHMOND CITY	$	555.47	$	555.47	N/A
229	161100DG26	Meter Install/Replace ROWAN	$	2,395.85	$	2,395.85	N/A
230	161100DG27	Meter Install/Replace SALT LICK CIT	$	196.04	$	196.04	N/A
231	161100DG28	Meter Install/Replace STANTON CITY	$	681.91	$	681.91	N/A
232	161100DG29	Meter Install/Replace WHITLEY	$	685.77	$	685.77	N/A
233	161100DG30	Meter Install/Replace WILLIAMSBURG	$	151.15	$	151.15	N/A
234	161100DG31	Meter Install/Replace WILMORE CITY	$	139.45	$	139.45	N/A
235	161100DG32	Meter Install/Replace BEATTYVILLE C	$	46.30	$	46.30	N/A
236	161100DG33	Meter Install/Replace MT OLIVET CIT	$	348.56	$	348.56	N/A
237	161100DG34	Meter Install/Replace MENIFEE	$	174.17	$	174.17	N/A
238	161100DG36	Meter Install/Replace BOURBON	$	89.22	$	89.22	N/A
239	161100DG38	Meter Install/Replace FAYETTE	$	209.16	$	209.16	N/A
240	161100DG41	Meter Install/Replace LINCOLN	$	116.19	$	116.19	N/A
241	161100DG42	Meter Install/Replace MASON	$	2,034.80	$	2,034.80	N/A

242	161100DG43	Meter Install/Replace N MIDDLETOWN	$	57.93	$	57.93	N/A
243	161100DG44	Meter Install/Replace ROBERTSON	$	844.59	$	844.59	N/A
244	161100DG45	Meter Install/Replace SHARPSBURG CI	$	281.77	$	281.77	N/A
245	161100DG46	Meter Install/Replace FLOYD	$	1,185.75	$	1,185.75	N/A
246	161100DG48	Meter Install/Replace KNOTT	$	402.36	$	402.36	N/A
247	161100DG52	Meter Install/Replace MARTIN	$	616.49	$	616.49	N/A
248	161100DG53	Meter Install/Replace PERRY	$	152.53	$	152.53	N/A
249	161100DG54	Meter Install/Replace-PIKE	$	234.08	$	234.08	N/A
250	163800DG02	New Meter/Manifold BARBOURVILLE CIT	$	618.11	$	618.11	N/A
251	163800DG03	New Meter/Manifold BATH	$	2,234.94	$	2,234.94	N/A
252	163800DG04	New Meter/Manifold BELL	$	4,515.08	$	4,515.08	N/A
253	163800DG05	New Meter/Manifold BEREA CITY	$	30,493.41	$	30,493.41	N/A
254	163800DG06	New Meter/Manifold CLAY	$	14,288.28	$	14,288.28	N/A
255	163800DG07	New Meter/Manifold CLAY CITY	$	470.37	$	470.37	N/A
256	163800DG08	New Meter/Manifold CORBIN CITY.WHIT	$	10,808.63	$	10,808.63	N/A
257	163800DG10	New Meter/Manifold JACKSON	$	15,017.20	$	15,017.20	N/A
258	163800DG11	New Meter/Manifold JESSAMINE	$	8,948.16	$	8,948.16	N/A
259	163800DG12	New Meter/Manifold KNOX	$	12,208.77	$	12,208.77	N/A
260	163800DG14	New Meter/Manifold LAUREL	$	14,941.17	$	14,941.17	N/A
261	163800DG15	New Meter/Manifold LEE	$	6,590.13	$	6,590.13	N/A
262	163800DG16	New Meter/Manifold LONDON CITY	$	3,730.58	$	3,730.58	N/A
263	163800DG17	New Meter/Manifold MADISON	$	19,639.33	$	19,639.33	N/A
264	163800DG18	New Meter/Manifold MANCHESTER CITY	$	12,139.94	$	12,139.94	N/A
265	163800DG19	New Meter/Manifold MIDDLESBORO CI	$	6,392.55	$	6,392.55	N/A
266	163800DG20	New Meter/Manifold MONTGOMERY	$	6,526.61	$	6,526.61	N/A
267	163800DG21	New Meter/Manifold NICHOLASVILLE CI	$	57,503.89	$	57,503.89	N/A
268	163800DG22	New Meter/Manifold OWINGSVILLE CITY	$	104.35	$	104.35	N/A
269	163800DG23	New Meter/Manifold PINEVILLE CITY	$	146.08	$	146.08	N/A
270	163800DG24	New Meter/Manifold POWELL	$	6,892.25	$	6,892.25	N/A
271	163800DG25	New Meter/Manifold RICHMOND CITY	$	4,137.70	$	4,137.70	N/A
272	163800DG26	New Meter/Manifold ROWAN	$	3,004.76	$	3,004.76	N/A
273	163800DG27	New Meter/Manifold SALT LICK CITY	$	104.34	$	104.34	N/A
274	163800DG28	New Meter/Manifold STANTON CITY	$	6,369.58	$	6,369.58	N/A
275	163800DG29	New Meter/Manifold WHITLEY	$	11,962.58	$	11,962.58	N/A
276	163800DG30	New Meter/Manifold WILLIAMSBURG CIT	$	6,081.53	$	6,081.53	N/A
277	163800DG31	New Meter/Manifold WILMORE CITY	$	12,231.16	$	12,231.16	N/A
278	163800DG32	New Meter/Manifold BEATTYVILLE CITY	$	2,027.63	$	2,027.63	N/A
279	163800DG33	New Meter/Manifold MT OLIVET CITY	$	56.86	$	56.86	N/A
280	163800DG34	New Meter/Manifold MENIFEE	$	578.84	$	578.84	N/A
281	163800DG35	New Meter/Manifold CORBINCITY.KNOX	$	2,169.48	$	2,169.48	N/A
282	163800DG38	New Meter/Manifold FAYETTE	$	83.03	$	83.03	N/A
283	163800DG40	New Meter/Manifold LESLIE	$	464.38	$	464.38	N/A
284	163800DG41	New Meter/Manifold LINCOLN	$	219.20	$	219.20	N/A
285	163800DG43	New Meter/Manifold N MIDDLETOWN CIT	$	56.86	$	56.86	N/A
286	163800DG45	New Meter/Manifold SHARPSBURG CITY	$	104.35	$	104.35	N/A
287	163800DG46	New Meter/Manifold FLOYD	$	3,001.16	$	3,001.16	N/A
288	163800DG47	New Meter/Manifold JOHNSON	$	98.31	$	98.31	N/A
289	163800DG48	New Meter/Manifold KNOTT	$	1,022.43	$	1,022.43	N/A
290	163800DG49	New Meter/Manifold-LAWRENCE	$	134.64	$	134.64	N/A
291	163800DG52	New Meter/Manifold MARTIN	$	659.48	$	659.48	N/A
292	163800DG54	New Meter/Manifild PIKE	$	1,130.46	$	1,130.46	N/A

Total	$ 16,485,590.33	$ -	$ -	$ 16,485,590.33

Schedule G

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Projects
As of February 29, 2024

Line No. (A)	Project No. (B)	Description of Project (C)	Accumulated Costs				Estimated Physical Percent Complete
			Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F)*	Total Cost (G = D + E + F)	
1	201300055	SW DUNNING STRATEGY - IN HOUSE	$ 2,962.20			$ 2,962.20	100%
2	201300062	SW SIP CONTRACT MGMT - IN HOUSE	$ 1,087.24			$ 1,087.24	100%
3	201300091	SHAREPONT MIGRATION PGKY	$ 122.62			$ 122.62	100%
4	201600005	GIS Migr to Utility Data Model-DELT	$ 3,724.09			$ 3,724.09	100%
5	201600018	Intranet Rebuild-DELTA	$ 18,978.49			$ 18,978.49	91%
6	201600055	SW DUNNING STRATEGY - IN HOUSE	$ 34,926.30			$ 34,926.30	95%
7	201600078	Safety Applications - JSSO, Root Ca	$ 327.85			$ 327.85	100%
8	201600091	SHAREPONT MIGRATION Delta	$ 2,103.86			$ 2,103.86	95%
9	201600093	TimeTrack Enhancements 2023 - PNG	$ 1,231.25			$ 1,231.25	100%
10	201600101	Peoples BYOD	$ 27.43			$ 27.43	6%
11	201600102	SAP Treasury Module - PNG	$ 6,848.26			$ 6,848.26	63%
12	201600103	SAP Security - PNG	$ 4,736.32			$ 4,736.32	100%
13	201600104	Endpoint Asset Mgmt - PNG	$ 33.71			$ 33.71	9%
14	201600105	Perceptive Content Upg - PNG	$ 4,736.05			$ 4,736.05	62%
15	201600107	Certify/Tax Implementation	$ 1,435.07			$ 1,435.07	42%
16	201600109	Cust Portal/Mobile App (PNG)	$ 3,251.97			$ 3,251.97	82%
17	201600112	Server 2012 Retirement (PNG)	$ 40,353.97			$ 40,353.97	75%
18	201600115	AP Automation	$ 233,719.27			$ 233,719.27	71%
19	201600120	RMIS Implementation - PNG	$ 33.55			$ 33.55	34%
20	201600122	Disaster Recovery 2023 (PNG)	$ 656.23			$ 656.23	100%
21	201600123	Finance Enhancements (PNG) - 2024	$ 19,134.44			$ 19,134.44	20%
22	201600126	BW/BI Reporting Enhancements(PNG) -	$ 412.87			$ 412.87	1%
23	201600127	SAP Security Enhancements (PNG) - 2	$ 713.09			$ 713.09	65%
24	201600130	Operations Enhancements 2024 (PNG)	$ 3,486.19			$ 3,486.19	13%
25	201600131	Construction Enhancements 2024 (PNG	$ 4,852.50			$ 4,852.50	25%
26	201600132	Customer Srvc Improvements 2024 (PN	$ 10,736.42			$ 10,736.42	37%
27	201690007	Active Directory Integration	$ 142,692.97			$ 142,692.97	100%
28	C.P160001900.090007.02	DELTA IT INTEGRATION	$ 392,618.55			$ 392,618.55	96%
29	10122433	23WILL-RET. STA. 317 GRIFFITH PLUGG	$ 1,631.18			$ 1,631.18	22%
30	10118322	23MIDD-SO-ACIDIZE 22-1 WELL	$ 82,175.04			$ 82,175.04	100%
31	10123818	23MIDD-SVC-WELL 22-1TOOL REMOVAL	$ 302,280.88			$ 302,280.88	29%
32	10122429	23MIDD-REPSTA.7221REWORK DEHY REBOI	$ 11,626.24			$ 11,626.24	22%
33	10122431	23MIDD-REPSTA.7211 REWORK DEHY REBO	$ 12,556.24			$ 12,556.24	23%
34	10102052	22MIDD-REP- TUBING/LOG 22-3 WELL -C	$ 30,982.63			$ 30,982.63	100%

35	10102046	22MIDD-REP- TUBING/LOG PEET2 WELL	$	80,047.42	$	80,047.42	100%
36	10102051	22MIDD-REP- TUBING/LOG 22-2 WELL	$	83,524.25	$	83,524.25	100%
37	10102050	22MIDD-REP- TUBING/LOG 22-1 WELL	$	129,603.58	$	129,603.58	100%
38	10118328	23MIDD-REP-REBUILD CANADA MTN # 2 C	$	75,316.70	$	75,316.70	89%
39	10100691	21BEREA-INS-M&R STATION LINCOLN COU	$	2,177,486.71	$	2,177,486.71	100%
40	C.P160001514.000002.0014	23 GAST VACUUM PUMP WINCHESTER MTR	$	4,052.83	$	4,052.83	100%
41	C.P160001514.000002.0015	23LOND- 1" S PIPE REG STN 06037 BAR	$	6,507.57	$	6,507.57	100%
42	C.P160001514.000002.0013	23MIDD-REP HMI ON ESD AT CANADA MTN	$	22,855.37	$	22,855.37	100%
43	C.P160001514.000002.0016	23MIDD-REPL COIL STRIPPING PLANT	$	7,446.22	$	7,446.22	100%
44	C.P160001102.000002.0001	22MIDD-INS 4" TO STAT 444 10103562	$	(12,729.20)	$	(12,729.20)	100%
45	C.P160001102.000002.0005	23CORB-INS-4" STEEL TO LAUREL RIDGE	$	6,511.01	$	6,511.01	5%
46	C.P160001102.000002.0012	23BARB-INTEGRITY SURVEY DIGS	$	10,941.83	$	10,941.83	100%
47	C.P160001104.000001.03	REPL 8" LOG MTN VALVE, BELL COUNTY	$	11,662.63	$	11,662.63	100%
48	C.P160001102.000002.0013	23MANC-INTEGRITY SURVEY DIGS	$	16,074.40	$	16,074.40	100%
49	C.P160001104.000001.06	INS 1" CS KY1189 US25 EXIST 6' LINE	$	49,137.01	$	49,137.01	100%
50	10098705	21NICH-INS-TRANSMISSION LINE #2 MAD	$	164,770.81	$	164,770.81	25%
51	10100874	21NICH-INS-TRANSMISSION LINE #2 JES	$	541,980.63	$	541,980.63	76%
52	C.P160001102.000002.0003	22BERA-INSTL TRANSM LINE TO LINCOLN	$	836,011.07	$	836,011.07	50%
53	C.P160001524.000002.0012	23CORB- GM&R STATION LAUREL RIDGE L	$	487,769.60	$	487,769.60	70%
54	C.P160001524.000002.0011	23NICH- GROUNDBED NICH TOWN BORDER	$	6,801.49	$	6,801.49	84%
55	C.P160001130.000002.0005	21BERA-REP 8" CS KY 52 IN BEREA	$	(70,657.88)	$	(70,657.88)	100%
56	C.P160001130.000002.0004	21BERA-REP GAS FACILITIES KY52	$	(42,038.54)	$	(42,038.54)	100%
57	C.P160001107.000003.0022	23BERA-EASEMENT FOR LINC CO	$	(18,062.18)	$	(18,062.18)	50%
58	C.P160001107.000003.0017	23BERA- INS 100' 4" CS REG STATN BG	$	(14,729.07)	$	(14,729.07)	100%
59	C.P160001107.000003.0024	23BERA- EASEMENT FOR ROCKCASTLE CO	$	(1,795.06)	$	(1,795.06)	50%
60	C.P160001109.000006.0004	4"PE MAIN HWY 1006 WEDDLE WAREHOUSE	$	61.11	$	61.11	0%
61	C.P160001130.000002.0017	24STAT- REL REG STN RR ST	$	155.96	$	155.96	100%
62	C.P160001107.000010.0007	23CORB-EXT 4" LAUREL RIDGE LANDFILL	$	188.84	$	188.84	1%
63	C.P160001109.000005.0007	23STAT-REPL 2", 4" RIVER XING, BATH	$	870.39	$	870.39	1%
64	C.P160001109.000005.0008	23STAT- REPL 4" RIVER XING ROWAN CO	$	870.39	$	870.39	1%
65	C.P160001107.000004.0029	24NICH-MAIN EXT BURLEY RIDGE PHS 4-	$	2,708.16	$	2,708.16	7%
66	C.P160001130.000002.0009	23NICH- REL 4" 6" CS RR XING KY 198	$	3,100.00	$	3,100.00	91%
67	C.P160001130.000002.0018	24NICH-REL 4" BRANNON ROAD	$	3,775.81	$	3,775.81	19%
68	C.P160001107.000003.0023	23BERA-EASEMENT FOR LINC CO CRAB OR	$	4,406.32	$	4,406.32	50%
69	C.P160001107.000003.0026	23BERA-EASEMENT ROCKCASTLE CO MT VE	$	4,667.29	$	4,667.29	50%
70	C.P160001107.000003.0030	23BERA- 8" ST BROADHEAD CITY LIMITS	$	7,510.63	$	7,510.63	50%
71	C.P160001130.000002.0014	23CORB-REL RETAIN WALL CHANGESON FA	$	8,773.73	$	8,773.73	85%
72	C.P160001107.000009.0005	23MIDD- 2" MAIN KPI LINE, MTR-DIST	$	11,228.43	$	11,228.43	98%
73	C.P160001107.000003.0020	23BERA - EXT 8" CRAB ORCHARD CITY L	$	21,806.26	$	21,806.26	9%
74	C.P160001107.000003.0025	23BERA- EASEMENT ROCKCASTLE CO BROA	$	28,205.73	$	28,205.73	50%
75	C.P160001110.000008.0002	23BARB-REPL MAIN IN BARB CITY	$	53,113.56	$	53,113.56	99%
76	C.P160001110.000004.0003	23NICH- REP NV3 IN COUNTY	$	62,035.31	$	62,035.31	94%
77	C.P160001107.000003.0031	23BERA- 8" STL MT VERNON CITY-R	$	67,467.40	$	67,467.40	50%

78	C.P160001107.000003.0029	23BERA- 8" STEEL MAIN ROCKCASTLE CO	$	69,433.77		$	69,433.77	95%
79	C.P160001107.000004.0023	23NICH- EASEMENT ACQ-2 PIPE NICH/WI	$	71,456.08		$	71,456.08	87%
80	C.P160001110.000005.0007	REP PL VARIOUS LOC PRP	$	71,584.05		$	71,584.05	9%
81	C.P160001107.000004.0022	23NICH- EASEMENT ACQ- 2ND PIPE NICH	$	276,430.41		$	276,430.41	42%
82	C.P160001110.000004.0002	22NICH-REP MULTIPLE ST IN NV3 SYSTE	$	1,452,768.47		$	1,452,768.47	63%
83	C.P160001110.000010.0001	REP BROWN & CHURCH STREET	$	1,833,450.63		$	1,833,450.63	74%
84	C.P160001215.000001.05	22REG STATION FOR WATER TREAT PLANT	$	65.75		$	65.75	1%
85	C.P160001215.000001.10	23CORB- 1" REG STATN CHANEY LUMBER	$	2,865.20		$	2,865.20	20%
86	C.P160001215.000001.09	23CORB-1" REG STATN LWD#2 US25-R	$	3,086.65		$	3,086.65	20%
87	C.P160001215.000001.06	22REG STATION MCORD LAND FOR KYTC P	$	4,344.54		$	4,344.54	100%
88	C.P160001215.000001.08	23LOND- 1" REG STATN 4100 BARB RD-R	$	4,400.56		$	4,400.56	100%
89	C.P160001215.000001.13	23CORB- 2"REG STATN SISIN LILY SYST	$	5,337.23		$	5,337.23	23%
90	C.P160001215.000001.11	23CORB- 2" REG STATN 2WY FARISTON R	$	6,299.30		$	6,299.30	10%
91	C.P160001215.000001.12	23CORB- 2" REG STN AISIN TUNNEL-R	$	6,604.03		$	6,604.03	15%
92	10110365	22OWNG-REP-SVC-124 BRIERLY RIDGE-CA	$	(3,375.38)		$	(3,375.38)	95%
93	10118298	23OWNG-REP-SVC-699 OLD HWY 60-CANCE	$	(1,687.68)		$	(1,687.68)	95%
94	10122274	23STAT SVC 92 MEADOW BROOKE	$	(1,048.86)		$	(1,048.86)	95%
95	10098670	21BERA-SVC-304 SADDLE WOOD CT-CANCE	$	(921.95)		$	(921.95)	95%
96	10109737	22BARB-EXT-262 EVERGREEN ROAD- CANC	$	(185.35)		$	(185.35)	95%
97	10105708	22STAT REPSVC 3761CAMARGO HEIGHTS	$	(137.94)		$	(137.94)	95%
98	10123064	23-nich-sl-repl-201 rebel rd-cancel	$	275.59		$	275.59	24%
99	10122835	23-nich-sl-repl-952 south main-CANC	$	1,321.02		$	1,321.02	95%
100	10130563	24 BERA LVM 1601 FARRISTOWN IND. RD	$	2,834.69		$	2,834.69	35%
101	10125114	23MIDD-INS. RECONNECT KPI OLD STA.	$	3,684.19		$	3,684.19	72%
102	C.P160001720.000002.0018	NICHOLASVILLE SEAL, STRIPE BLACKTOP	$	4,800.00		$	4,800.00	100%
103	C.P160001705.000001.02	23OWNG- REPLACE FENCE FARMERS PURCH	$	6,426.00		$	6,426.00	100%
104	1600217539	2024 CHEVROLET SILVERADO 1500	$	46,415.10		$	46,415.10	100%
105	1600217540	2024 CHEVROLET SILVERADO 1500	$	46,680.10		$	46,680.10	100%
106	1600217534	2024 CHEVROLET SILVERADO 1500	$	57,698.72		$	57,698.72	100%
107	1600217535	2024 CHEVROLET SILVERADO 1500	$	57,698.72		$	57,698.72	100%
108	1600217536	2024 CHEVROLET SILVERADO 1500	$	57,698.72		$	57,698.72	100%
109	1600217537	2024 CHEVROLET SILVERADO 1500	$	57,698.72		$	57,698.72	100%
110	1600217533	2024 CHEVY SILVERADO 1500	$	58,374.92		$	58,374.92	100%
111	C.P160001901.000001.03	G1 Industrial SCBA -Corbin Office	$	3,700.13		$	3,700.13	100%
112	C.P160001898.000005.02	HIGH VOLTAGE HOLIDAY DETECTOR	$	4,487.70		$	4,487.70	36%
113	C.P160001898.000005.01	6" BALON BALL VALVE	$	9,641.71		$	9,641.71	100%
114	2302640	TURFMAKER STRAW BLOWER CORBIN WH	$	14,469.00		$	14,469.00	100%
115	C.P160001510.000004.0001	23BERA- REPL CONTROLLER ON ODORIZER	$	21,716.97		$	21,716.97	100%
116	10104647	22OWNG-REP-SVC-787 SARDIS RD	$	(3,284.96)		$	(3,284.96)	90%
117	2300165	D9525.MISCMTRMAT-DELTA MISC METER M	$	47.88		$	47.88	10%
118	2300382	DELTAOH.CONS - CONSTRUCTION OVERHEA	$	759,517.14		$	759,517.14	
Total			$	11,229,301.06	$ -	$	11,229,301.06	

Schedule G

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Projects
As of June 30, 2025

Line No. (A)	Project No. (B)	Description of Project (C)	Accumulated Costs				Estimated Physical Percent Complete
			Construction Amount (D)	AFUDC Capitalized (E)	Indirect Costs Other (F)*	Total Cost (G = D + E + F)	
1	10100886	REP PL MAIN OWINGSVILLE CITY	$ 593,199.64			$ 593,199.64	
2	10100887	21OWNG-REP PL OUTSIDE OWNGSVILLE CI	$ 861,303.25			$ 861,303.25	
3	10105469	22NICH-REP MULTIPLE ST IN NV3 SYSTE	$ 485,937.52			$ 485,937.52	
4	10100687	REP PIPE LAUREL COUNTY CORB	$ 100,157.20			$ 100,157.20	
5	10100688	REP 8" CS ELLISON STREET	$ 35,300.16			$ 35,300.16	
6	2300382	DELTAOH.CONS - CONSTRUCTION OVERHEA	$ 500,000.00			$ 500,000.00	N/A
7	N/A	Computer Software	$ 430,060.00			$ 430,060.00	40%
Total			$ 3,005,957.77	$ -	$ -	$ 3,005,957.77	

Company: Delta Natural Gas Company, Inc.

Witness: Morphew, Jonathan W **Title:** Operations Director

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

26. For gas operations, provide, in the format provided in Schedule H, an analysis of Delta's Construction Work in Progress (CWIP) as defined in the Uniform System of Accounts for each project identified in Schedule G.

Response:

See attached. Delta does not budget at the individual project level and thus cannot provide the budget estimates by project. Delta also does not estimate project completion dates in a manner that allows Delta to compile historical estimated project completion dates. For the 12 months preceding the base period, Delta is unable to provide the historical estimated project completion dates.

Schedule H

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Work in Progress - Percent Complete*
as of February 28, 2023

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
1	201300052	Jan-22	Dec-24	39%	N/A	N/A	$ 666.17	N/A
2	201300055	Jan-22	Dec-23	59%	N/A	N/A	$ 2,479.02	N/A
3	201300056	Jan-22	Dec-22	100%	N/A	N/A	$ 81.11	N/A
4	201300060	Jan-22	Dec-22	100%	N/A	N/A	$ 692.99	N/A
5	201300062	Jan-22	Dec-22	100%	N/A	N/A	$ 1,087.24	N/A
6	201300063	Jan-22	Dec-22	100%	N/A	N/A	$ 657.07	N/A
7	201300064	Jan-22	Dec-23	59%	N/A	N/A	$ 5,408.26	N/A
8	201300067	Jan-22	Dec-22	100%	N/A	N/A	$ 512.75	N/A
9	201300068	Jan-22	May-23	87%	N/A	N/A	$ 11,157.28	N/A
10	201300069	Jan-22	Dec-22	100%	N/A	N/A	$ 3,957.71	N/A
11	201300070	Jan-22	Dec-22	100%	N/A	N/A	$ 4,671.72	N/A
12	201300073	Jan-22	Dec-22	100%	N/A	N/A	$ 1,756.36	N/A
13	201300074	Jan-22	Dec-22	100%	N/A	N/A	$ 15.21	N/A
14	201300075	Jan-22	Jan-24	57%	N/A	N/A	$ 18,650.32	N/A
15	201300076	Jan-22	Dec-22	100%	N/A	N/A	$ 199.28	N/A
16	201300083	Mar-22	Dec-22	100%	N/A	N/A	$ 21.03	N/A
17	201300089	May-22	Dec-23	51%	N/A	N/A	$ 4,831.58	N/A
18	201300091	Sep-22	Dec-23	37%	N/A	N/A	$ 1.52	N/A
19	201600005	Oct-22	Dec-23	32%	N/A	N/A	$ 2,189.69	N/A
20	201600007	Apr-22	May-24	42%	N/A	N/A	$ 12,850.72	N/A
21	201600008	Mar-22	Dec-23	55%	N/A	N/A	$ 45,871.59	N/A
22	201600011	Aug-22	Dec-23	41%	N/A	N/A	$ 1,616.80	N/A
23	201600016	Aug-22	Dec-24	23%	N/A	N/A	$ 9,503.28	N/A
24	201600018	Mar-22	Dec-24	34%	N/A	N/A	$ 1,190.43	N/A
25	201600021	Mar-22	Dec-24	34%	N/A	N/A	$ 12,654.59	N/A
26	201600022	Mar-22	Dec-23	55%	N/A	N/A	$ 3,024.33	N/A
27	201600023	May-22	Dec-22	100%	N/A	N/A	$ 3.81	N/A
28	201600024	Mar-22	Dec-22	100%	N/A	N/A	$ 3,356.01	N/A
29	201600026	Mar-22	Dec-23	55%	N/A	N/A	$ 1,069.21	N/A
30	201600028	Mar-22	Dec-22	100%	N/A	N/A	$ 5,917.60	N/A
31	201600030	Mar-22	Dec-22	100%	N/A	N/A	$ 50.64	N/A
32	201600034	Aug-22	Dec-23	41%	N/A	N/A	$ 1,547.71	N/A
33	201600035	Apr-22	Dec-23	53%	N/A	N/A	$ 486.77	N/A
34	201600038	Apr-22	Dec-22	100%	N/A	N/A	$ 174.73	N/A
35	201600039	Apr-22	Dec-22	100%	N/A	N/A	$ 1,645.62	N/A
36	201600040	Jul-22	Dec-24	25%	N/A	N/A	$ 7,585.74	N/A
37	201600041	Oct-22	Dec-22	100%	N/A	N/A	$ 4,013.39	N/A
38	201600042	Apr-22	Dec-23	53%	N/A	N/A	$ 169.08	N/A
39	201600043	Mar-22	Dec-22	100%	N/A	N/A	$ 1,911.05	N/A
40	201600045	Jul-22	Dec-24	25%	N/A	N/A	$ 1,934.03	N/A
41	201600046	Sep-22	Dec-23	37%	N/A	N/A	$ 292.78	N/A
42	201600051	Jan-22	Dec-24	37%	N/A	N/A	$ 8,239.78	N/A
43	201600052	Jan-22	Dec-24	37%	N/A	N/A	$ 7,989.02	N/A
44	201600055	Jan-22	Dec-23	59%	N/A	N/A	$ 29,597.46	N/A
45	201600056	Jan-22	Dec-22	100%	N/A	N/A	$ 964.80	N/A
46	201600067	Jan-22	Dec-22	100%	N/A	N/A	$ 5,976.78	N/A
47	201600068	Jan-22	Dec-23	59%	N/A	N/A	$ 133,652.59	N/A
48	201600069	Jan-22	Dec-22	100%	N/A	N/A	$ 47,252.20	N/A
49	201600070	Jan-22	Dec-23	59%	N/A	N/A	$ 55,297.20	N/A
50	201600071	Jan-22	Dec-22	100%	N/A	N/A	$ 79,397.22	N/A
51	201600073	Jan-22	Dec-22	100%	N/A	N/A	$ 20,756.21	N/A
52	201600074	Jan-22	Dec-24	37%	N/A	N/A	$ 180.59	N/A
53	201600076	Jan-22	Dec-22	100%	N/A	N/A	$ 2,373.12	N/A
54	201600078	Mar-22	Dec-22	100%	N/A	N/A	$ 327.85	N/A
55	201600080	Jun-22	Dec-23	50%	N/A	N/A	$ 2,198.25	N/A
56	201600083	Mar-22	Dec-22	100%	N/A	N/A	$ 252.46	N/A
57	201600090	May-22	Dec-24	31%	N/A	N/A	$ 8,800.62	N/A
58	201600091	Sep-22	Dec-24	21%	N/A	N/A	$ 20.16	N/A
59	201690006	Jul-22	Dec-22	100%	N/A	N/A	$ 379.50	N/A
60	201690007	May-22	Dec-23	52%	N/A	N/A	$ 39,601.44	N/A
61	201690012	Mar-22	Dec-23	57%	N/A	N/A	$ 4,703.26	N/A
62	201690013	Feb-22	Dec-23	59%	N/A	N/A	$ 292,720.51	N/A
63	201690016	Apr-22	Dec-22	100%	N/A	N/A	$ 54,962.04	N/A
64	201690021	Jan-22	Dec-23	59%	N/A	N/A	$ 311,708.21	N/A
65	201690023	Jan-22	Dec-22	100%	N/A	N/A	$ 86,934.46	N/A

Schedule H

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Work in Progress - Percent Complete*
as of February 28, 2023

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
66	10090990	May-22	Dec-22	100%	N/A	N/A	$ 103,454.44	N/A
67	10090995	May-22	Dec-22	100%	N/A	N/A	$ 78,717.48	N/A
68	2300162	Jan-22	Dec-22	100%	N/A	N/A	$ 7,867.40	N/A
69	10100697	Jan-22	Dec-22	100%	N/A	N/A	$ 10,276.10	N/A
70	10102050	Apr-22	Dec-24	33%	N/A	N/A	$ 42,986.66	N/A
71	10102051	Sep-22	Dec-23	39%	N/A	N/A	$ 25,266.08	N/A
72	10100691	Jan-22	Dec-24	37%	N/A	N/A	$ 2,092,060.09	N/A
73	10098705	Jan-23	Dec-24	8%	N/A	N/A	$ 41,353.98	N/A
74	10100874	Jan-22	Dec-24	37%	N/A	N/A	$ 146,494.25	N/A
75	10101130	Jan-22	Dec-22	100%	N/A	N/A	$ 5,277.08	N/A
76	2300115	Jan-22	Dec-22	100%	N/A	N/A	$ 8,710.96	N/A
77	2300160	Jan-22	Dec-22	100%	N/A	N/A	$ 5,777.08	N/A
78	2300112	Jan-22	Dec-22	100%	N/A	N/A	$ 2,021.50	N/A
79	2300103	Jan-22	Dec-22	100%	N/A	N/A	$ 8,329.65	N/A
80	2300341	Jan-22	Dec-22	100%	N/A	N/A	$ 2,556.00	N/A
81	10067751	Jul-19	Dec-22	100%	N/A	N/A	$ 1,446.50	N/A
82	10075258	Jan-22	Dec-22	100%	N/A	N/A	$ 125.85	N/A
83	2300166	Jan-22	Dec-22	100%	N/A	N/A	$ 18,347.31	N/A
84	10098594	Dec-21	Dec-22	100%	N/A	N/A	$ 143,714.60	N/A
85	2300104	Jan-22	Dec-23	59%	N/A	N/A	$ 789.90	N/A
86	10100888	Jan-22	Dec-22	100%	N/A	N/A	$ 10,199.97	N/A
87	2300296	Jan-22	Dec-22	100%	N/A	N/A	$ 244.06	N/A
88	10098670	Dec-21	Dec-22	100%	N/A	N/A	$ 27.19	N/A
89	10105358	Jun-22	Dec-23	50%	N/A	N/A	$ 3,397.13	N/A
90	2300108	Jan-22	Dec-22	100%	N/A	N/A	$ 3,281.44	N/A
91	2300297	Jan-22	Dec-22	100%	N/A	N/A	$ 4,738.73	N/A
92	2300116	Jan-22	Dec-22	100%	N/A	N/A	$ 5,348.73	N/A
93	C.P160001514.000002.0009	Oct-22	Dec-22	100%	N/A	N/A	$ 8,844.25	N/A
94	C.P160001524.000002.0006	Jul-22	Dec-24	26%	N/A	N/A	$ 25,729.42	N/A
95	C.P160001514.000002.0010	Aug-22	Dec-22	100%	N/A	N/A	$ 11,180.43	N/A
96	10100696	Jan-22	Dec-22	100%	N/A	N/A	$ 11,238.99	N/A
97	10102046	Apr-22	Dec-24	33%	N/A	N/A	$ 31,784.80	N/A
98	10102052	Apr-22	Dec-23	55%	N/A	N/A	$ 8,104.31	N/A
99	2300117	Jan-22	Dec-22	100%	N/A	N/A	$ 12,249.25	N/A
100	2300118	Jan-22	Dec-22	100%	N/A	N/A	$ 18,249.44	N/A
101	2300119	Jan-22	Dec-22	100%	N/A	N/A	$ 10,433.38	N/A
102	2300161	Jan-22	Dec-22	100%	N/A	N/A	$ 45,896.96	N/A
103	10100946	Jan-22	Dec-22	100%	N/A	N/A	$ 19,302.04	N/A
104	C.P160001514.000002.0006	Jun-22	Dec-22	100%	N/A	N/A	$ 13,407.12	N/A
105	2300109	Jan-22	Dec-22	100%	N/A	N/A	$ 1,223.26	N/A
106	2300110	Jan-22	Dec-22	100%	N/A	N/A	$ 121.33	N/A
107	2300114	Jan-22	Dec-22	100%	N/A	N/A	$ 8,894.97	N/A
108	10100036	Jan-22	Dec-23	59%	N/A	N/A	$ 1,833,639.54	N/A
109	C.P160001102.000002.0001	Oct-22	Dec-23	35%	N/A	N/A	$ 23,940.77	N/A
110	C.P160001102.000002.0003	Jun-22	Dec-24	29%	N/A	N/A	$ 299,353.01	N/A
111	C.P160001102.000002.0005	Jan-23	Dec-24	8%	N/A	N/A	$ (342,000.00)	N/A
112	C.P160001102.000002.0007	Jan-23	Dec-24	8%	N/A	N/A	$ 9,482.70	N/A
113	10101124	Jan-22	Dec-22	100%	N/A	N/A	$ 32,331.47	N/A
114	C.P160001524.000002.0007	Sep-22	Dec-23	39%	N/A	N/A	$ 37,294.77	N/A
115	C.P160001514.000002.0012	Jan-23	Dec-23	17%	N/A	N/A	$ 15,355.20	N/A
116	C.P160001524.000002.0003	Jun-22	Dec-22	100%	N/A	N/A	$ 8,946.00	N/A
117	C.P160001524.000002.0004	Nov-22	Dec-22	100%	N/A	N/A	$ 51,235.95	N/A
118	C.P160001524.000002.0005	Sep-22	Dec-22	100%	N/A	N/A	$ 91,435.97	N/A
119	C.P160001524.000002.0008	Jan-23	Dec-23	17%	N/A	N/A	$ 3,021.64	N/A
120	C.P160001524.000002.0009	Feb-23	Dec-23	9%	N/A	N/A	$ 3,751.21	N/A
121	2300105	Jan-22	Dec-22	100%	N/A	N/A	$ 1,958.32	N/A
122	2300106	Jan-22	Dec-22	100%	N/A	N/A	$ 900.81	N/A
123	2300311	Jan-22	Dec-22	100%	N/A	N/A	$ 55.44	N/A
124	10067752	Aug-19	Dec-22	100%	N/A	N/A	$ 183,721.87	N/A
125	10100161	Dec-21	Dec-22	100%	N/A	N/A	$ 10,179.38	N/A
126	10101129	Jan-22	Dec-22	100%	N/A	N/A	$ 394,982.86	N/A
127	C.P160001109.000008.0005	Jan-23	Dec-23	17%	N/A	N/A	$ 66,616.59	N/A
128	C.P160001107.000003.0017	Feb-23	Dec-23	9%	N/A	N/A	$ 12,464.69	N/A
129	C.P160001107.000010.0003	Apr-22	Dec-22	100%	N/A	N/A	$ 63.00	N/A
130	C.P160001109.000003.0013	Jan-23	Dec-23	17%	N/A	N/A	$ 4,837.25	N/A

Schedule H

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Work in Progress - Percent Complete*
as of February 28, 2023

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
131	C.P160001110.000002.0002	Jan-22	Dec-24	37%	N/A	N/A	$ 67,044.22	N/A
132	C.P160001110.000002.0003	Jan-22	Dec-24	37%	N/A	N/A	$ 50,778.14	N/A
133	C.P160001110.000002.0008	Jan-22	Dec-25	28%	N/A	N/A	$ 56,436.56	N/A
134	C.P160001110.000002.0009	Jan-22	Dec-25	28%	N/A	N/A	$ 44,982.64	N/A
135	C.P160001110.000004.0002	Apr-22	Dec-25	24%	N/A	N/A	$ 134,815.44	N/A
136	C.P160001110.000005.0007	Dec-21	Dec-24	40%	N/A	N/A	$ 70,749.86	N/A
137	C.P160001110.000005.0008	Dec-21	Dec-24	40%	N/A	N/A	$ 40,783.55	N/A
138	C.P160001110.000006.0001	Dec-21	Dec-24	40%	N/A	N/A	$ 9,547.43	N/A
139	C.P160001110.000010.0001	Dec-21	Dec-24	40%	N/A	N/A	$ 269,620.19	N/A
140	C.P160001110.000010.0002	Jan-22	Dec-25	100%	N/A	N/A	$ 189.44	N/A
141	C.P160001110.000010.0003	Jan-22	Dec-25	100%	N/A	N/A	$ 189.44	N/A
142	C.P160001110.000011.0001	Jan-22	Dec-24	37%	N/A	N/A	$ 988,381.89	N/A
143	C.P160001130.000002.0001	Apr-22	Dec-22	100%	N/A	N/A	$ (534,361.85)	N/A
144	C.P160001130.000002.0002	Jan-23	Dec-23	17%	N/A	N/A	$ 8,775.70	N/A
145	2300111	Jan-22	Dec-22	100%	N/A	N/A	$ 9,232.44	N/A
146	C.P160001215.000001.03	Jan-23	Dec-23	17%	N/A	N/A	$ 4,474.32	N/A
147	C.P160001524.000002.0001	May-22	Dec-22	100%	N/A	N/A	$ 7,128.75	N/A
148	C.P160001524.000002.0002	Mar-22	Dec-22	100%	N/A	N/A	$ 3,445.90	N/A
149	10104325	Aug-22	Dec-23	43%	N/A	N/A	$ 135.40	N/A
150	10105708	Jul-22	Dec-23	47%	N/A	N/A	$ (177.98)	N/A
151	10093590	Feb-22	Dec-22	100%	N/A	N/A	$ 146.51	N/A
152	10093591	Feb-22	Dec-22	100%	N/A	N/A	$ 376.49	N/A
153	10099644	Dec-21	Dec-22	100%	N/A	N/A	$ 285.95	N/A
154	10099914	Jan-22	Dec-22	100%	N/A	N/A	$ 68.14	N/A
155	10100057	Jan-22	Dec-22	100%	N/A	N/A	$ 194.15	N/A
156	10100073	Feb-22	Dec-22	100%	N/A	N/A	$ 17.38	N/A
157	10100075	Feb-22	Dec-22	100%	N/A	N/A	$ 26.06	N/A
158	10100097	Feb-22	Dec-22	100%	N/A	N/A	$ 155.76	N/A
159	10100147	Mar-22	Dec-22	100%	N/A	N/A	$ 221.00	N/A
160	10100153	Mar-22	Dec-22	100%	N/A	N/A	$ 178.86	N/A
161	10100156	Mar-22	Dec-22	100%	N/A	N/A	$ 176.80	N/A
162	10101555	Feb-22	Dec-22	100%	N/A	N/A	$ 35.88	N/A
163	10101556	Feb-22	Dec-22	100%	N/A	N/A	$ 35.88	N/A
164	10101679	Jan-22	Dec-22	100%	N/A	N/A	$ 66.59	N/A
165	10101735	Feb-22	Dec-22	100%	N/A	N/A	$ 211.54	N/A
166	10101762	Mar-22	Dec-22	100%	N/A	N/A	$ 96.41	N/A
167	10101935	Feb-22	Dec-22	100%	N/A	N/A	$ 8.68	N/A
168	10102070	Feb-22	Dec-22	100%	N/A	N/A	$ 28.95	N/A
169	10102145	Feb-22	Dec-22	100%	N/A	N/A	$ 158.66	N/A
170	10102385	Feb-22	Dec-22	100%	N/A	N/A	$ 17.10	N/A
171	10102629	Feb-22	Dec-22	100%	N/A	N/A	$ 211.54	N/A
172	10102865	Feb-22	Dec-22	100%	N/A	N/A	$ 8.68	N/A
173	10102885	Feb-22	Dec-22	100%	N/A	N/A	$ 393.20	N/A
174	2300107	Jan-22	Dec-22	100%	N/A	N/A	$ 3,473.53	N/A
175	C.P160001720.000002.0001	May-22	Dec-22	100%	N/A	N/A	$ 835,052.67	N/A
176	C.P160001720.000002.0002	Jul-22	Dec-22	100%	N/A	N/A	$ 23,900.00	N/A
177	C.P160001720.000002.0003	Oct-22	Dec-23	35%	N/A	N/A	$ 4,985.00	N/A
178	C.P160001720.000002.0004	Oct-22	Dec-22	100%	N/A	N/A	$ 3,871.00	N/A
179	C.P160001720.000002.0005	Aug-22	Dec-22	100%	N/A	N/A	$ 4,820.00	N/A
180	C.P160001720.000002.0006	Aug-22	Dec-22	100%	N/A	N/A	$ 6,375.00	N/A
181	C.P160001720.000002.0008	Sep-22	Dec-22	100%	N/A	N/A	$ 2,305.00	N/A
182	C.P160001720.000002.0009	Oct-22	Dec-24	18%	N/A	N/A	$ 3,613.00	N/A
183	C.P160001720.000002.0010	Sep-22	Dec-23	39%	N/A	N/A	$ 10,184.72	N/A
184	C.P160001720.000002.0011	Oct-22	Dec-22	100%	N/A	N/A	$ 34,100.00	N/A
185	C.P160001720.000002.0012	Oct-22	Dec-22	100%	N/A	N/A	$ 7,598.80	N/A
186	C.P160001720.000002.0013	Jan-23	Dec-23	17%	N/A	N/A	$ 23,715.00	N/A
187	2300163	Jan-22	Dec-22	100%	N/A	N/A	$ 390,047.95	N/A
188	2300168	Jan-22	Dec-24	37%	N/A	N/A	$ 709,682.96	N/A
189	2300900	Jun-22	Dec-22	100%	N/A	N/A	$ 11,977.42	N/A
190	201300051	Jan-22	Dec-23	59%	N/A	N/A	$ 686.99	N/A
191	201300090	May-22	Dec-23	52%	N/A	N/A	$ 768.55	N/A
192	201600089	May-22	Dec-23	52%	N/A	N/A	$ 64,062.74	N/A
193	201690019	Jan-22	Dec-22	100%	N/A	N/A	$ 4,065,706.29	N/A
194	201690020	Jan-22	Dec-22	100%	N/A	N/A	$ 204,991.27	N/A
195	2300167	Jan-22	Dec-22	100%	N/A	N/A	$ 104,197.77	N/A

Schedule H

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Work in Progress - Percent Complete*
as of February 28, 2023

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
196	2301563	Oct-22	Dec-22	100%	N/A	N/A	$ 326,480.00	N/A
197	1300216924	Oct-22	Dec-22	100%	N/A	N/A	$ 49,616.20	N/A
198	1300216935	Oct-22	Dec-22	100%	N/A	N/A	$ 49,616.20	N/A
199	1300216936	Oct-22	Dec-23	35%	N/A	N/A	$ 49,616.20	N/A
200	1600216957	Oct-22	Dec-22	100%	N/A	N/A	$ 60,380.65	N/A
201	2300060	Feb-22	Dec-22	100%	N/A	N/A	$ 6,863.19	N/A
202	2300061	Feb-22	Dec-22	100%	N/A	N/A	$ 6,863.21	N/A
203	2300121	Jan-23	Dec-23	17%	N/A	N/A	$ 9,632.70	N/A
204	2300382	N/A	N/A	N/A	N/A	N/A	$ 561,152.94	N/A
205	C.P160001898.000001.02	Jan-23	Dec-23	17%	N/A	N/A	$ 4,840.00	N/A
206	C.P160001899.000001.02	Feb-23	Dec-23	9%	N/A	N/A	$ 4,840.00	N/A
207	2300165	N/A	N/A	N/A	N/A	N/A	$ 161,029.28	N/A
208	161100DG02	N/A	N/A	N/A	N/A	N/A	$ 549.96	N/A
209	161100DG03	N/A	N/A	N/A	N/A	N/A	$ 162.33	N/A
210	161100DG04	N/A	N/A	N/A	N/A	N/A	$ 111.56	N/A
211	161100DG05	N/A	N/A	N/A	N/A	N/A	$ 3,426.62	N/A
212	161100DG06	N/A	N/A	N/A	N/A	N/A	$ 699.55	N/A
213	161100DG07	N/A	N/A	N/A	N/A	N/A	$ 4,847.04	N/A
214	161100DG08	N/A	N/A	N/A	N/A	N/A	$ 251.51	N/A
215	161100DG09	N/A	N/A	N/A	N/A	N/A	$ 116.06	N/A
216	161100DG11	N/A	N/A	N/A	N/A	N/A	$ 2,645.07	N/A
217	161100DG12	N/A	N/A	N/A	N/A	N/A	$ 626.29	N/A
218	161100DG13	N/A	N/A	N/A	N/A	N/A	$ 174.29	N/A
219	161100DG14	N/A	N/A	N/A	N/A	N/A	$ 669.90	N/A
220	161100DG16	N/A	N/A	N/A	N/A	N/A	$ 660.57	N/A
221	161100DG17	N/A	N/A	N/A	N/A	N/A	$ 3,802.88	N/A
222	161100DG19	N/A	N/A	N/A	N/A	N/A	$ 698.43	N/A
223	161100DG20	N/A	N/A	N/A	N/A	N/A	$ 5,496.44	N/A
224	161100DG21	N/A	N/A	N/A	N/A	N/A	$ 1,467.13	N/A
225	161100DG22	N/A	N/A	N/A	N/A	N/A	$ 388.67	N/A
226	161100DG23	N/A	N/A	N/A	N/A	N/A	$ 220.56	N/A
227	161100DG24	N/A	N/A	N/A	N/A	N/A	$ 1,498.92	N/A
228	161100DG25	N/A	N/A	N/A	N/A	N/A	$ 555.47	N/A
229	161100DG26	N/A	N/A	N/A	N/A	N/A	$ 2,395.85	N/A
230	161100DG27	N/A	N/A	N/A	N/A	N/A	$ 196.04	N/A
231	161100DG28	N/A	N/A	N/A	N/A	N/A	$ 681.91	N/A
232	161100DG29	N/A	N/A	N/A	N/A	N/A	$ 685.77	N/A
233	161100DG30	N/A	N/A	N/A	N/A	N/A	$ 151.15	N/A
234	161100DG31	N/A	N/A	N/A	N/A	N/A	$ 139.45	N/A
235	161100DG32	N/A	N/A	N/A	N/A	N/A	$ 46.30	N/A
236	161100DG33	N/A	N/A	N/A	N/A	N/A	$ 348.56	N/A
237	161100DG34	N/A	N/A	N/A	N/A	N/A	$ 174.17	N/A
238	161100DG36	N/A	N/A	N/A	N/A	N/A	$ 89.22	N/A
239	161100DG38	N/A	N/A	N/A	N/A	N/A	$ 209.16	N/A
240	161100DG41	N/A	N/A	N/A	N/A	N/A	$ 116.19	N/A
241	161100DG42	N/A	N/A	N/A	N/A	N/A	$ 2,034.80	N/A
242	161100DG43	N/A	N/A	N/A	N/A	N/A	$ 57.93	N/A
243	161100DG44	N/A	N/A	N/A	N/A	N/A	$ 844.59	N/A
244	161100DG45	N/A	N/A	N/A	N/A	N/A	$ 281.77	N/A

Schedule H

Delta Natural Gas Company, Inc
Case No. 2024-00346
Construction Work in Progress - Percent Complete*
as of February 29, 2024

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
1	201300055	Jan-22	Dec-23	100%	N/A	N/A	$ 2,962.20	N/A
2	201300062	Jan-22	Dec-22	100%	N/A	N/A	$ 1,087.24	N/A
3	201300091	Sep-22	Dec-23	100%	N/A	N/A	$ 122.62	N/A
4	201600005	Oct-22	Dec-23	100%	N/A	N/A	$ 3,724.09	N/A
5	201600018	Mar-22	Dec-24	73%	N/A	N/A	$ 18,978.49	N/A
6	201600055	Jan-22	Dec-23	100%	N/A	N/A	$ 34,926.30	N/A
7	201600078	Mar-22	Dec-22	100%	N/A	N/A	$ 327.85	N/A
8	201600091	Sep-22	Dec-24	66%	N/A	N/A	$ 2,103.86	N/A
9	201600093	Jan-24	Dec-24	18%	N/A	N/A	$ 1,231.25	N/A
10	201600101	Sep-23	Dec-24	40%	N/A	N/A	$ 27.43	N/A
11	201600102	Jul-23	Dec-24	47%	N/A	N/A	$ 6,848.26	N/A
12	201600103	May-23	Dec-24	52%	N/A	N/A	$ 4,736.32	N/A
13	201600104	Dec-23	Dec-24	25%	N/A	N/A	$ 33.71	N/A
14	201600105	Jul-23	Dec-24	47%	N/A	N/A	$ 4,736.05	N/A
15	201600107	May-23	Dec-24	52%	N/A	N/A	$ 1,435.07	N/A
16	201600109	Aug-23	Dec-24	43%	N/A	N/A	$ 3,251.97	N/A
17	201600112	Aug-23	Dec-24	43%	N/A	N/A	$ 40,353.97	N/A
18	201600115	Apr-23	Dec-24	55%	N/A	N/A	$ 233,719.27	N/A
19	201600120	Feb-24	Dec-24	9%	N/A	N/A	$ 33.55	N/A
20	201600122	Dec-23	Dec-24	25%	N/A	N/A	$ 656.23	N/A
21	201600123	Feb-24	Dec-24	9%	N/A	N/A	$ 19,134.44	N/A
22	201600126	Feb-24	Dec-24	9%	N/A	N/A	$ 412.87	N/A
23	201600127	Mar-24	Dec-24	0%	N/A	N/A	$ 713.09	N/A
24	201600130	Mar-24	Dec-24	0%	N/A	N/A	$ 3,486.19	N/A
25	201600131	Feb-24	Dec-24	9%	N/A	N/A	$ 4,852.50	N/A
26	201600132	Mar-24	Dec-24	0%	N/A	N/A	$ 10,736.42	N/A
27	201690007	May-22	Dec-23	100%	N/A	N/A	$ 142,692.97	N/A
28	C.P160001900.090007.02	Mar-23	Dec-24	57%	N/A	N/A	$ 392,618.55	N/A
29	10122433	Nov-23	Dec-24	30%	N/A	N/A	$ 1,631.18	N/A
30	10118322	Mar-23	Dec-23	100%	N/A	N/A	$ 82,175.04	N/A
31	10123818	Jul-23	Dec-24	47%	N/A	N/A	$ 302,280.88	N/A
32	10122429	Jan-24	Dec-24	18%	N/A	N/A	$ 11,626.24	N/A
33	10122431	Jan-24	Dec-24	18%	N/A	N/A	$ 12,556.24	N/A
34	10102052	Apr-22	Dec-23	100%	N/A	N/A	$ 30,982.63	N/A
35	10102046	Apr-22	Dec-24	72%	N/A	N/A	$ 80,047.42	N/A
36	10102051	Sep-22	Dec-23	100%	N/A	N/A	$ 83,524.25	N/A
37	10102050	Apr-22	Dec-24	72%	N/A	N/A	$ 129,603.58	N/A
38	10118328	Aug-23	Dec-24	43%	N/A	N/A	$ 75,316.70	N/A
39	10100691	Jan-22	Dec-24	74%	N/A	N/A	$ 2,177,486.71	N/A
40	C.P160001514.000002.0014	Oct-23	Dec-23	100%	N/A	N/A	$ 4,052.83	N/A
41	C.P160001514.000002.0015	Oct-23	Dec-24	35%	N/A	N/A	$ 6,507.57	N/A
42	C.P160001514.000002.0013	Sep-23	Dec-23	100%	N/A	N/A	$ 22,855.37	N/A
43	C.P160001514.000002.0016	Sep-23	Dec-23	100%	N/A	N/A	$ 7,446.22	N/A
44	C.P160001102.000002.0001	Oct-22	Dec-23	100%	N/A	N/A	$ (12,729.20)	N/A
45	C.P160001102.000002.0005	Jan-23	Dec-24	61%	N/A	N/A	$ 6,511.01	N/A
46	C.P160001102.000002.0012	Nov-23	Dec-24	30%	N/A	N/A	$ 10,941.83	N/A
47	C.P160001104.000001.03	Jul-23	Dec-23	100%	N/A	N/A	$ 11,662.63	N/A
48	C.P160001102.000002.0013	Nov-23	Dec-24	30%	N/A	N/A	$ 16,074.40	N/A
49	C.P160001104.000001.06	Dec-23	Dec-24	25%	N/A	N/A	$ 49,137.01	N/A
50	10098705	Jan-23	Dec-24	61%	N/A	N/A	$ 164,770.81	N/A
51	10100874	Jan-22	Dec-24	74%	N/A	N/A	$ 541,980.63	N/A
52	C.P160001102.000002.0003	Jun-22	Dec-24	70%	N/A	N/A	$ 836,011.07	N/A
53	C.P160001524.000002.0012	Sep-23	Dec-24	40%	N/A	N/A	$ 487,769.60	N/A
54	C.P160001524.000002.0011	Sep-23	Dec-24	40%	N/A	N/A	$ 6,801.49	N/A
55	C.P160001130.000002.0005	May-23	Dec-23	100%	N/A	N/A	$ (70,657.88)	N/A
56	C.P160001130.000002.0004	May-23	Dec-23	100%	N/A	N/A	$ (42,038.54)	N/A
57	C.P160001107.000003.0022	May-23	Dec-24	52%	N/A	N/A	$ (18,062.18)	N/A
58	C.P160001107.000003.0017	Feb-23	Dec-23	100%	N/A	N/A	$ (14,729.07)	N/A
59	C.P160001107.000003.0024	May-23	Dec-24	52%	N/A	N/A	$ (1,795.06)	N/A
60	C.P160001109.000006.0004	Feb-24	Dec-24	9%	N/A	N/A	$ 61.11	N/A
61	C.P160001130.000002.0017	Jan-24	Dec-24	18%	N/A	N/A	$ 155.96	N/A
62	C.P160001107.000010.0007	Oct-23	Dec-24	35%	N/A	N/A	$ 188.84	N/A
63	C.P160001109.000005.0007	Feb-24	Dec-24	9%	N/A	N/A	$ 870.39	N/A
64	C.P160001109.000005.0008	Feb-24	Dec-24	9%	N/A	N/A	$ 870.39	N/A
65	C.P160001107.000004.0029	Jan-24	Dec-24	18%	N/A	N/A	$ 2,708.16	N/A

Line No. (A)	Project No. (B)	Date Construction Work Began (C)	Estimated Project Completion Date (D)	Percent of Elapsed Time (E)	Original Budget Estimate (F)	Most Recent Budget Estimate (G)	Total Project Expenditures (H)	Percent of Total Expenditures (I) = (G/H)
66	C.P160001130.000002.0009	Feb-24	Dec-24	9%	N/A	N/A	$ 3,100.00	N/A
67	C.P160001130.000002.0018	Feb-24	Dec-24	9%	N/A	N/A	$ 3,775.81	N/A
68	C.P160001107.000003.0023	Apr-23	Dec-24	55%	N/A	N/A	$ 4,406.32	N/A
69	C.P160001107.000003.0026	May-23	Dec-24	52%	N/A	N/A	$ 4,667.29	N/A
70	C.P160001107.000003.0030	Nov-23	Dec-24	30%	N/A	N/A	$ 7,510.63	N/A
71	C.P160001130.000002.0014	Jan-24	Dec-24	18%	N/A	N/A	$ 8,773.73	N/A
72	C.P160001107.000009.0005	Jan-24	Dec-24	18%	N/A	N/A	$ 11,228.43	N/A
73	C.P160001107.000003.0020	Sep-23	Dec-24	40%	N/A	N/A	$ 21,806.26	N/A
74	C.P160001107.000003.0025	May-23	Dec-24	52%	N/A	N/A	$ 28,205.73	N/A
75	C.P160001110.000008.0002	Jun-23	Dec-23	100%	N/A	N/A	$ 53,113.56	N/A
76	C.P160001110.000004.0003	Aug-23	Dec-24	43%	N/A	N/A	$ 62,035.31	N/A
77	C.P160001107.000003.0031	Nov-23	Dec-24	30%	N/A	N/A	$ 67,467.40	N/A
78	C.P160001107.000003.0029	Nov-23	Dec-24	30%	N/A	N/A	$ 69,433.77	N/A
79	C.P160001107.000004.0023	Aug-23	Dec-24	43%	N/A	N/A	$ 71,456.08	N/A
80	C.P160001110.000005.0007	Jan-22	Dec-24	74%	N/A	N/A	$ 71,584.05	N/A
81	C.P160001107.000004.0022	Aug-23	Dec-24	43%	N/A	N/A	$ 276,430.41	N/A
82	C.P160001110.000004.0002	Apr-22	Dec-24	72%	N/A	N/A	$ 1,452,768.47	N/A
83	C.P160001110.000010.0001	Jan-22	Dec-24	74%	N/A	N/A	$ 1,833,450.63	N/A
84	C.P160001215.000001.05	Apr-23	Dec-24	55%	N/A	N/A	$ 65.75	N/A
85	C.P160001215.000001.10	Jan-24	Dec-24	18%	N/A	N/A	$ 2,865.20	N/A
86	C.P160001215.000001.09	Jan-24	Dec-24	18%	N/A	N/A	$ 3,086.65	N/A
87	C.P160001215.000001.06	Mar-23	Dec-23	100%	N/A	N/A	$ 4,344.54	N/A
88	C.P160001215.000001.08	Oct-23	Dec-24	35%	N/A	N/A	$ 4,400.56	N/A
89	C.P160001215.000001.13	Jan-24	Dec-24	18%	N/A	N/A	$ 5,337.23	N/A
90	C.P160001215.000001.11	Feb-24	Dec-24	9%	N/A	N/A	$ 6,299.30	N/A
91	C.P160001215.000001.12	Nov-23	Dec-24	30%	N/A	N/A	$ 6,604.03	N/A
92	10110365	Sep-22	Dec-23	100%	N/A	N/A	$ (3,375.38)	N/A
93	10118298	May-23	Dec-23	100%	N/A	N/A	$ (1,687.68)	N/A
94	10122274	Aug-23	Dec-24	43%	N/A	N/A	$ (1,048.86)	N/A
95	10098670	Dec-21	Dec-23	100%	N/A	N/A	$ (921.95)	N/A
96	10109737	Aug-22	Dec-23	100%	N/A	N/A	$ (185.35)	N/A
97	10105708	Apr-22	Dec-23	100%	N/A	N/A	$ (137.94)	N/A
98	10123064	Nov-23	Dec-24	30%	N/A	N/A	$ 275.59	N/A
99	10122835	Sep-23	Dec-24	40%	N/A	N/A	$ 1,321.02	N/A
100	10130563	Feb-24	Dec-24	9%	N/A	N/A	$ 2,834.69	N/A
101	10125114	Nov-23	Dec-24	30%	N/A	N/A	$ 3,684.19	N/A
102	C.P160001720.000002.0018	Jul-23	Dec-23	100%	N/A	N/A	$ 4,800.00	N/A
103	C.P160001705.000001.02	Oct-23	Dec-23	100%	N/A	N/A	$ 6,426.00	N/A
104	1600217539	Jan-24	Dec-24	18%	N/A	N/A	$ 46,415.10	N/A
105	1600217540	Jan-24	Dec-24	18%	N/A	N/A	$ 46,680.10	N/A
106	1600217534	Dec-23	Dec-24	25%	N/A	N/A	$ 57,698.72	N/A
107	1600217535	Dec-23	Dec-24	25%	N/A	N/A	$ 57,698.72	N/A
108	1600217536	Dec-23	Dec-24	25%	N/A	N/A	$ 57,698.72	N/A
109	1600217537	Dec-23	Dec-24	25%	N/A	N/A	$ 57,698.72	N/A
110	1600217533	Nov-23	Dec-23	100%	N/A	N/A	$ 58,374.92	N/A
111	C.P160001901.000001.03	Jul-23	Dec-23	100%	N/A	N/A	$ 3,700.13	N/A
112	C.P160001898.000005.02	Feb-24	Dec-24	9%	N/A	N/A	$ 4,487.70	N/A
113	C.P160001898.000005.01	Feb-24	Dec-24	9%	N/A	N/A	$ 9,641.71	N/A
114	2302640	Oct-23	Dec-23	100%	N/A	N/A	$ 14,469.00	N/A
115	C.P160001510.000004.0001	Sep-23	Dec-23	100%	N/A	N/A	$ 21,716.97	N/A
116	10104647	Jun-22	Dec-23	100%	N/A	N/A	$ (3,284.96)	N/A

Company: Delta Natural Gas Company, Inc.

Witness: Morphew, Jonathan W **Title:** Operations Director

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

27. Concerning Delta's construction projects:

a. For each project started during the last five calendar years, provide the information requested in the format contained in Schedule I1, separately for electric and gas operations. For each project, include the amount of any cost variance and delay encountered, and explain in detail the reasons for such variances and delays.

b. Using the data included in Schedule I1, calculate the annual "Slippage Factor" associated with those construction projects. The Slippage Factor should be calculated as shown in Schedule I2 separately for electric and gas operations.

c. In determining the capital additions reflected in the base period and forecasted test period, explain whether Delta recognized a Slippage Factor.

Response:

a. See attached. Delta has historically not budgeted at the project level so is instead providing historical budget information at the FERC account level for the last five years. Delta is providing actual spend by both FERC account and project.

b. See attached. Delta calculated the Slippage Factor using all capital shown in Schedule I1.

c. Delta did not recognize a Slippage Factor in either the base period or forecasted test period. The calculation shown in response to part b produces a 5-year average slippage factor of 106.528%. Recognizing a Slippage Factor would have increased Delta's revenue requirement and Delta declined to recognize it to lessen the impact of the rate increase on customers. Delta's calculation of the Slippage Factor demonstrates the reasonableness of Delta's accuracy in projecting capital additions given the years of being both over and under budget.

Schedule I1

Delta Natural Gas Company, Inc.

Construction Projects
For 5 Years ended December 31, 2023

Project No.	Project Title/Description	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Percent of Budget	Total Actual Project Cost	Total Budget Project Cost	Variance in Dollars	Date Original Budget Start	Date Original Budget End	Date Actual Start	Date Actual End as of 12/31/23	
2019														
SW.DELTA.CRB.2	SW.DELTA.CRB.2 IN-HOUSE	$ 1,789,801					$ 4,001,478			Jan-19	Dec-19	Feb-19	Oct-21	
SW.DELTA.DATA.PROTECT.3	SW DELL DATA PROTECTION - PURCHASED	$ 37,468					$ 37,468			Jan-19	Dec-19	Dec-19	Feb-20	
SW.DELTA.DELTA.PWRTAX.2	SW DELTA POWERTAX MIGRATE - IN HOUSE	$ 197,087					$ 224,211			Jan-19	Dec-19	Aug-19	May-20	
SW.DELTA.EE.LICENSE.3	SW ESRI ENTERPRISE LICENSE - PURCHASED	$ 81,672					$ 81,672			Jan-19	Dec-19	Oct-19	Nov-19	
SW.DELTA.GASTAR.ENHAN.2	SW GASTAR ENHANCEMENTS - IN HOUSE	$ 3,360					$ 3,360			Jan-19	Dec-19	Sep-19	May-20	
SW.DELTA.MITEL.MIGRTN.3	SW MITEL PHONE MIGTATION - PURCHASED	$ 2,951					$ 13,437			Jan-19	Dec-19	Dec-19	Oct-20	
SW.DELTA.P6.LICENSE.3	SW PRIMAVERA P6 LICENSE - PURCHASED	$ 1,140					$ 1,140			Jan-19	Dec-19	Dec-19	May-20	
SW.DELTA.PERCEP.UPGRD.2	SW PERCEPTIVE UPGRADE - IN HOUSE	$ 216					$ 2,710			Jan-19	Dec-19	Sep-19	Mar-21	
SW.DELTA.REVUE.3	SW.DELTA.REVUE 2018 eXtreme - PURCHASED	$ 5,714					$ 5,714			Jan-19	Dec-19	Feb-19	Apr-19	
SW.DELTA.SAP.1	SAP.PH1	$ 128,220					$ 128,220			Jan-19	Dec-19	Jan-19	Jan-19	
SW.DELTA.SAP.S4.HANA.2	SW SAP S4 HANA - IN HOUSE	$ 307,810					$ 319,555			Jan-19	Dec-19	Nov-19	Nov-19	
SW.DELTA.SAP.S4.HANA.3	SW SAP S4 HANA - PURCHASED	$ 151,265					$ 151,265			Jan-19	Dec-19	Nov-19	Nov-19	
3030		$ 2,706,704	1,614,900	(1,091,804)	-67.61%	20%	$ 4,970,230							Software upgrades exceeded budget
526-179	REPLACE CORN CREEK LINE ON HWY 27	$ 81,927					$ 232,340			Jan-19	Dec-19	Dec-19	Sep-19	
3320		$ 81,927	56,600	(25,327)	-44.75%	1%	$ 232,340							
511.19.010.1	REBUILD WOODBINE COMPRESSOR	$ 7,355					$ 7,355			Jan-19	Dec-19	Jun-19	Jul-19	
526-194	INSTALL COMPRESSOR AT EAST/WEST STA	$ 35,199					$ 109,264			Jan-19	Dec-19	Dec-18	May-19	
3330		$ 42,554	35,500	(7,054)	-19.87%	0%	$ 116,619							
507.19.001.1	INST ELECTRONIC METERS	$ 106,160					$ 106,160			Jan-19	Dec-19	Feb-19	Jun-19	
3340		$ 106,160	78,000	(28,160)	-36.10%	1%	$ 106,160							
525-840	PEET 2 WELL REFUND	-$ 16,218					$ (16,218)			Jan-19	Dec-19	Mar-19	Mar-19	
3520		-$ 16,218	0	16,218	100.00%	0%	$ (16,218)							Refund not anticipated in budget
510.19.002.1	19MIDD-REB CANADA MTN COMPRESSOR #2	$ 14,527					$ 14,527			Jan-19	Dec-19	Apr-19	Jun-19	
510.19.003.1	19MIDD-REB CANADA MTN COMPRESSOR #5	$ 19,476					$ 19,476			Jan-19	Dec-19	Apr-19	Jun-19	
510.19.006.1	REB- CANADA MTN COMPRESSOR #1	$ 22,687					$ 22,687			Jan-19	Dec-19	Apr-19	Jun-19	
525.19.018.1	REP EXHAUST EXP JOINT ON CM #5 COMPR	$ 4,547					$ 4,547			Jan-19	Dec-19	Aug-19	Nov-19	
3540		$ 61,237	67,700	6,463	9.55%	0%	$ 61,237							
510.19.007.1	ADD ELECTRONIC MEETERING CAMTN 6	$ 17,078					$ 17,078			Jan-19	Dec-19	Feb-19	May-19	
3550		$ 17,078	9,000	(8,078)	-89.76%	0%	$ 17,078							Project costs more than anticipated in budget
510.19.008.1	REP GLYCOL PUMP CANADA MTN	$ 9,499					$ 9,499			Jan-19	Dec-19	Mar-19	Jun-19	
3560		$ 9,499	24,000	14,501	60.42%	0%	$ 9,499							Project costs less than anticipated in budget
3650		$ 0	2,600	2,600	100.00%	0%	0							Anticipated projects did not materialize
525.19.005.1	19WILL-REP SMALL RD TILE WITH LARGER	$ 9,365					$ 9,365			Jan-19	Dec-19	Feb-19	Jun-19	
3660		$ 9,365	11,200	1,835	16.39%	0%	$ 9,365							
501.19.005.1	EXT-EXTEND TO NEW REG STA HWY 60	$ 8,222					$ 8,222			Jan-19	Dec-19	Jan-19	Mar-19	
501.19.021.1	EXT STEEL KY 801 APP HARVEST-I	$ 343,651					$ 349,683			Jan-19	Dec-19	Oct-19	Dec-19	
501.19.034.1	INST HPR ON HWY 801 WEDDING CHAPEL-R	$ 4,125					$ 4,183			Jan-19	Dec-19	Nov-19	Feb-20	
503.19.001.1	USU-HYDRO SURVEY KY RIVER	$ 21,122					$ 21,122			Jan-19	Dec-19	Jan-19	Jun-19	
512.19.007.1	REP-TRANEX PIPE NEAR HWY 421	$ 9,576					$ 9,576			Jan-19	Dec-19	May-19	Jul-19	
512.19.010.1	REPAIR TRANEX TRANS COLLINS FORK	$ 75,508					$ 77,294			Jan-19	Dec-19	Sep-19	Oct-19	
525.19.004.1	19CORB-REL 8" LINE ON KY RT 26 WOODBINE	$ 487					$ 487			Jan-19	Dec-19	Nov-19	Jan-20	
525.19.010.1	REPAIR-CM LAND SLIDE TANS LINE	$ 3,079					$ 3,079			Jan-19	Dec-19	May-19	Jul-19	
525.19.011.1	REPAIR SLIDE AREA IN KENSEE HALLOW	$ 5,389					$ 5,389			Jan-19	Dec-19	May-19	Jul-19	
525.19.012.1	REP-30 FEET STEEL BELL CO CRK BANK	$ 33,280					$ 33,280			Jan-19	Dec-19	Sep-19	Jan-20	
525.19.017.1	REP KY 11 LEE COUNTY HWY 4" STEEL-BILL	$ 1,143					$ 183,722			Jan-19	Dec-19	Aug-19	Mar-22	
525.19.019.1	REPAIR DITCHLINE EROSION KY 687	$ 3,995					$ 3,995			Jan-19	Dec-19	Aug-19	Sep-19	
525.19.020.1	EXT 2" CS TRANS HALFHILL ESTATES - R	$ 23,699					$ 23,699			Jan-19	Dec-19	Sep-19	Oct-19	
525.19.021.8	RETIRE 1" TRAN MAIN 1261 HWY 60	$ 2,539					$ 2,539			Jan-19	Dec-19	Aug-19	Aug-19	
525.19.023.8	RET 91' 2" STL TO PUGS REG STAT FARMERS	$ 1,213					$ 1,213			Jan-19	Dec-19	Sep-19	Nov-19	
525.19.026.1	EXT TO REG STAT ON INDUSTRY RD - R	$ 3,402					$ 3,402			Jan-19	Dec-19	Nov-19	Jan-20	
525.19.027.1	EXT TO REG STAT ALONG KY 801 - R	$ 8,234					$ 8,234			Jan-19	Dec-19	Nov-19	Jan-20	
525.19.028.1	INST PIPE TO SERVE REG STAT RICE RD	$ 10,363					$ 10,363			Jan-19	Dec-19	Oct-19	Jan-20	
525.19.030.1	REP 4" STEEL FARMERS PS TO MMRC	$ 4,943					$ 9,006			Jan-19	Dec-19	Dec-19	Jan-20	
525.19.031.1	REP 6" CS TL 108 MEADOWLARK DR	$ 1,223					$ 1,223			Jan-19	Dec-19	Nov-19	Nov-19	
525-800	REP-LOG MOUNTAIN-DUE TO FILL	$ 41,762					$ 41,762			Jan-19	Dec-19	Jan-19	Jan-19	

525-849	REPLACE EXPOSED PIPE ON REYNOLDS RD	$ 86,542					$ 86,758	Jan-19	Dec-19	Dec-18	Sep-19		
525-854	REPLACEMENT ON BALLARD FORD ROAD	$ 50,148					$ 51,066	Jan-19	Dec-19	Dec-18	Aug-19		
525-916	EXT-MOREHEAD UTILITIES	$ 4,829					$ 4,829	Jan-19	Dec-19	Jan-19	Jan-19		
3670		$ 748,474	482,400	(266,074)	-55.16%	5%	$ 944,125					Expenditures more than anticipated in budget due to timimg of certain projects and unforseen projects not planned for	
502.19.008.1	REPAIR CRANKSHAFT REDLICK #2 COMP	$ 115,928					$ 115,928	Jan-19	Dec-19	Mar-19	Jun-19		
525.19.001.1	COST-FOR EMISSIONS TEST GFCS	$ 12,468					$ 12,468	Jan-19	Dec-19	Jan-19	Jun-19		
525.19.013.1	REBUILD EAST WEST#1 COMPRESSOR	$ 17,237					$ 17,237	Jan-19	Dec-19	Jul-19	Oct-19		
525.19.014.1	REBUILD RED LICK#3 COMPRESSOR	$ 13,622					$ 13,622	Jan-19	Dec-19	Aug-19	Nov-19		
525.19.015.1	REBUILD RED LICK #1 COMPRESSOR	$ 17,062					$ 17,062	Jan-19	Dec-19	Aug-19	Nov-19		
3680		$ 176,316	59,100	(117,216)	-198.33%	1%	$ 176,316					Project costs more than anticipated in budget - Some projects required due to unforseen circumstances	
525.19.016.1	REP REG AT ROUNDHILL PURCHASES STATION	$ 6,197					$ 6,197	Jan-19	Dec-19	Jul-19	Aug-19		
525.19.022.1	REP-KPI PRODUCER STATION 521	$ 11,316					$ 11,316	Jan-19	Dec-19	Oct-19	Oct-19		
525.19.024.1	REBUILD PURCHASE STATION AT FARMERS	$ 31,902					$ 31,902	Jan-19	Dec-19	Sep-19	Oct-19		
525.19.025.8	METER TUBE AT STAT 525 SACKER BR	$ 5,314					$ 5,314	Jan-19	Dec-19	Oct-19	Oct-19		
525.19.029.1	REB METER STAT 138 NEAR E/W COMPR BILL	-$ 7,077					$ (7,077)	Jan-19	Dec-19	Nov-19	Jan-20		
525.19.032.1	REL ODORIZATION INJECTION UNIT STA 526	$ 5,518					$ 6,965	Jan-19	Dec-19	Nov-19	Jan-20		
3690		$ 53,168	48,700	(4,468)	-9.18%	0%	$ 54,615						
3710		$ 0	9,100	9,100	100.00%	0%	0					Anticipated projects did not materialize	
501.19.002.2	19OWNG-EASE 4" ALONGKY 158 IN SHARKEY	$ 16					$ 16	Jan-19	Dec-19	Feb-19	Jun-19		
503.19.006.2	EASE-490' FT 2" MAIN FOR CUSTOMER	$ 24					$ 24	Jan-19	Dec-19	Feb-19	Jun-19		
508.19.003.2	EASE-PLASTIC ON US25E BOOKER HOLLOW	$ 22					$ 22	Jan-19	Dec-19	Mar-19	Apr-19		
508.19.004.2	EASE PL 1,570' REMINGTON RD	$ 90					$ 90	Jan-19	Dec-19	Mar-19	Apr-19		
508.19.009.2	EASEMENTS FOR ORDER 13627	$ 249					$ 249	Jan-19	Dec-19	Apr-19	Sep-19		
510.19.009.2	EASEMENTS FOR CM# 13427	$ 25					$ 25	Jan-19	Dec-19	Apr-19	Feb-20		
511.19.005.1	19CORB-REP 8" S ALONG BARTON MILL EASEMT	$ 2,729					$ 2,860	Jan-19	Dec-19	Jan-19	Jan-20		
3740		$ 3,156	6,000	2,844	47.41%	0%	$ 3,286						
503.19.022.1	INST FENCE HALF HILL REG STATION	$ 3,740					$ 3,740	Jan-19	Dec-19	Oct-19	Nov-19		
3750		$ 3,740	40,700	36,960	90.81%	0%	$ 3,740					Some anticipated projects did not materialize	
501.19.001.1	INST PLA PIPE EXT HWY 158	$ 1,955					$ 1,955	Jan-19	Dec-19	Mar-19	Apr-19		
501.19.002.1	19OWNG-REL 4" P ALONG KY158 SHARKEY BILL	$ 108,875					$ 19,560	Jan-19	Dec-19	Feb-19	Jun-19		
501.19.003.1	EXT 1950 4" PLA FARMER	$ 49,649					$ 49,649	Jan-19	Dec-19	Jan-19	Mar-19		
501.19.006.1	19OWNG-REP 1904 SARDIS RD MT OLIVET	$ 3,858					$ 3,858	Jan-19	Dec-19	Apr-19	Jun-19		
501.19.014.1	REP US 460 FRENCHBURG DOT PROJ BILL	$ 310,445					$ 275,983	Jan-19	Dec-19	Jul-19	Sep-19		
501.19.014.2	19OWNG-EASE PERMITS US 460	$ 1,323					$ 1,323	Jan-19	Dec-19	Mar-19	Sep-19		
501.19.015.1	REP-SINK HOLE 6745 PARIS RD CLARK CO	$ 875					$ 875	Jan-19	Dec-19	Apr-19	Nov-19		
501.19.016.1	REP-6700 FT PL MAIN IN MIDLAND	$ 24,907					$ 452,183	Jan-19	Dec-19	May-19	Dec-20		
501.19.017.8	RET MAIN ALONG KY 1722 IN FARMERS	$ 1,242					$ 1,242	Jan-19	Dec-19	Jun-19	Jun-19		
501.19.018.1	REP-3/4 PL MAIN HWY 60 OWINGSVILLE	$ 3,824					$ 3,824	Jan-19	Dec-19	Jul-19	Aug-19		
501.19.019.1	RET PL DUE LEAK RD XING ON SCOTT COURT	$ 228					$ 228	Jan-19	Dec-19	Jun-19	Aug-19		
501.19.020.1	LOWER 300FT MAIN HWY 801 ROWAN CO	$ 3,829					$ 3,829	Jan-19	Dec-19	Jul-19	Sep-19		
501.19.022.1	EXT 2" PL KY 801 & RICE RD-R	$ 88,047					$ 99,734	Jan-19	Dec-19	Oct-19	Dec-19		
501.19.027.1	REP US 60 ROWAN CO 2" STEEL	$ 8,841					$ 8,841	Jan-19	Dec-19	Sep-19	Oct-19		
501.19.028.8	RET 80 FT PUGS REG STAT	$ 1,213					$ 1,213	Jan-19	Dec-19	Sep-19	Sep-19		
501.19.029.1	19OWNG-EXT 2" PIPE HWY 801 ROWAN CO-R	$ 2,564					$ 2,680	Jan-19	Dec-19	Oct-19	Jan-20		
501.19.030.1	EXT 2" PL KY 801 & RICE RD-R	$ 2,450					$ 2,450	Jan-19	Dec-19	Oct-19	Feb-20		
501.19.031.1	19OWNG-EXT 4" PL KY HWY 801-R	$ 9,660					$ 9,660	Jan-19	Dec-19	Oct-19	Dec-19		
501.19.032.1	19OWNG-EXT PIPE MOREHEAD MACHINE-R	$ 4,364					$ 4,364	Jan-19	Dec-19	Nov-19	Jan-20		
501.19.035.1	INST OUTLET PIPE HWY 801 ROWAN CO - R	$ 1,556					$ 2,225	Jan-19	Dec-19	Nov-19	Jan-20		
501.19.036.1	EXT 1000FT RODNEY HITCH BLVD ROWAN CO-R	$ 82,239					$ 87,307	Jan-19	Dec-19	Oct-19	Jan-20		
501.19.038.1	INSTL HPR & 2" PL AT 600 RIDGEVIEW DR-R	$ 4,179					$ 4,758	Jan-19	Dec-19	Nov-19	Jan-20		
501.19.039.1	LOWER 2" PL MAIN REDWOOD LN ROWAN CO	$ 925					$ 925	Jan-19	Dec-19	Nov-19	Feb-20		
501-06-176	REP 375 FT UCS - BATH - FMC SYSTEM	-$ 297					$ 297	Jan-19	Dec-19	Dec-18	Sep-19		
501-309	Relocate 1200' Dist Main US60 &Ky 2	$ 1,121					$ 14,278	Jan-19	Dec-19	Dec-18	Apr-19		
501-314	Relocate 1400 ft of 4" pl.on Hwy 15	-$ 521					$ 521	Jan-19	Dec-19	Dec-18	Feb-19		
502.19.001.1	EXT-MAIN LINE TO ORCHARD HILLS	$ 14,210					$ 14,210	Jan-19	Dec-19	Jan-19	Mar-19		
502.19.002.1	19BERA-EXT AT STONEY CREEK SUBDIV	$ 34,760					$ 34,760	Jan-19	Dec-19	Feb-19	Mar-19		
502.19.003.1	19BERA-REP CHESTNUT AND WALNUT STREETS	$ 75					$ 75	Jan-19	Dec-19	Apr-19	Nov-19		
502.19.004.1	EXT-MAIN TO MENELAUS RD	$ 534					$ 534	Jan-19	Dec-19	Apr-19	Nov-19		
502.19.005.1	EXT- MAIN TO 103 TRILLIUM LOOP	$ 1,530					$ 1,530	Jan-19	Dec-19	Feb-19	Mar-19		
502.19.006.1	REP-2" CS KY 1016 MADISON CO	$ 1,928					$ 1,928	Jan-19	Dec-19	Mar-19	Dec-19		
502.19.007.1	REP-DIST MAIN HWY KY 627 BILL	$ 74,867					$ 74,867	Jan-19	Dec-19	Apr-19	Jul-19		
502.19.009.2	EXT-STONEY CRK MADISON CO - R	$ 67,761					$ 67,761	Jan-19	Dec-19	Jul-19	Oct-19		
502.19.010.8	RET-ML 1648 BERA RD TO 1716 BERA	$ 1,822					$ 1,822	Jan-19	Dec-19	Jun-19	Jun-19		
502.19.011.1	REP-MAIN N POWELL TO 105 WILSON	$ 23,072					$ 23,072	Jan-19	Dec-19	Apr-19	May-19		

502.19.012.1	RET50FT UCS 2" 2536 & 2544 CURTIS PK	$ 1,650	$ 1,650	Jan-19	Dec-19	Jun-19	Jul-19
502.19.017.1	EXT ML SERVE INDIAN HILLS SUBD-R	$ 30,643	$ 30,643	Jan-19	Dec-19	Aug-19	Sep-19
502.19.018.8	RET AT 2247 BATTLEFIELD MEMORIAL HWY	$ 2,351	$ 2,351	Jan-19	Dec-19	Jun-19	Jun-19
502.19.019.1	REP-2" ML PL ALONG MULTI LOCATION	$ 41,452	$ 582,256	Jan-19	Dec-19	May-19	Oct-20
502.19.020.1	EXT OF DIST PIPE ALONG MASON LAKE RD - R	$ 72,870	$ 72,870	Jan-19	Dec-19	Sep-19	Oct-19
502.19.021.8	RET 3/4" PL MAIN 645 CALICO RD	$ 413	$ 413	Jan-19	Dec-19	Jul-19	Jul-19
502.19.022.8	RET 3/4" PL MAIN 46 REDD HILL	$ 413	$ 413	Jan-19	Dec-19	Jul-19	Jul-19
502.19.024.8	RET ML 301 S POWELL ST FOR LEAK	$ 217	$ 217	Jan-19	Dec-19	Jul-19	Jul-19
502.19.026.1	EXT TO 420 SMITH LN 2333 HWY 25-R	$ 37,420	$ 37,420	Jan-19	Dec-19	Sep-19	Sep-19
502.19.028.1	EXT FROM 974 TO 980 KIRKSVILLE RD - R	$ 8,583	$ 8,583	Jan-19	Dec-19	Sep-19	Oct-19
502.19.029.1	EXT ML ORCHARD HILLS SUBD PAGE DR-R	$ 4,075	$ 4,075	Jan-19	Dec-19	Oct-19	Oct-19
502.19.030.1	REP ML 103 ELKINS ST DUE TO LEAK	$ 2,412	$ 2,412	Jan-19	Dec-19	Oct-19	Oct-19
502.19.031.1	REP ALDYL PIPE BEREA CITY LIMITS	$ 31,874	$ 100,939	Jan-19	Dec-19	Nov-19	Jun-23
502.19.032.1	REP IPE BEREA CITY LIMITS E HAITI RD	$ 5,907	$ 20,285	Jan-19	Dec-19	Nov-19	Apr-22
502.19.033.8	RET ML GOING TO 532 RANIER DR	$ 65	$ 65	Jan-19	Dec-19	Nov-19	Nov-19
502.19.036.1	EXT 2" PL BIG HILL AVE TO 720 BIG -R	$ 3,378	$ 3,378	Jan-19	Dec-19	Dec-19	Dec-19
502-396	Rel along Hwy 1016,1617 & 3376 BILL	$ 4,415	$ 47,035	Jan-19	Dec-19	Dec-18	Sep-19
502-442	Rep Rail Road Xing at Ford Estill H	-$ 7,824	$ 7,824	Jan-19	Dec-19	Dec-18	Mar-19
502-458	Ext from Pavilionway to Boggs Ln.	$ 73,232	$ 73,245	Jan-19	Dec-19	Dec-18	May-19
502-464	REP main on S. Broadway St.	$ 16,191	$ 141,397	Jan-19	Dec-19	Dec-18	Sep-19
503.19.002.1	19NICH-EXT 24 LOTS IN EQUESTRIAN RESERVE	$ 29,831	$ 29,831	Jan-19	Dec-19	Jan-19	Apr-19
503.19.003.1	EXT-DIST PIPING IN HOOVER ESTATES	$ 25,480	$ 25,480	Jan-19	Dec-19	Mar-19	Apr-19
503.19.004.1	EXT-DIST PIPE 3228 NICHOLASVILLE	$ 13,242	$ 13,242	Jan-19	Dec-19	Mar-19	Mar-19
503.19.005.1	EXT-DIST PIPE TO CONNELL DEVELOPM	$ 116,699	$ 116,699	Jan-19	Dec-19	Aug-19	Sep-19
503.19.006.1	EXT-490' FT 2" MAIN FOR CUSTOMERS	$ 6,753	$ 6,753	Jan-19	Dec-19	Mar-19	Jun-19
503.19.007.1	EXT-DIST PIPING ASHTREE NICHOLASVILLE	$ 140,647	$ 140,647	Jan-19	Dec-19	May-19	Aug-19
503.19.008.1	EXT-BRANNON RESERVE SUBDIVISION - R	$ 5,814	$ 5,814	Jan-19	Dec-19	Oct-19	Oct-19
503.19.009.1	EXT-BRANNON RD CLAYS MILL CHURCH	$ 12,082	$ 12,082	Jan-19	Dec-19	Apr-19	May-19
503.19.009.2	ADDL EXT BRANNON RD CLAYS MILL CHURCH	$ 2,737	$ 2,737	Jan-19	Dec-19	Jun-19	Jun-19
503.19.010.1	INSTALL-ML PIPE E GATE SUBDIVISION	$ 16,437	$ 16,437	Jan-19	Dec-19	Jun-19	Jul-19
503.19.011.1	REL 2" PL AT W JESSAMINE HIGH SCHOOL	$ 14,369	$ 14,369	Jan-19	Dec-19	Jul-19	Aug-19
503.19.012.1	REP 7610 FT PL PIPE NICHOLASVILLE	$ 296,846	$ 338,401	Jan-19	Dec-19	Jun-19	Dec-19
503.19.013.1	EXT-SERVE LOT FOR JEFF GAIL 2" PL-R	$ 2,119	$ 2,119	Jan-19	Dec-19	Jul-19	Aug-19
503.19.015.1	EXT- DIST PIPE INTO ASHTREE PHASE 3-R	$ 45,172	$ 45,172	Jan-19	Dec-19	Aug-19	Aug-19
503.19.016.1	EXT- DIST SHUN RD DEVELOPMENT-R	$ 98,478	$ 98,478	Jan-19	Dec-19	Sep-19	Oct-19
503.19.016.2	EXT HALF ACRE DEVELPMT OFF SHUN RD	$ 38,639	$ 38,639	Jan-19	Dec-19	Nov-19	Nov-19
503.19.018.1	EXT 2" PL TO 615 E BRANNON RD-R	$ 7,181	$ 7,181	Jan-19	Dec-19	Aug-19	Sep-19
503.19.019.1	REP 26300' PIPE AT MULTIPLE LOCATIONS	$ 49,564	$ 1,807,844	Jan-19	Dec-19	Aug-19	Dec-22
503.19.020.1	EXT 2" PL TO SERVE 808 WEST MAPLE ST-R	$ 6,178	$ 6,178	Jan-19	Dec-19	Sep-19	Sep-19
503.19.021.1	EXT PL ML IN EAST GATE SUBDIVISION - R	$ 36,908	$ 36,908	Jan-19	Dec-19	Oct-19	Oct-19
503.19.023.1	INST 600FT 2" PL 1936 HARRODSBURG RD	$ 17,263	$ 17,485	Jan-19	Dec-19	Nov-19	Dec-19
503-368	SEWER LINE DAMAGE	$ 5,613	$ 5,613	Jan-19	Dec-19	Apr-19	Apr-19
505.19.001.1	EXT FOR POWELL VALLEY MILLWORKS	$ 11,319	$ 11,319	Jan-19	Dec-19	May-19	Oct-19
505.19.002.1	REL-8800 FT OF MAIN IN J'VILLE BILL	$ 124,630	$ 124,630	Jan-19	Dec-19	Jan-19	Nov-19
505.19.003.1	19STAT-REL PL MAIN IN BEATTYVILLE BILL	$ 1,583	$ 1,583	Jan-19	Dec-19	Apr-19	Nov-19
505.19.004.1	INST PL LINE 257 INDUST PK RD	$ 14,766	$ 14,766	Jan-19	Dec-19	Apr-19	May-19
505.19.005.1	REP-200FT OF 2" PL MAIN CANE CK	$ 4,988	$ 4,988	Jan-19	Dec-19	May-19	May-19
505.19.006.1	EXT-2" PL ALONG COOPER LN SUBD-R	$ 3,181	$ 3,181	Jan-19	Dec-19	May-19	May-19
505.19.008.1	19STAT-REP 4483 FT KYTC RD PROJECT	$ 14,037	$ 65,171	Jan-19	Dec-19	Jul-19	Dec-21
505.19.010.1	REL ALONG KY 231 STATE HWY PROJECT-BILL	$ 583	$ 151,418	Jan-19	Dec-19	Sep-19	Dec-20
505-06-184	RT - Bare Steel Replacement CANCELLED	-$ 115	$ 115	Jan-19	Dec-19	Dec-18	Sep-19
505-06-190	INST PLA PIPE CLAY CITY	$ 192	$ 192	Jan-19	Dec-19	Jan-19	Jan-19
505-215	EXT Dist. From College Av. Cancelled	-$ 331	$ 331	Jan-19	Dec-19	Dec-18	Sep-19
505-220	RP Dist. Main on US 460 J-ville BILL	-$ 111,807	$ 208,725	Jan-19	Dec-19	Dec-18	Mar-19
505-221	REP ON 1700 HWY 11 S BEATTYVILLE BILL	-$ 19,176	$ (19,176)	Jan-19	Dec-19	Jul-19	Sep-19
506.19.001.1	19LOND-EXT 4" PLASTIC 3612 LILY RD	$ 21,661	$ 21,661	Jan-19	Dec-19	Mar-19	Mar-19
506.19.002.1	EXT- 2" PL 7063 HWY 229 LAUREL CO	$ 1,604	$ 1,604	Jan-19	Dec-19	Apr-19	Nov-19
506.19.004.1	19LOND-REP BS PIPE S DIXIE ST LONDON	$ 9,685	$ 9,685	Jan-19	Dec-19	May-19	Aug-19
506.19.005.1	REL-DELTAS FACILITIES FOR HWY PRJ	$ 63,623	$ 63,623	Jan-19	Dec-19	May-19	Aug-19
506.19.006.1	EXT-4" PL MAIN ON 401 LILY RD-R	$ 14,564	$ 14,608	Jan-19	Dec-19	Jul-19	Aug-19
506.19.007.1	EXT TO D VAUGHN 1378 WYAN RD - R	$ 5,754	$ 5,754	Jan-19	Dec-19	Aug-19	Aug-19
506.19.009.1	EXT 2" PLAS TO ELK RUN PHASE 2 & 3 - R	$ 27,102	$ 27,124	Jan-19	Dec-19	Aug-19	Sep-19
506.19.010.1	REP HWY 25 JAMISON LN TO CARTER LN	$ 10,548	$ 10,757	Jan-19	Dec-19	Aug-19	Jan-20
506.19.012.1	RECLASS SERV LINE TO DIST MAIN UNIV DR-R	$ 1,242	$ 1,242	Jan-19	Dec-19	Nov-19	Mar-20
507.19.002.1	REP-BS PIPE IN WILLIAMSBURG KY	$ 73,090	$ 73,090	Jan-19	Dec-19	Apr-19	May-19
507.19.003.1	INST PLASTIC MAIN LINE 2640 N HWY	$ 4,070	$ 4,070	Jan-19	Dec-19	Mar-19	Apr-19
507.19.003.2	19WILL-EASE 2640 N HWY MAIN LINE	$ 807	$ 807	Jan-19	Dec-19	Apr-19	Apr-19
507.19.004.1	REP-STEEL PIPE IN WILLIAMSBURG	$ 296,802	$ 296,802	Jan-19	Dec-19	Apr-19	Sep-19

507.19.005.1	REP BS PIPE HWY26 BALLARD FORD AREA	$ 23,671					$ 164,110	Jan-19	Dec-19	May-19	Jun-20	
507.19.007.1	EXT PL DIST MAIN 198 LEE PRICE RD - R	$ 6,013					$ 6,013	Jan-19	Dec-19	Aug-19	Aug-19	
507.19.008.1	REP FROM 1950 to 2080 CROLEY BEND ROAD	$ 8,432					$ 8,432	Jan-19	Dec-19	Aug-19	Sep-19	
507-185.1	EXT 180 TAYLOR RIDGE RD EXT DEP AGREEMT	-$ 10,794					$ (10,794)	Jan-19	Dec-19	Dec-19	Dec-19	
508.19.001.1	REP-BS MAIN IN BARBOURVILLE CITY	$ 34,132					$ 34,132	Jan-19	Dec-19	Jun-19	Oct-19	
508.19.002.1	REP-BS MAIN IN BARBOURVILLE-KNOX	$ 216,267					$ 216,267	Jan-19	Dec-19	Jun-19	Sep-19	
508.19.003.1	EXT-PLASTIC ON US 25E BOOGER HOLW	$ 25,731					$ 25,731	Jan-19	Dec-19	Mar-19	Apr-19	
508.19.004.1	EXT-PL 1,570' REMINGTON RD	$ 16,095					$ 16,095	Jan-19	Dec-19	Mar-19	Apr-19	
508.19.005.1	REL-PIPE 1325 MIDDLE FORK CRK BILL	$ 5,168					$ 261	Jan-19	Dec-19	Apr-19	May-19	
508.19.006.1	19BARB-REP STEEL PIPE W/ PLASTIC IN CITY	$ 196,349					$ 196,349	Jan-19	Dec-19	May-19	Nov-19	
508.19.007.1	19BARB-REP STEEL W/PLASTIC IN COUNTY	$ 199,696					$ 199,696	Jan-19	Dec-19	May-19	Sep-19	
508.19.010.8	RET-2" PL MAIN NOT USING GAS	$ 579					$ 579	Jan-19	Dec-19	May-19	May-19	
508.19.011.1	EXT 104 CHESTNUT ST FOR K MILLS - R	$ 3,321					$ 3,321	Jan-19	Dec-19	Sep-19	Sep-19	
508.19.012.1	EXT AUSTIN CLAY JAX RD KNOX - R	$ 10,984					$ 10,984	Jan-19	Dec-19	Sep-19	Sep-19	
510.19.001.1	EXT-MAIN from lot 102 to 103	$ 4,662					$ 4,662	Jan-19	Dec-19	Jan-19	Mar-19	
510.19.010.1	REP BS WITH PL PIPE PVILLE CITY LIMITS	$ 12,309					$ 146,159	Jan-19	Dec-19	May-19	Sep-20	
510.19.011.1	REP BS WITH PL PIPE IN BELL CO	$ 15,261					$ 363,558	Jan-19	Dec-19	May-19	Oct-20	
510.19.012.1	REP-CS BS VARIOUS LOCATIONS BELL	$ 971					$ 327,590	Jan-19	Dec-19	Jul-19	Jul-20	
510.19.013.1	EXT 2" PL TO 105 HOLLYWOOD DR - R	$ 4,913					$ 4,913	Jan-19	Dec-19	Sep-19	Oct-19	
510.19.014.1	REP 2" AND 4" BS 19TH STREET IN MBORO	$ 65,661					$ 65,661	Jan-19	Dec-19	Sep-19	Dec-19	
510.19.015.1	EXT 2" PL US 25E FOR 10693 US 25E-R	$ 3,332					$ 3,332	Jan-19	Dec-19	Oct-19	Nov-19	
510.19.016.1	19MIDD-EXT 4" PL MAIN SOLID STEEL SOLU-C	$ 4,632					$ 4,632	Jan-19	Dec-19	Dec-19	Dec-19	
510-175.1	EXT BELL CO VOCTNL SCHOOL EXT DEP AGRMT	-$ 13,000					$ (13,000)	Jan-19	Dec-19	Dec-19	Dec-19	
511.19.003.1	19CORB-EXT 3 HOUSES GREYSTONE ESTATES	$ 5,872					$ 5,872	Jan-19	Dec-19	Feb-19	Apr-19	
511.19.004.1	EXT-MAIN-6423 KY RT 1232	$ 4,645					$ 4,645	Jan-19	Dec-19	Jan-19	Mar-19	
511.19.008.1	EXT-Main To Serve 71 Talon Trail	$ 4,920					$ 4,920	Jan-19	Dec-19	Jan-19	Mar-19	
511.19.009.1	REP2" BS HWY 830 MOORE HILL	$ 369,618					$ 410,186	Jan-19	Dec-19	Feb-19	Dec-19	
511.19.011.1	REP-4" BS AMERICAN GREETING CARD	$ 2,595					$ 2,595	Jan-19	Dec-19	Mar-19	Nov-19	
511.19.013.1	REP-PIPE TOM TOWN HOLLOW RD	$ 272,805					$ 272,805	Jan-19	Dec-19	Apr-19	Jun-19	
511.19.014.1	INST-4" PLASTIC GREEN RD IN LONDON	$ 6,745					$ 6,745	Jan-19	Dec-19	Apr-19	May-19	
511.19.015.1	REP-BS IN CORBIN KNOX CO AREA	$ 8,411					$ 31,091	Jan-19	Dec-19	May-19	Apr-20	
511.19.016.1	REP-8 IN CS WITH 4 IN PIPE BARTON MILL	$ 786,561					$ 821,351	Jan-19	Dec-19	Aug-19	Nov-19	
511.19.018.1	REP 2" BARE STEEL ON MOCCASIN AVE	$ 13,942					$ 13,942	Jan-19	Dec-19	May-19	Jul-19	
511.19.020.1	EXT MAIN 315' TO 915 OAK RIDGE ROAD-R	$ 7,134					$ 7,134	Jan-19	Dec-19	May-19	Jun-19	
511.19.021.1	REP-BS VARIOUS LOC IN CORB SYS	$ 17,465					$ 62,283	Jan-19	Dec-19	May-19	Jun-20	
511.19.022.1	BILL-REL MAIN 25E PROJECT HWY 25 TO I75	$ 104,432					$ 956,691	Jan-19	Dec-19	Jun-19	10/1/120	
511.19.023.1	REL 100' OF 4" PL COMMONWEALTH AV	$ 8,434					$ 8,434	Jan-19	Dec-19	Aug-19	Aug-19	
511.19.024.1	EXT 150' 2" PL TO 300 E LEWIS STREET- R	$ 3,146					$ 3,146	Jan-19	Dec-19	Sep-19	Oct-19	
511.19.025.1	REP 2" PL 1185 S HWY 1223	$ 5,821					$ 5,821	Jan-19	Dec-19	Oct-19	Sep-20	
511.19.026.8	RET 2" PL MAIN 3/4 MAIN LONDON AVE	$ 86					$ 86	Jan-19	Dec-19	Oct-19	Oct-19	
511.19.027.1	INST 2" ML 119 WELDON POINTE - R	$ 4,731					$ 5,478	Jan-19	Dec-19	Dec-19	Jan-20	
511-03-740	10411669 CORBIN CITY-WHITLEY COUNTY (COR	$ 13					$ 13	Jan-19	Dec-19	Jan-19	Jan-19	
511-502	Relocate Dist. Mains US 25E Corbin BILL	$ 12,836					$ 172,573	Jan-19	Dec-19	Dec-18	Sep-19	
512.19.003.1	19MANC-REP 70' 8" MAIN ON ISLAND CREEK	$ 83,523					$ 83,523	Jan-19	Dec-19	Oct-19	Dec-19	
512.19.004.1	19MANC-EXT 2" P 153' TO 9820 HWY 421	$ 5,966					$ 5,966	Jan-19	Dec-19	Jan-19	Mar-19	
512.19.008.1	REP-990 FT CS AT MARIE LANGDON DR	$ 9,110					$ 9,110	Jan-19	Dec-19	Feb-19	Aug-19	
512.19.009.1	REP TRANSM LINE RIVERS,BAKER,WALTERS ST	$ 237,443					$ 237,443	Jan-19	Dec-19	Sep-19	Dec-19	
512.19.012.1	EXT ML TO NEW POST OFFICE ONEIDA	$ 5,624					$ 5,624	Jan-19	Dec-19	Jun-19	Jul-19	
512.19.013.1	REP ALYDA-A PIPE MULTI LOCATIONS	$ 408,957					$ 448,192	Jan-19	Dec-19	May-19	Dec-19	
512-06-101	REP main at Marie Langdon Dr.	-$ 4,736					$ 4,736	Jan-19	Dec-19	Dec-18	Feb-19	
512-168	Rel main along Hwy 421 due to BILL	$ 989,670					$ 1,365,116	Jan-19	Dec-19	Dec-18	Aug-19	
525.19.009.8	RETIRE 30' CS DISTR 2712 WOLF CRK RD	$ 1,831					$ 1,831	Jan-19	Dec-19	May-19	May-19	
3760		$ 7,042,088	6,000,000	(1,042,088)	-17.37%	52%	$ 13,034,009					
501.19.004.1	INST NEW REG STA - FARMERS	$ 11,462					$ 11,462	Jan-19	Dec-19	Jan-19	Nov-19	
501.19.010.8	RET 1" STAT AT JONES TRAILOR PK	$ 1,749					$ 1,749	Jan-19	Dec-19	Mar-19	Mar-19	
501.19.011.8	RET-PUGGS RED STATION IN FARMERS	$ 1,215					$ 1,215	Jan-19	Dec-19	Mar-19	Mar-19	
501.19.023.1	INST REG STAT RICE RD NEAR KY 801	$ 8,941					$ 8,941	Jan-19	Dec-19	Sep-19	Dec-19	
501.19.024.2	INST REG STAT WHISPERING OAKS DR	$ 6,513					$ 7,406	Jan-19	Dec-19	Oct-19	Dec-19	
501.19.025.1	INST REG STAT INDUSTRIAL PK	$ 8,668					$ 8,668	Jan-19	Dec-19	Sep-19	Dec-19	
501.19.026.1	INST REG STAT KY 801 INDUST PK	$ 12,602					$ 12,602	Jan-19	Dec-19	Aug-19	Dec-19	
501-319	Uprate Distribution pressure	$ 1,335					$ 9,590	Jan-19	Dec-19	Dec-18	May-19	
501-320	10433806 Ins Reg Sta. in Clearfield	$ 431					$ 431	Jan-19	Dec-19	Jan-19	Jan-19	
503.19.017.1	REG STATION TO SERVE HALFHILL ESTATES	$ 10,074					$ 10,074	Jan-19	Dec-19	Sep-19	Oct-19	
3780		$ 62,989	72,000	9,011	12.52%	0%	$ 72,138					
3790		$ 0	25,000	25,000	100.00%	0%	0					Anticipated projects did not materialize
502-01-8000	Farm Tap Revisions on Services	-$ 823					$ (823)	Jan-19	Dec-19	N/A	N/A	
507-01-8000	Farm Tap Revisions to Services	-$ 926					$ (926)	Jan-19	Dec-19	N/A	N/A	
508-01-8000	Farm Tap Revisions to Services	-$ 462					$ (462)	Jan-19	Dec-19	N/A	N/A	

511-01-8000	Farm Tap Revisons on Services	-$ 478	$ (478)	Jan-19	Dec-19	N/A	N/A
D9200.BARBOURVILLE CITY	Service Installations (New)	$ 12,046	$ 12,046	Jan-19	Dec-19	N/A	N/A
D9200.BATH	Service Installations (New)	$ 3,123	$ 3,123	Jan-19	Dec-19	N/A	N/A
D9200.BEATTYVILLE CITY	Service Installations (New)	$ 6,004	$ 6,004	Jan-19	Dec-19	N/A	N/A
D9200.BELL	Service Installations (New)	$ 10,039	$ 10,039	Jan-19	Dec-19	N/A	N/A
D9200.BEREA CITY	Service Installations (New)	$ 47,295	$ 47,295	Jan-19	Dec-19	N/A	N/A
D9200.BOURBON	Service Installations (New)	$ 234	$ 234	Jan-19	Dec-19	N/A	N/A
D9200.CLAY	Service Installations (New)	$ 34,611	$ 34,611	Jan-19	Dec-19	N/A	N/A
D9200.CLAY CITY	Service Installations (New)	$ 5,896	$ 5,896	Jan-19	Dec-19	N/A	N/A
D9200.CORBIN CITY.KNOX	Service Installations (New)	$ 4,257	$ 4,257	Jan-19	Dec-19	N/A	N/A
D9200.CORBIN CITY.WHITLE	Service Installations (New)	$ 30,280	$ 30,280	Jan-19	Dec-19	N/A	N/A
D9200.FAYETTE	Service Installations (New)	$ 11,655	$ 11,655	Jan-19	Dec-19	N/A	N/A
D9200.FRENCHBURG CITY	Service Installations (New)	$ 21,818	$ 21,818	Jan-19	Dec-19	N/A	N/A
D9200.GARRARD	Service Installations (New)	$ 1,711	$ 1,711	Jan-19	Dec-19	N/A	N/A
D9200.JACKSON	Service Installations (New)	$ 4,512	$ 4,512	Jan-19	Dec-19	N/A	N/A
D9200.JESSAMINE	Service Installations (New)	$ 34,521	$ 34,521	Jan-19	Dec-19	N/A	N/A
D9200.KNOX	Service Installations (New)	$ 77,509	$ 77,509	Jan-19	Dec-19	N/A	N/A
D9200.LAUREL	Service Installations (New)	$ 77,351	$ 77,351	Jan-19	Dec-19	N/A	N/A
D9200.LEE	Service Installations (New)	$ 4,355	$ 4,355	Jan-19	Dec-19	N/A	N/A
D9200.LONDON CITY	Service Installations (New)	$ 41,426	$ 41,426	Jan-19	Dec-19	N/A	N/A
D9200.MADISON	Service Installations (New)	$ 162,473	$ 162,473	Jan-19	Dec-19	N/A	N/A
D9200.MANCHESTER CITY	Service Installations (New)	$ 3,584	$ 3,584	Jan-19	Dec-19	N/A	N/A
D9200.MASON	Service Installations (New)	$ 1,614	$ 1,614	Jan-19	Dec-19	N/A	N/A
D9200.MENIFEE	Service Installations (New)	$ 3,230	$ 3,230	Jan-19	Dec-19	N/A	N/A
D9200.MIDDLESBORO CITY	Service Installations (New)	$ 26,997	$ 26,997	Jan-19	Dec-19	N/A	N/A
D9200.MONTGOMERY	Service Installations (New)	$ 11,122	$ 11,122	Jan-19	Dec-19	N/A	N/A
D9200.N MIDDLETOWN CITY	Service Installations (New)	$ 3,024	$ 3,024	Jan-19	Dec-19	N/A	N/A
D9200.NICHOLASVILLE CITY	Service Installations (New)	$ 173,135	$ 173,135	Jan-19	Dec-19	N/A	N/A
D9200.OWINGSVILLE CITY	Service Installations (New)	$ 814	$ 814	Jan-19	Dec-19	N/A	N/A
D9200.PINEVILLE CITY	Service Installations (New)	$ 4,067	$ 4,067	Jan-19	Dec-19	N/A	N/A
D9200.POWELL	Service Installations (New)	$ 17,804	$ 17,804	Jan-19	Dec-19	N/A	N/A
D9200.RICHMOND CITY	Service Installations (New)	$ 27,834	$ 27,834	Jan-19	Dec-19	N/A	N/A
D9200.ROBERTSON	Service Installations (New)	$ 1,684	$ 1,684	Jan-19	Dec-19	N/A	N/A
D9200.ROWAN	Service Installations (New)	$ 48,285	$ 48,285	Jan-19	Dec-19	N/A	N/A
D9200.STANTON CITY	Service Installations (New)	$ 10,438	$ 10,438	Jan-19	Dec-19	N/A	N/A
D9200.WHITLEY	Service Installations (New)	$ 42,459	$ 42,459	Jan-19	Dec-19	N/A	N/A
D9200.WILLIAMSBURG CITY	Service Installations (New)	$ 3,364	$ 3,364	Jan-19	Dec-19	N/A	N/A
D9200.WILMORE CITY	Service Installations (New)	$ 3,265	$ 3,265	Jan-19	Dec-19	N/A	N/A
D9500.BARBOURVILLE CITY	Service Installations (Replaced)	$ 26,937	$ 26,937	Jan-19	Dec-19	N/A	N/A
D9500.BEREA CITY	Service Installations (Replaced)	$ 8,189	$ 8,189	Jan-19	Dec-19	N/A	N/A
D9500.CLAY	Service Installations (Replaced)	$ 37,913	$ 37,913	Jan-19	Dec-19	N/A	N/A
D9500.CLAY CITY	Service Installations (Replaced)	$ 976	$ 976	Jan-19	Dec-19	N/A	N/A
D9500.CORBIN CITY.KNOX	Service Installations (Replaced)	$ 4,363	$ 4,363	Jan-19	Dec-19	N/A	N/A
D9500.CORBIN CITY.WHITLE	Service Installations (Replaced)	$ 54,486	$ 54,486	Jan-19	Dec-19	N/A	N/A
D9500.FRENCHBURG CITY	Service Installations (Replaced)	$ 13,331	$ 13,331	Jan-19	Dec-19	N/A	N/A
D9500.JESSAMINE	Service Installations (Replaced)	$ 1,307	$ 1,307	Jan-19	Dec-19	N/A	N/A
D9500.KNOX	Service Installations (Replaced)	$ 53,395	$ 53,395	Jan-19	Dec-19	N/A	N/A
D9500.LAUREL	Service Installations (Replaced)	$ 15,006	$ 15,006	Jan-19	Dec-19	N/A	N/A
D9500.LONDON CITY	Service Installations (Replaced)	$ 5,101	$ 5,101	Jan-19	Dec-19	N/A	N/A
D9500.MADISON	Service Installations (Replaced)	$ 6,606	$ 6,606	Jan-19	Dec-19	N/A	N/A
D9500.MANCHESTER CITY	Service Installations (Replaced)	$ 17,701	$ 17,701	Jan-19	Dec-19	N/A	N/A
D9500.MONTGOMERY	Service Installations (Replaced)	$ 2,822	$ 2,822	Jan-19	Dec-19	N/A	N/A
D9500.MT OLIVET CITY	Service Installations (Replaced)	$ 3,398	$ 3,398	Jan-19	Dec-19	N/A	N/A
D9500.N MIDDLETOWN CITY	Service Installations (Replaced)	$ 2,419	$ 2,419	Jan-19	Dec-19	N/A	N/A
D9500.NICHOLASVILLE CITY	Service Installations (Replaced)	$ 1,015	$ 1,015	Jan-19	Dec-19	N/A	N/A
D9500.POWELL	Service Installations (Replaced)	$ 13	$ 13	Jan-19	Dec-19	N/A	N/A
D9500.ROBERTSON	Service Installations (Replaced)	$ 2,441	$ 2,441	Jan-19	Dec-19	N/A	N/A
D9500.ROWAN	Service Installations (Replaced)	$ 1,385	$ 1,385	Jan-19	Dec-19	N/A	N/A
D9500.SALT LICK CITY	Service Installations (Replaced)	$ 1,660	$ 1,660	Jan-19	Dec-19	N/A	N/A
D9500.STANTON CITY	Service Installations (Replaced)	$ 3,160	$ 3,160	Jan-19	Dec-19	N/A	N/A
D9500.WHITLEY	Service Installations (Replaced)	$ 2,275	$ 2,275	Jan-19	Dec-19	N/A	N/A
D9500.WILLIAMSBURG CITY	Service Installations (Replaced)	$ 12,157	$ 12,157	Jan-19	Dec-19	N/A	N/A
D9500.WILMORE CITY	Service Installations (Replaced)	$ 12,895	$ 12,895	Jan-19	Dec-19	N/A	N/A
D9525.FARMTAP	DELTA FARMTAP FABRICATIONS	$ 5,210	$ 5,210	Jan-19	Dec-19	N/A	N/A
D9600.BARBOURVILLE CITY	Service Installations (Retire)	$ 4,534	$ 4,534	Jan-19	Dec-19	N/A	N/A
D9600.BATH	Service Installations (Retire	$ 6,515	$ 6,515	Jan-19	Dec-19	N/A	N/A
D9600.BEATTYVILLE CITY	Service Installations (Retire)	$ 3,722	$ 3,722	Jan-19	Dec-19	N/A	N/A
D9600.BELL	Service Installations (Retire)	$ 10,283	$ 10,283	Jan-19	Dec-19	N/A	N/A

D9600.BEREA CITY	Service Installations (Retire)	$ 4,642					$ 4,642	Jan-19	Dec-19	N/A	N/A
D9600.CLAY	Service Installations (Retire)	$ 22,129					$ 22,129	Jan-19	Dec-19	N/A	N/A
D9600.CLAY CITY	Service Installations (Retire)	$ 2,685					$ 2,685	Jan-19	Dec-19	N/A	N/A
D9600.CORBIN CITY.KNOX	Service Installations (Retire)	$ 2,634					$ 2,634	Jan-19	Dec-19	N/A	N/A
D9600.CORBIN CITY.WHITLE	Service Installations (Retire)	$ 11,656					$ 11,656	Jan-19	Dec-19	N/A	N/A
D9600.FAYETTE	Service Installations (Retire)	$ 1,400					$ 1,400	Jan-19	Dec-19	N/A	N/A
D9600.FRENCHBURG CITY	Service Installations (Retire)	$ 1,489					$ 1,489	Jan-19	Dec-19	N/A	N/A
D9600.GARRARD	Service Installations (Retire)	$ 1,067					$ 1,067	Jan-19	Dec-19	N/A	N/A
D9600.KNOX	Service Installations (Retire)	$ 21,209					$ 21,209	Jan-19	Dec-19	N/A	N/A
D9600.LAUREL	Service Installations (Retire)	$ 20,027					$ 20,027	Jan-19	Dec-19	N/A	N/A
D9600.LEE	Service Installations (Retire)	$ 629					$ 629	Jan-19	Dec-19	N/A	N/A
D9600.LONDON CITY	Service Installations (Retire)	$ 3,916					$ 3,916	Jan-19	Dec-19	N/A	N/A
D9600.MADISON	Service Installations (Retire)	$ 10,318					$ 10,318	Jan-19	Dec-19	N/A	N/A
D9600.MANCHESTER CITY	Service Installations (Retire)	$ 3,069					$ 3,069	Jan-19	Dec-19	N/A	N/A
D9600.MENIFEE	Service Installations (Retire)	$ 1,838					$ 1,838	Jan-19	Dec-19	N/A	N/A
D9600.MIDDLESBORO CITY	Service Installations (Retire)	$ 33,316					$ 33,316	Jan-19	Dec-19	N/A	N/A
D9600.MONTGOMERY	Service Installations (Retire)	$ 7,620					$ 7,620	Jan-19	Dec-19	N/A	N/A
D9600.MT OLIVET CITY	Service Installations (Retire)	$ 8,306					$ 8,306	Jan-19	Dec-19	N/A	N/A
D9600.N MIDDLETOWN CITY	Service Installations (Retire)	$ 596					$ 596	Jan-19	Dec-19	N/A	N/A
D9600.NICHOLASVILLE CITY	Service Installations (Retire)	$ 26,522					$ 26,522	Jan-19	Dec-19	N/A	N/A
D9600.OWINGSVILLE CITY	Service Installations (Retire)	$ 1,216					$ 1,216	Jan-19	Dec-19	N/A	N/A
D9600.PINEVILLE CITY	Service Installations (Retire)	$ 10,741					$ 10,741	Jan-19	Dec-19	N/A	N/A
D9600.POWELL	Service Installations (Retire)	$ 12,999					$ 12,999	Jan-19	Dec-19	N/A	N/A
D9600.ROBERTSON	Service Installations (Retire)	$ 3,608					$ 3,608	Jan-19	Dec-19	N/A	N/A
D9600.ROWAN	Service Installations (Retire)	$ 7,744					$ 7,744	Jan-19	Dec-19	N/A	N/A
D9600.SALT LICK CITY	Service Installations (Retire)	$ 893					$ 893	Jan-19	Dec-19	N/A	N/A
D9600.SHARPSBURG CITY	Service Installations (Retire)	$ 460					$ 460	Jan-19	Dec-19	N/A	N/A
D9600.STANTON CITY	Service Installations (Retire)	$ 9,412					$ 9,412	Jan-19	Dec-19	N/A	N/A
D9600.WHITLEY	Service Installations (Retire)	$ 15,851					$ 15,851	Jan-19	Dec-19	N/A	N/A
D9600.WILLIAMSBURG CITY	Service Installations (Retire)	$ 3,360					$ 3,360	Jan-19	Dec-19	N/A	N/A
D9600.WILMORE CITY	Service Installations (Retire)	$ 3,889					$ 3,889	Jan-19	Dec-19	N/A	N/A
3800		$ 1,547,600	1,345,000	(202,600)	-15.06%	11%	$ 1,547,600				
D9700.1.ERT	Purchase ERT Device	$ 246,919					$ 246,919	Jan-19	Dec-19	N/A	N/A
D9700.1.MTR	Purchase Meters	$ 83,050					$ 83,050	Jan-19	Dec-19	N/A	N/A
D9700.1.OMD	Purchase Other Measuring Devices/Gauges	$ 34,460					$ 34,460	Jan-19	Dec-19	N/A	N/A
3810		$ 364,430	507,700	143,270	28.22%	3%	$ 364,430				
D3800.BARBOURVILLE CITY	Inst New Meter/Manifold	$ 2,420					$ 2,420	Jan-19	Dec-19	N/A	N/A
D3800.BATH	Inst New Meter/Manifold	$ 884					$ 884	Jan-19	Dec-19	N/A	N/A
D3800.BEATTYVILLE CITY	Inst New Meter/Manifold	$ 331					$ 331	Jan-19	Dec-19	N/A	N/A
D3800.BELL	Inst New Meter/Manifold	$ 1,812					$ 1,812	Jan-19	Dec-19	N/A	N/A
D3800.BEREA CITY	Inst New Meter/Manifold	$ 12,185					$ 12,185	Jan-19	Dec-19	N/A	N/A
D3800.BOURBON	Inst New Meter/Manifold	$ 429					$ 429	Jan-19	Dec-19	N/A	N/A
D3800.CLAY	Inst New Meter/Manifold	$ 3,921					$ 3,921	Jan-19	Dec-19	N/A	N/A
D3800.CLAY CITY	Inst New Meter/Manifold	$ 843					$ 843	Jan-19	Dec-19	N/A	N/A
D3800.CORBIN CITY.KNOX	Inst New Meter/Manifold	$ 2,394					$ 2,394	Jan-19	Dec-19	N/A	N/A
D3800.CORBIN CITY.WHITLE	Inst New Meter/Manifold	$ 5,184					$ 5,184	Jan-19	Dec-19	N/A	N/A
D3800.FAYETTE	Inst New Meter/Manifold	$ 2,699					$ 2,699	Jan-19	Dec-19	N/A	N/A
D3800.FRENCHBURG CITY	Inst New Meter/Manifold	$ 4,600					$ 4,600	Jan-19	Dec-19	N/A	N/A
D3800.GARRARD	Inst New Meter/Manifold	$ 369					$ 369	Jan-19	Dec-19	N/A	N/A
D3800.JACKSON	Inst New Meter/Manifold	$ 534					$ 534	Jan-19	Dec-19	N/A	N/A
D3800.JESSAMINE	Inst New Meter/Manifold	$ 5,136					$ 5,136	Jan-19	Dec-19	N/A	N/A
D3800.KNOX	Inst New Meter/Manifold	$ 10,247					$ 10,247	Jan-19	Dec-19	N/A	N/A
D3800.LAUREL	Inst New Meter/Manifold	$ 18,937					$ 18,937	Jan-19	Dec-19	N/A	N/A
D3800.LEE	Inst New Meter/Manifold	$ 761					$ 761	Jan-19	Dec-19	N/A	N/A
D3800.LESLIE	Inst New Meter/Manifold	$ 3,469					$ 3,469	Jan-19	Dec-19	N/A	N/A
D3800.LONDON CITY	Inst New Meter/Manifold	$ 8,193					$ 8,193	Jan-19	Dec-19	N/A	N/A
D3800.MADISON	Inst New Meter/Manifold	$ 24,615					$ 24,615	Jan-19	Dec-19	N/A	N/A
D3800.MANCHESTER CITY	Inst New Meter/Manifold	$ 2,523					$ 2,523	Jan-19	Dec-19	N/A	N/A
D3800.MASON	Inst New Meter/Manifold	$ 76					$ 76	Jan-19	Dec-19	N/A	N/A
D3800.MENIFEE	Inst New Meter/Manifold	$ 808					$ 808	Jan-19	Dec-19	N/A	N/A
D3800.MIDDLESBORO CITY	Inst New Meter/Manifold	$ 4,621					$ 4,621	Jan-19	Dec-19	N/A	N/A
D3800.MONTGOMERY	Inst New Meter/Manifold	$ 1,625					$ 1,625	Jan-19	Dec-19	N/A	N/A
D3800.MT OLIVET CITY	Inst New Meter/Manifold	$ 61					$ 61	Jan-19	Dec-19	N/A	N/A
D3800.N MIDDLETOWN CITY	Inst New Meter/Manifold	$ 689					$ 689	Jan-19	Dec-19	N/A	N/A
D3800.NICHOLASVILLE CITY	Inst New Meter/Manifold	$ 36,138					$ 36,138	Jan-19	Dec-19	N/A	N/A
D3800.OWINGSVILLE CITY	Inst New Meter/Manifold	$ 607					$ 607	Jan-19	Dec-19	N/A	N/A
D3800.PINEVILLE CITY	Inst New Meter/Manifold	$ 637					$ 637	Jan-19	Dec-19	N/A	N/A
D3800.POWELL	Inst New Meter/Manifold	$ 3,654					$ 3,654	Jan-19	Dec-19	N/A	N/A

D3800.RICHMOND CITY	Inst New Meter/Manifold	$ 5,632					$ 5,632		Jan-19	Dec-19	N/A	N/A
D3800.ROBERTSON	Inst New Meter/Manifold	$ 729					$ 729		Jan-19	Dec-19	N/A	N/A
D3800.ROWAN	Inst New Meter/Manifold	$ 8,431					$ 8,431		Jan-19	Dec-19	N/A	N/A
D3800.STANTON CITY	Inst New Meter/Manifold	$ 1,588					$ 1,588		Jan-19	Dec-19	N/A	N/A
D3800.WHITLEY	Inst New Meter/Manifold	$ 7,499					$ 7,499		Jan-19	Dec-19	N/A	N/A
D3800.WILLIAMSBURG CITY	Inst New Meter/Manifold	$ 1,531					$ 1,531		Jan-19	Dec-19	N/A	N/A
D3800.WILMORE CITY	Inst New Meter/Manifold	$ 736					$ 736		Jan-19	Dec-19	N/A	N/A
D4500.BARBOURVILLE CITY	Meter Installations (Retire)	$ 80					$ 80		Jan-19	Dec-19	N/A	N/A
D4500.BATH	Meter Installations (Retire)	$ 725					$ 725		Jan-19	Dec-19	N/A	N/A
D4500.BEATTYVILLE CITY	Meter Installations (Retire)	$ 41					$ 41		Jan-19	Dec-19	N/A	N/A
D4500.BEREA CITY	Meter Installations (Retire)	$ 1,476					$ 1,476		Jan-19	Dec-19	N/A	N/A
D4500.CLAY	Meter Installations (Retire)	$ 740					$ 740		Jan-19	Dec-19	N/A	N/A
D4500.CLAY CITY	Meter Installations (Retire)	$ 286					$ 286		Jan-19	Dec-19	N/A	N/A
D4500.CORBIN CITY.KNOX	Meter Installations (Retire)	$ 49					$ 49		Jan-19	Dec-19	N/A	N/A
D4500.CORBIN CITY.WHITLE	Meter Installations (Retire)	$ 411					$ 411		Jan-19	Dec-19	N/A	N/A
D4500.FRENCHBURG CITY	Meter Installations (Retire)	$ 511					$ 511		Jan-19	Dec-19	N/A	N/A
D4500.JESSAMINE	Meter Installations (Retire)	$ 965					$ 965		Jan-19	Dec-19	N/A	N/A
D4500.KNOX	Meter Installations (Retire)	$ 286					$ 286		Jan-19	Dec-19	N/A	N/A
D4500.LAUREL	Meter Installations (Retire)	$ 1,263					$ 1,263		Jan-19	Dec-19	N/A	N/A
D4500.LEE	Meter Installations (Retire)	$ 89					$ 89		Jan-19	Dec-19	N/A	N/A
D4500.LONDON CITY	Meter Installations (Retire)	$ 307					$ 307		Jan-19	Dec-19	N/A	N/A
D4500.MADISON	Meter Installations (Retire)	$ 2,513					$ 2,513		Jan-19	Dec-19	N/A	N/A
D4500.MANCHESTER CITY	Meter Installations (Retire)	$ 327					$ 327		Jan-19	Dec-19	N/A	N/A
D4500.MENIFEE	Meter Installations (Retire)	$ 725					$ 725		Jan-19	Dec-19	N/A	N/A
D4500.MONTGOMERY	Meter Installations (Retire)	$ 94					$ 94		Jan-19	Dec-19	N/A	N/A
D4500.N MIDDLETOWN CITY	Meter Installations (Retire)	$ 255					$ 255		Jan-19	Dec-19	N/A	N/A
D4500.NICHOLASVILLE CITY	Meter Installations (Retire)	$ 946					$ 946		Jan-19	Dec-19	N/A	N/A
D4500.OWINGSVILLE CITY	Meter Installations (Retire)	$ 725					$ 725		Jan-19	Dec-19	N/A	N/A
D4500.POWELL	Meter Installations (Retire)	$ 227					$ 227		Jan-19	Dec-19	N/A	N/A
D4500.RICHMOND CITY	Meter Installations (Retire)	$ 6					$ 6		Jan-19	Dec-19	N/A	N/A
D4500.ROBERTSON	Meter Installations (Retire)	$ 371					$ 371		Jan-19	Dec-19	N/A	N/A
D4500.ROWAN	Meter Installations (Retire)	$ 1,525					$ 1,525		Jan-19	Dec-19	N/A	N/A
D4500.SALT LICK CITY	Meter Installations (Retire)	$ 255					$ 255		Jan-19	Dec-19	N/A	N/A
D4500.STANTON CITY	Meter Installations (Retire)	$ 53					$ 53		Jan-19	Dec-19	N/A	N/A
D4500.WHITLEY	Meter Installations (Retire)	$ 575					$ 575		Jan-19	Dec-19	N/A	N/A
3820		$ 203,375	120,000	(83,375)	-69.48%	1%	$ 203,375					Increased expenditures due to increased amount / location of PRP project activity
D9700.1.REG	Purchase Regulators	$ 124,266					$ 124,266		Jan-19	Dec-19	N/A	N/A
3830		$ 124,266	99,500	(24,766)	-24.89%	1%	$ 124,266					
501.19.012.1	UPGRADE-BATH CO HS AL2300 METER	$ 2,676					$ 2,676		Jan-19	Dec-19	Feb-19	May-19
501.19.037.1	REG & RELIEF VALVE FAMILY DOLLAR WAREHS	$ 9,941					$ 9,941		Jan-19	Dec-19	Oct-19	Feb-20
502.19.014.1	REL-BEREA WALMART LV METER	$ 1,329					$ 1,329		Jan-19	Dec-19	Apr-19	May-19
502.19.016.1	REL METER AT GILL INDUSTRIES - I	$ 2,989					$ 2,989		Jan-19	Dec-19	Aug-19	Oct-19
502.19.025.1	REB AND REL METER HYSTER/YALE PLANT - I	$ 15,184					$ 20,914		Jan-19	Dec-19	Aug-19	Jan-20
503.19.014.1	REWORK METER E JESSAMINE HIGH SCHOOL-C	$ 2,013					$ 2,013		Jan-19	Dec-19	Aug-19	Sep-19
506.19.003.8	REMOVE-METER SET 1710 W HWY LOND	$ 1,739					$ 1,739		Jan-19	Dec-19	May-19	May-19
506.19.008.1	LVM LONDON TOBACCO MARKET HEMP DRYERS	$ 7,404					$ 7,404		Jan-19	Dec-19	Aug-19	Oct-19
508.19.008.1	INST-LVM KNOX CO DETENTION CENT	$ 6,564					$ 6,564		Jan-19	Dec-19	Jun-19	Jul-19
511.19.012.1	INST-METER SET 400 HAMMOCK RD	$ 6,162					$ 6,162		Jan-19	Dec-19	Feb-19	May-19
511-501	Install LVM 440 Hammock Road	-$ 4,241					$ 4,241		Jan-19	Dec-19	Dec-18	Mar-19
512.19.005.1	19MANC-REL METER AT PACES CRK SCHOOL	$ 6,509					$ 5,530		Jan-19	Dec-19	Mar-19	Jun-19
512-158	REBUILD ONEIDA BAPTIST INSTITUTES M	-$ 7,177					$ 7,177		Jan-19	Dec-19	Dec-18	Dec-19
3850		$ 51,091	36,000	(15,091)	-41.92%	0%	$ 78,679					
FCDELT.19.01	INST GENERATOR WINCHESTER OFFICE	$ 35,360					$ 35,360		Jan-19	Dec-19	Jan-19	Sep-19
FCDELT.19.03	REP AC AIR HANDLER IN CS/ACCTNG DEPT	$ 4,137					$ 4,137		Jan-19	Dec-19	Jul-19	Jul-19
FCDELT.19.04	WBURG OFFICE ROOF COATING	$ 16,507					$ 16,507		Jan-19	Dec-19	Sep-19	Sep-19
FCDELT.19.05	REP GUTTERS WBURG OFFICE BLDG	$ 2,450					$ 2,450		Jan-19	Dec-19	Sep-19	Sep-19
FCDELT.19.06	REP GUTTERS LONDON OFFICE BLDG	$ 3,300					$ 3,300		Jan-19	Dec-19	Nov-19	Dec-19
FCDELT.19.07	RESEAL & STRIPE WINCHESTER PARKING LOT	$ 11,058					$ 11,058		Jan-19	Dec-19	Aug-19	Sep-19
FCDELT.19.08	OFFICE AC/HEAT FAN COIL UNIT - J CROFT	$ 4,600					$ 4,572		Jan-19	Dec-19	Nov-19	Dec-19
FCDELT.19.09	OFFICE AC/HEAT FAN COIL UNIT - D FULLER	$ 4,600					$ 4,572		Jan-19	Dec-19	Nov-19	Dec-19
FCDELT.19.10	OFFICE AC/HEAT FAN COIL UNIT - D KING	$ 4,600					$ 4,572		Jan-19	Dec-19	Nov-19	Dec-19
FCDELT.19.11	LED LIGHT FIXTURES FOR BEREA OFFICE	$ 5,200					$ 5,200		Jan-19	Dec-19	Oct-19	Oct-19
FCDELT.19.13	30' X 40' STORAGE BUILDING - STANTON	$ 29,800					$ 29,800		Jan-19	Dec-19	Oct-19	Oct-19
FCDELT.19.14	LED LIGHT FIXTURES FOR CORBIN OFFICE	$ 3,328					$ 3,328		Jan-19	Dec-19	Sep-19	Nov-19
FCDELT.19.17	LENNOX HVAC SYSTEM FOR WINCH SERV CTR	$ 3,455					$ 3,455		Jan-19	Dec-19	Oct-19	Nov-19
FCDELT.19.18	SEAL AND STRIPE PARKING LOT NICHOLASVL	$ 2,100					$ 2,100		Jan-19	Dec-19	Oct-19	Nov-19
FCDELT.19.19	SCOTSMAN ICE MACHINE/WATER DISP-WINCHSTR	$ 8,616					$ 8,616		Jan-19	Dec-19	Dec-19	Dec-19

FCDELT.19.20	REP EXTERIOR DOOR AT WINCH SERV CTR	$ 2,250					$ 2,250	Jan-19	Dec-19	Nov-19	Dec-19	
3900		$ 141,362	127,200	(14,162)	-11.13%	1%	$ 141,278					
D7000.19.4	IMAGERUNNER IRC3525i III COPIER - WINCH	$ 4,023					$ 4,023	Jan-19	Dec-19	Oct-19	Oct-19	
D7000.19.5	NEOPOST IN700 MAILING SYSTEM	$ 6,741					$ 6,741	Jan-19	Dec-19	Dec-19	Dec-19	
D9700.19.1	CANON C3525 COPIER FOR BARBOURVILLE	$ 3,800					$ 3,800	Jan-19	Dec-19	Aug-19	Aug-19	
3910		$ 14,563	48,000	33,437	69.66%	0%	$ 14,563					Equipment had longer life than expected
D7000.19.2	DELL VxRAIL e560 4 NODE SOLUTION	$ 106,363					$ 106,363	Jan-19	Dec-19	Oct-19	Nov-19	
D7000.19.3	DELL POWEREDGE T440 BACKUP SERVER	$ 12,895					$ 12,895	Jan-19	Dec-19	Oct-19	Nov-19	
3912		$ 119,258	1,855,700	1,736,442	93.57%	1%	$ 119,258					Hardware not necessary with new system
DELTVEH.19.216302	2019 TOYOTA AVALON TOURING AWD	$ 41,009					$ 41,009	Jan-19	Dec-19	Jan-19	Jan-19	
DELTVEH.19.216304	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 32,163					$ 32,163	Jan-19	Dec-19	Feb-19	Mar-19	
DELTVEH.19.216305	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 31,698					$ 31,698	Jan-19	Dec-19	Jun-19	Jun-19	
DELTVEH.19.216306	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 33,840					$ 33,840	Jan-19	Dec-19	Mar-19	Mar-19	
DELTVEH.19.216307	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 33,840					$ 33,840	Jan-19	Dec-19	Mar-19	Mar-19	
DELTVEH.19.216308	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 32,124					$ 32,124	Jan-19	Dec-19	Jul-19	Jul-19	
DELTVEH.19.216309	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 32,124					$ 32,124	Jan-19	Dec-19	Aug-19	Aug-19	
DELTVEH.19.216398	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 33,422					$ 33,422	Jan-19	Dec-19	Apr-19	Apr-19	
DELTVEH.19.216399	2019 CHEVROLET SILVERADO 1500 WT 4X4	$ 33,990					$ 33,990	Jan-19	Dec-19	Apr-19	Apr-19	
DELTVEH.19.216402	2019 CHEVROLET TRAVERSE AWD LS	$ 32,490					$ 32,490	Jan-19	Dec-19	May-19	Jun-19	
DELTVEH.19.216404	2019 HOMESTEADER 610 MB DUMPT TRAILER	$ 5,232					$ 5,232	Jan-19	Dec-19	Aug-19	Aug-19	
DELTVEH.19.216435	2019 CHEVROLET SILVERADO 1500 4WD	$ 33,990					$ 33,990	Jan-19	Dec-19	Aug-19	Aug-19	
DELTVEH.19.216442	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	$ 34,390					$ 34,390	Jan-19	Dec-19	Dec-19	Dec-19	
DELTVEH.19.216443	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	$ 34,390					$ 34,390	Jan-19	Dec-19	Dec-19	Dec-19	
DELTVEH.19.216444	2020 CHEVROLET SILVERADO 2500 HD WT	$ 7,950					$ 44,250	Jan-19	Dec-19	Dec-19	Feb-20	
DELTVEH.19.216459	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	$ 34,390					$ 34,390	Jan-19	Dec-19	Dec-19	Dec-19	
DELTVEH.19.216510	2020 GATORMADE 14K EQUIP TRAILER	$ 5,342					$ 5,342	Jan-19	Dec-19	Nov-19	Dec-19	
DELTVEH.19.9	SALVAGE	-$ 104,990					$ (104,990)	Jan-19	Dec-19	N/A	N/A	
3920		$ 387,395	552,000	164,605	29.82%	3%	$ 423,695					
D7400.19.1	GPS EQUIP - WINCHESTER OFFICE	$ 16,212					$ 16,212	Jan-19	Dec-19	Feb-19	May-19	
D7400.19.10	DW UTILIGUARD T5 PIPE LOCATOR - OVILLE	$ 5,120					$ 5,120	Jan-19	Dec-19	Dec-19	Dec-19	
D7400.19.11	DW UTILIGUARD T5 PIPE LOCATOR - CORBIN	$ 5,120					$ 5,120	Jan-19	Dec-19	Dec-19	Dec-19	
D7400.19.12	DW UTILIGUARD T5 PIPE LOCATOR - MBORO	$ 5,120					$ 5,120	Jan-19	Dec-19	Dec-19	Dec-19	
D7400.19.2	HOT PRESSURE WASHER - BVILLE TRANSM	$ 6,042					$ 6,042	Jan-19	Dec-19	Jun-19	Jun-19	
D7400.19.3	FLYWHEEL PULLING TOOL - BVILLE TRANSM	$ 4,072					$ 4,072	Jan-19	Dec-19	Jul-19	Aug-19	
D7400.19.5	JAMESON MAIN LINE TRACER - CONTSTR CREWS	$ 2,313					$ 2,313	Jan-19	Dec-19	Sep-19	Sep-19	
D7400.19.6	DW 2" HOLE HOG BORING TOOL - BARBOURVILL	$ 3,067					$ 3,067	Jan-19	Dec-19	Sep-19	Sep-19	
D7400.19.7	DW UTILIGUARD T5 PIPE LOCATOR - NVILLE	$ 5,187					$ 5,187	Jan-19	Dec-19	Sep-19	Sep-19	
D7400.19.8	MUSTANG PS-62B 2" SQUEEZE TOOL - OVILLE	$ 3,498					$ 3,498	Jan-19	Dec-19	Dec-19	Dec-19	
D7400.19.9	DW UTILIGUARD T5 PIPE LOCATOR - BEREA	$ 5,120					$ 5,120	Jan-19	Dec-19	Dec-19	Dec-19	
3940		$ 60,871	94,000	33,129	35.24%	0%	$ 60,871					
D7400.19.4	DIGITAL DISPLAY GC580 FOR CHROMATOGRAPH	$ 5,427					$ 5,427	Jan-19	Dec-19	Jul-19	Aug-19	
3950		$ 5,427	8,000	2,573	32.17%	0%	$ 5,427					
DELTVEH.19.216069	2019 LINCOLN CLASSIC WELDING MACHINE	$ 17,050					$ 17,050	Jan-19	Dec-19	Mar-19	May-19	
DELTVEH.19.216111	2019 ATLAS COPCO HYDRAULIC BREAKER	$ 19,027					$ 19,027	Jan-19	Dec-19	Jul-19	Sep-19	
DELTVEH.19.216118	2019 100' FIRESTICK DRILL RODS FOR DRILL	$ 4,865					$ 4,865	Jan-19	Dec-19	Mar-19	May-19	
DELTVEH.19.216125.1	2019 2.3" TCI CUTTERS	$ 4,756					$ 4,756	Jan-19	Dec-19	Jun-19	Jun-19	
DELTVEH.19.216125.2	2019 ROCKMASTER 5.5"" TRI-CONE BIT	$ 4,247					$ 4,247	Jan-19	Dec-19	Jun-19	Jun-19	
DELTVEH.19.216288.1	2019 VERMEER HDD BORING MACHINE	$ 128,209					$ 128,209	Jan-19	Dec-19	Mar-19	May-19	
DELTVEH.19.216508	2019 VOLVO ECR40D COMPACT EXCAVATOR	$ 49,873					$ 49,873	Jan-19	Dec-19	Nov-19	Dec-19	
3960		$ 228,028	200,000	(28,028)	-14.01%	2%	$ 228,028					
3970		$ 0	6,000	6,000	100.00%	0%	$ -					No projects required
3980		$ 0	5,000	5,000	100.00%	0%	$ -					No projects required
	2019 TOTAL	**$ 14,355,903**	**13,646,600**	**(709,303)**	**-5.20%**	**105%**						
2020												
SW.DELT.CHROMATGH.3	SW CHROMATOGRAPH UPGRADE - PURCHASED	$ 4,401					$ 4,401	Jan-20	Dec-20	Nov-20	Nov-20	
SW.DELT.CPMS.PH4.2	SW CPMS PH4 - IN HOUSE	$ 43,625					$ 43,626	Jan-20	Dec-20	Jan-20	Dec-20	
SW.DELT.CYBER.RISK.3	SW CYBER RISK SCORECARD - PURCHASED	$ 10,412					$ 10,412	Jan-20	Dec-20	Sep-20	Oct-20	
SW.DELT.FLOWCALUPG.3	SW FLOWCAL 10 AND ORACLE 19 UPGRADE PROJ	$ 41,130					$ 74,200	Jan-20	Dec-20	Jan-20	Jul-21	
SW.DELT.GASTAR.2020.2	SW GASTAR ENHANCEMENT 2020 - IN HOUSE	$ 1,680					$ 1,680	Jan-20	Dec-20	Nov-20	Mar-21	
SW.DELT.HANA.UPGRD.2	SW BW HANA UPGRADE - IN HOUSE	$ 437					$ 437	Jan-20	Dec-20	Oct-20	Mar-21	
SW.DELT.MITELWEBCONF.3	SW MITEL 10 WEB CONFERENCE PORTS	$ 4,583					$ 4,583	Jan-20	Dec-20	Jun-20	Dec-20	
SW.DELT.SAP.20.LICEN.3	SW SAP 2020 LICENSES - PURCHASED	$ 17,947					$ 17,947	Jan-20	Dec-20	Nov-20	Nov-20	
SW.DELT.WFO.PH5.2	SW WORKFORCE OPT PH5 - IN HOUSE	$ 58,906					$ 58,928	Jan-20	Dec-20	Jul-20	Dec-20	
SW.DELTA.CRB.2	SW.DELTA.CRB.2 IN-HOUSE	$ 1,636,544					$ 4,001,478	Jan-20	Dec-20	Feb-19	Dec-20	
SW.DELTA.DELTA.PWRTAX.2	SW DELTA POWERTAX MIGRATE - IN HOUSE	$ 27,124					$ 224,211	Jan-20	Dec-20	Aug-19	May-20	

SW.DELTA.MITEL.MIGRTN.3	SW MITEL PHONE MIGTATION - PURCHASED	$ 10,486					$ 13,437	Jan-20	Dec-20	Dec-19	Oct-20		
SW.DELTA.PERCEP.UPGRD.2	SW PERCEPTIVE UPGRADE - IN HOUSE	$ 2,493					$ 2,710	Jan-20	Dec-20	Sep-19	Mar-21		
SW.DELTA.PERCEP.UPGRD.3	SW PERCEPTIVE UPGRADE - PURCHASED	$ 4,410					$ 4,410	Jan-20	Dec-20	Apr-20	Mar-21		
SW.DELTA.SAP.S4.HANA.2	SW SAP S4 HANA - IN HOUSE	$ 11,745					$ 319,555	Jan-20	Dec-20	Nov-19	Nov-19		
SW.SIP.DELT.COFENSE.3	SW SIP COFENSE - PURCHASED	$ 4,355					$ 4,605	Jan-20	Dec-20	Dec-20	Feb-21		
SW.SIP.DELT.CONT.MGT.2	SW SIP CONTRACT MGMT - IN HOUSE	$ 864					$ 12,793	Jan-20	Dec-20	Dec-20	Oct-21		
SW.SIP.DELT.EAM.REDSGN.2	SW EAM REDESIGN - IN HOUSE	$ 167,909					$ 171,302	Jan-20	Dec-20	May-20	Jul-21		
SW.SIP.DELT.NORMSHIELD.3	SW SIP NORMSHIELD - PURCHASED	$ 1,307					$ 1,309	Jan-20	Dec-20	Dec-20	Apr-21		
SW.SIP.DELT.QUALYS.3	SW SIP QUALYS - PURCHASED	$ 5,668					$ 5,977	Jan-20	Dec-20	Dec-20	May-22		
SW.SIP.DELT.RELIAQUEST.3	SW SIP RELIAQUEST - PURCHASED	$ 11,856					$ 8,170	Jan-20	Dec-20	Dec-20	Apr-21		
SW.SIP.DELT.SANS.3	SW SIP SANS - PURCHASED	$ 2,854					$ 2,854	Jan-20	Dec-20	Dec-20	Feb-21		
SW.SIP.DELT.SPLUNK.3	SW SIP SPLUNK - PURCHASED	$ 7,708					$ 57,495	Jan-20	Dec-20	Dec-20	Jun-23		
SW.SIP.DELT.WORKDAY.2	SW WORKDAY IMPLEMENT - IN HOUSE	$ 32					$ 181	Jan-20	Dec-20	May-20	Nov-22		
3030		$ 2,078,474	0	(2,078,474)	-100%	15%	$ 5,046,699						Changing of budget account #
526.20.012.8	RET 4" GATH MAIN STAT 223 & 230	$ 3,971					$ 3,971	Jan-20	Dec-20	Aug-20	Oct-20		
3320		$ 3,971	65,800	61,829	94%	0%	$ 3,971						Fewer project C.O.R. expenditures than anticipated in budget
526.20.001.1	CONNECT STNY FRK EWL LINE TO EW #2 COMPR	$ 6,927					$ 6,927	Jan-20	Dec-20	Feb-20	Mar-20		
526-194	INSTALL COMPRESSOR AT EAST/WEST STA	-$ 55					$ 109,264	Jan-20	Dec-20	Dec-18	May-19		
3330		$ 6,871	20,200	13,329	66%	0%	$ 116,191						Project expenditures less than anticipated in budget
526.20.006.1	INSTALL EM AT METER STATIONS IN BELL CO	$ 54,642					$ 54,642	Jan-20	Dec-20	Feb-20	Jul-20		
526.20.007.1	INSTALL EM AT METER STATIONS IN KNOX CO	$ 20,161					$ 20,161	Jan-20	Dec-20	May-20	Jul-20		
526.20.008.1	INSTALL EM AT METER STATIONS IN WHITLEY	$ 20,478					$ 20,478	Jan-20	Dec-20	Mar-20	Jul-20		
526.20.011.1	REP METER TUBE STAT 138 BAILEY GA	$ 6,199					$ 6,199	Jan-20	Dec-20	May-20	Jun-20		
3340		$ 101,480	97,100	(4,380)	-5%	1%	$ 101,480						
3530		$ 0	11,200	11,200	100%	0%	0						Anticipated projects did not materialize
525.20.013.1	REP PNEUMATIC CONTROLLER CM #5 COMPRSR	$ 2,782					$ 2,782	Jan-20	Dec-20	May-20	May-20		
526.19.005.1	19MIDD-REP CRANK & ROD CAN MTN #5 COMP	$ 12,564					$ 12,564	Jan-20	Dec-20	Mar-20	Nov-21		
3540		$ 15,346	57,500	42,154	73%	0%	$ 15,346						Project expenditures less than anticipated in budget
3560		$ 0	109,200	109,200	100%	0%	0						Anticipated projects did not materialize
525.20.016.1	REP INSTL BLDG FOR FARMERS PURCH	$ 86,671					$ 86,671	Jan-20	Dec-20	Oct-20	2020 11		
3660		$ 86,671	0	(86,671)	-100.00%	1%	$ 86,671						Project not anticipated in budget
501.19.021.1	EXT STEEL KY 801 APP HARVEST-I	$ 6,031					$ 349,683	Jan-20	Dec-20	Oct-19	Dec-19		
501.19.034.1	INST HPR ON HWY 801 WEDDING CHAPEL-R	$ 58					$ 4,183	Jan-20	Dec-20	Nov-19	Feb-20		
512.19.010.1	REPAIR TRANEX TRANS COLLINS FORK	$ 1,786					$ 77,294	Jan-20	Dec-20	Sep-19	Oct-19		
525.19.030.1	REP 4" STEEL FARMERS PS TO MMRC	$ 4,062					$ 9,006	Jan-20	Dec-20	Dec-19	Jan-20		
525.20.005.1	EXT 3186 BATTLEFIELD MEM HWY - R	$ 1,890					$ 1,890	Jan-20	Dec-20	Mar-20	Mar-20		
525.20.006.1	INSTL CHK VALV ATCBC-1A PREWITT BEND RD	$ 3,421					$ 3,421	Jan-20	Dec-20	Feb-20	Mar-20		
525.20.007.1	REP GRND BED on 8" NEAR INTERS OF RT 80	$ 7,812					$ 7,812	Jan-20	Dec-20	Mar-20	Jul-20		
525.20.008.1	REP STRAIGHT CRK RECTIFIER MONITOR RTU	$ 4,589					$ 4,589	Jan-20	Dec-20	Mar-20	Apr-20		
525.20.009.1	REP ARTEMUS RECTIFIER MONITOR RTU	$ 4,589					$ 4,589	Jan-20	Dec-20	Apr-20	Apr-20		
525.20.014.1	EXT 6" CS FOR APP HARVEST-I	$ 56,679					$ 56,679	Jan-20	Dec-20	Jul-20	Sep-20		
525.20.015.1	REPAIR TRANEX PIPE KY RT 2004	$ 9,751					$ 9,751	Jan-20	Dec-20	Sep-20	Oct-20		
525.20.017.1	20MIDD-REP TRANS KY ROUTE 66 XING	$ 7,187					$ 7,187	Jan-20	Dec-20	Aug-20	Aug-20		
525.20.018.1	REP RECTIFIER KY 221 BELL CO	$ 4,480					$ 4,483	Jan-20	Dec-20	Sep-20	Nov-20		
525.20.021.1	EXT 4" & 8" SPEEDWELL RD APPHARV-I	$ 75,549					$ 75,549	Jan-20	Dec-20	Nov-20	Dec-20		
3670		$ 187,884	802,000	614,116	77%	1%	$ 616,115						Expenditures less than anticipated in budget due to the timing of certain projects
525.20.019.1	REB GABBARD FORK #3 COMP	$ 12,772					$ 12,772	Jan-20	Dec-20	Sep-20	2020 11		
3680		$ 12,772	31,400	18,628	59%	0%	$ 12,772						Expenditures less than anticipated
501.20.017.1	INS LVM TRANSM FARMERS PURCH STATION	$ 840,992					$ 643,540	Jan-20	Dec-20	Apr-20	Oct-20		
525.19.032.1	REL ODORIZATION INJECTION UNIT STA 526	$ 1,447					$ 6,965	Jan-20	Dec-20	Nov-19	Jan-20		
525.20.011.1	REP REGS AT OWINGSVIL PURCH STAT#1001	$ 2,012					$ 2,012	Jan-20	Dec-20	Feb-20	Mar-20		
525.20.022.1	REP RELIEF VALVE FMC STAT 1010	$ 505					$ 505	Jan-20	Dec-20	Dec-20	Dec-20		
3690		$ 844,956	294,000	(550,956)	-187%	6%	$ 653,021						Expenditures more than anticipated for Farmers P/S
3710		$ 0	9,800	9,800	100%	0%	0						Anticipated projects did not materialize
511.19.005.1	19CORB-REP 8" S ALONG BARTON MILL EASEMT	$ 131					$ 2,860	Jan-20	Dec-20	Jan-19	Jan-20		
3740		$ 131	6,000	5,869	98%	0%	$ 2,860						Expenditures less than anticipated
501.20.018.1	INS FENCE REG STAT RICE RD	$ 5,084					$ 5,084	Jan-20	Dec-20	Jun-20	Jun-20		
3750		$ 5,084	6,200	1,116	18%	0%	$ 5,084						
501.19.002.1	19OWNG-REL 4" P ALONG KY158 SHARKEY BILL	-$ 89,315					$ 19,560	Jan-20	Dec-20	Feb-19	Jun-19		
501.19.014.1	REP US 460 FRENCHBURG DOT PROJ BILL	-$ 34,462					$ 275,983	Jan-20	Dec-20	Jul-19	Sep-19		
501.19.016.1	REP-6700 FT PL MAIN IN MIDLAND	$ 416,221					$ 452,183	Jan-20	Dec-20	May-19	Dec-20		
501.19.022.1	EXT 2" PL KY 801 & RICE RD-R	$ 11,687					$ 99,734	Jan-20	Dec-20	Oct-19	Dec-19		
501.19.029.1	19OWNG-EXT 2" PIPE HWY 801 ROWAN CO-R	$ 116					$ 2,680	Jan-20	Dec-20	Oct-19	Jan-20		
501.19.035.1	INST OUTLET PIPE HWY 801 ROWAN CO - R	$ 670					$ 2,225	Jan-20	Dec-20	Nov-19	Jan-20		

501.19.036.1	EXT 1000FT RODNEY HITCH BLVD ROWAN CO-R	$ 5,068	$ 87,307	Jan-20	Dec-20	Oct-19	Jan-20
501.19.038.1	INSTL HPR & 2" PL AT 600 RIDGEVIEW DR-R	$ 580	$ 4,758	Jan-20	Dec-20	Nov-19	Jan-20
501.20.001.8	RET 2" STL RD XING HWY 36 IN FRENCHBURG	$ 1,611	$ 1,611	Jan-20	Dec-20	Jan-20	Jan-20
501.20.003.8	RETIRE RD XING MCBRAYER RD CLEARFIELD	$ 524	$ 524	Jan-20	Dec-20	Jan-20	Feb-20
501.20.004.1	REP MAIN 121 AND 139 WARREN LN	$ 1,507	$ 1,507	Jan-20	Dec-20	Feb-20	Feb-20
501.20.005.1	EXTEND MAIN RICE RD JOSH LAYNE-R	$ 2,975	$ 2,975	Jan-20	Dec-20	Jun-20	Jun-20
501.20.006.1	RELOCATE DIST PIPE KY 801 APPHARVEST	$ 10,135	$ 10,135	Jan-20	Dec-20	May-20	Jun-20
501.20.007.1	REP MAIN BYPASS RD SALT LICK	$ 4,990	$ 4,990	Jan-20	Dec-20	Feb-20	Feb-20
501.20.009.1	INSTAL BAYOU LN DANNY CHIDLERS-R	$ 4,117	$ 4,117	Jan-20	Dec-20	Jun-20	Jun-20
501.20.010.1	REP 200' MAIN 1830 HWY 60-R	$ 13,529	$ 13,529	Jan-20	Dec-20	Jun-20	Jun-20
501.20.011.8	RET MAIN XING FLEMINGSBURG RD	$ 57	$ 57	Jan-20	Dec-20	Jul-20	Jul-20
501.20.014.1	REPLACE Aldyl-A PIPE US Hwy 60	$ 51,510	$ 669,760	Jan-20	Dec-20	Apr-20	Oct-23
501.20.015.1	REPLACE Aldyl-A MAIN HWY 60	$ 68,010	$ 866,349	Jan-20	Dec-20	Apr-20	Oct-23
501.20.016.1	REPLACE PL MAIN WOODS LN SALT LICK	$ 4,191	$ 4,191	Jan-20	Dec-20	Apr-20	Apr-20
501.20.022.1	REP PL MAIN CECIL AVE IN OWINGSVI	$ 5,554	$ 11,107	Jan-20	Dec-20	May-20	Sep-20
501.20.024.1	20OWNG-REP MAIN CECIL AVE OWINGSVILLE	$ 59,655	$ 60,335	Jan-20	Dec-20	Jul-20	Jul-20
501.20.026.1	EXT MAIN HWY 32 ROWAN CO - R	$ 6,873	$ 6,873	Jan-20	Dec-20	Sep-20	Sep-20
501.20.027.1	20OWNG-EXT MAIN 212 MCKENZIE RD - R	$ 2,067	$ 2,067	Jan-20	Dec-20	Sep-20	Sep-20
501.20.029.8	RET 2" PL DRIVEWAY ENTR 6498 FLEMINGSBRG	$ 511	$ 511	Jan-20	Dec-20	Sep-20	Sep-20
501.20.031.1	REP 250FT PL MAIN HWY 801	$ 18,614	$ 18,614	Jan-20	Dec-20	Nov-20	Nov-20
501.20.034.8	RET 110FT 6440 HWY 801	$ 114	$ 114	Jan-20	Dec-20	Dec-20	Dec-20
502.19.013.1	REP 520FT UCS 2516 BATTLEFIELD MEM	$ 8,978	$ 8,978	Jan-20	Dec-20	Jan-20	Jan-20
502.19.019.1	REP-2" ML PL ALONG MULTI LOCATION	$ 540,805	$ 582,256	Jan-20	Dec-20	May-19	Oct-20
502.19.023.1	REP PL BS 326 ESTILL ST TO RICHMOND RD	$ 12,436	$ 12,436	Jan-20	Dec-20	Jan-20	Jan-20
502.19.027.8	RET ML 323 FOREST ST	$ 234	$ 234	Jan-20	Dec-20	Jan-20	Jan-20
502.19.031.1	REP ALDYL PIPE BEREA CITY LIMITS	$ 69,065	$ 100,939	Jan-20	Dec-20	Nov-19	Jun-23
502.19.032.1	REP IPE BEREA CITY LIMITS E HAITI RD	$ 14,378	$ 20,285	Jan-20	Dec-20	Nov-19	Apr-22
502.19.035.1	REP MAIN 2" PL 1124 PARK AVE	$ 5,563	$ 5,563	Jan-20	Dec-20	Jan-20	Jan-20
502.20.001.1	EXT TRILLIUM LOOP PHASE 2 TWIN LAKES-R	$ 12,237	$ 12,237	Jan-20	Dec-20	Jan-20	Jan-20
502.20.002.1	INST HPR & EXT TO 3196 BATTLEFILED RD-R	$ 6,413	$ 6,413	Jan-20	Dec-20	Mar-20	Apr-20
502.20.008.1	EXT MAIN BILL ROBERTSON WAY-I	$ 13,167	$ 13,167	Jan-20	Dec-20	May-20	Jul-20
502.20.010.1	EXTEND MAIN LINE ALONG PAGE DR ORC HILLS	$ 4,422	$ 4,422	Jan-20	Dec-20	Mar-20	Apr-20
502.20.011.1	EXTEND MAIN LINE ALONG KINCAID LN - R	$ 16,982	$ 16,982	Jan-20	Dec-20	Apr-20	May-20
502.20.013.1	EXT MAIN LINE 852 RIDGEWOOD DR-R	$ 3,193	$ 3,193	Jan-20	Dec-20	May-20	May-20
502.20.014.1	REP VALVE LAUREL DR AND ELLIPSE	$ 10,081	$ 10,081	Jan-20	Dec-20	Jul-20	Aug-20
502.20.016.8	RET RD XING KIRKSVILLE RD & CURTIS PIIKE	$ 2,037	$ 2,037	Jan-20	Dec-20	Sep-20	Sep-20
502.20.018.1	REP 1" STEEL 447 DUNCANNON LN	$ 3,175	$ 3,471	Jan-20	Dec-20	Oct-20	Dec-20
502.20.021.8	RET RD XING 189 KAYE ST	$ 107	$ 107	Jan-20	Dec-20	Dec-20	Dec-20
503.19.012.1	REP 7610 FT PL PIPE NICHOLASVILLE	$ 41,556	$ 338,401	Jan-20	Dec-20	Jun-19	Dec-19
503.19.019.1	REP 26300' PIPE AT MULTIPLE LOCATIONS	$ 283	$ 1,807,844	Jan-20	Dec-20	Aug-19	Dec-22
503.19.023.1	INST 600FT 2" PL 1936 HARRODSBURG RD	$ 222	$ 17,485	Jan-20	Dec-20	Nov-19	Dec-19
503.20.002.1	INSTALL IN NOLAND PROPERTY PH3-R	$ 72,712	$ 72,712	Jan-20	Dec-20	May-20	Jun-20
503.20.003.8	RET 2"PLASTIC ASBURY COLLEGE PARK LOT-R	$ 1,075	$ 1,075	Jan-20	Dec-20	Feb-20	Feb-20
503.20.004.1	REP 2" ALDYLA PLAS WILMORE SYSTEM	$ 477,603	$ 477,603	Jan-20	Dec-20	Apr-20	Aug-20
503.20.005.1	EXT 2" MAIN 203 WILDWOOD LANE-R	$ 1,217	$ 1,217	Jan-20	Dec-20	Mar-20	Apr-20
503.20.006.1	EXT 8 LOTS OFF PARK CENTRAL DRIVE-R	$ 17,412	$ 17,412	Jan-20	Dec-20	Jun-20	Jun-20
503.20.007.1	INSTALL ON WILLIAMS RD EST GATE SUBDIV-R	$ 28,395	$ 28,395	Jan-20	Dec-20	Apr-20	May-20
503.20.008.1	EXT BRANNON RESERVE DEVELOPMENT-R	$ 11,520	$ 11,520	Jan-20	Dec-20	Aug-20	Aug-20
503.20.009.1	REP ON N MAIN ST FOR POLICE STATION	$ 4,324	$ 4,324	Jan-20	Dec-20	Jul-20	Jul-20
503.20.010.1	INS 2" ML COLLINS SUB PHASE 2-R	$ 28,838	$ 28,838	Jan-20	Dec-20	Oct-20	Oct-20
503.20.012.1	INS 2" PL 409 WOOSPOINT WAY WILMORE-R	$ 3,770	$ 3,770	Jan-20	Dec-20	Oct-20	Oct-20
503.20.013.1	EXT 270 FT 211 & 212 GRANDVIEW-R	$ 2,801	$ 2,801	Jan-20	Dec-20	Dec-20	Dec-20
505.19.008.1	19STAT-REP 4483 FT KYTC RD PROJECT	$ 45,625	$ 65,171	Jan-20	Dec-20	Jul-19	Dec-21
505.19.010.1	REL ALONG KY 231 STATE HWY PROJECT-BILL	$ 287,340	$ 306,371	Jan-20	Dec-20	Sep-19	Dec-20
505.19.011.1	REL ALONG HWY 213 STATE HWY PJCT-BILL	$ 17,679	$ 19,534	Jan-20	Dec-20	Dec-20	Dec-20
505.20.001.1	REP MAIN ON 2ND St. IN CLAY CITY	$ 4,823	$ 4,823	Jan-20	Dec-20	Jun-20	Jun-20
505.20.002.1	REPLACE MAIN N BEND RD	$ 8,873	$ 8,873	Jan-20	Dec-20	Jul-20	Jul-20
505.20.006.1	REP PL MAIN 4727 MAIN ST CLAY CIT	$ 10,510	$ 10,510	Jan-20	Dec-20	Jun-20	Jun-20
505.20.007.1	2REP BS HWY 213 JEFFERSONVILLE	$ 6,128	$ 6,128	Jan-20	Dec-20	Jul-20	Jul-20
505.20.008.8	RET PL MAIN S FORK RD BEATTYVILLE	$ 118	$ 118	Jan-20	Dec-20	Jun-20	Jul-20
505.20.010.1	REP 2" PL STRANGE STREET	$ 6,034	$ 6,034	Jan-20	Dec-20	Aug-20	Aug-20
505.20.011.1	EXT 3/4"PL 91 REPRESENTATIVE DR-R	$ 1,241	$ 1,241	Jan-20	Dec-20	Oct-20	Nov-20
506.19.006.1	EXT-4" PL MAIN ON 401 LILY RD-R	$ 44	$ 14,608	Jan-20	Dec-20	Jul-19	Aug-19
506.19.009.1	EXT 2" PLAS TO ELK RUN PHASE 2 & 3 - R	$ 22	$ 27,124	Jan-20	Dec-20	Aug-19	Sep-19
506.19.010.1	REP HWY 25 JAMISON LN TO CARTER LN	$ 209	$ 10,757	Jan-20	Dec-20	Aug-19	Jan-20
506.19.011.1	EXT 2" PL KY 472 LAUREL CO FIRE DEPT C	$ 12,454	$ 12,454	Jan-20	Dec-20	Jan-20	Jan-20
506.19.013.1	EXT 160' 2" TO 345 CROWN POINT ESTATES-R	$ 1,738	$ 1,738	Jan-20	Dec-20	Jan-20	Jan-20
506.19.014.1	EXT 1 1/4" ML TO LAUREL RD & RADER LN-R	$ 5,501	$ 5,501	Jan-20	Dec-20	Jan-20	Jan-20

506.19.015.1	REP MAIN 192 DOGWOOD TRAIL	$ 12,111	$ 12,111	Jan-20	Dec-20	Feb-20	Mar-20
506.20.002.1	EXT PL MAIN EAST LAUREL RD-R	$ 10,031	$ 10,031	Jan-20	Dec-20	Jun-20	Jun-20
506.20.003.1	REP PLEXCO MAIN SUNNYSIDE LN CT RD	$ 7,773	$ 7,898	Jan-20	Dec-20	Sep-20	Sep-20
506.20.005.8	RET MAINLINE N MAIN ST	$ 47	$ 47	Jan-20	Dec-20	Aug-20	Aug-20
506.20.006.1	REP 4" MAIN LIPEROTE WAY KY 472	$ 9,435	$ 9,435	Jan-20	Dec-20	Aug-20	Aug-20
506.20.008.1	EXT 2" PL RD XING KY 363 KY 552 R	$ 18,167	$ 19,490	Jan-20	Dec-20	Dec-20	Dec-20
506.20.009.1	EXT 2" PL 16 RIVER OAK CIRCLE-R	$ 2,521	$ 2,521	Jan-20	Dec-20	Dec-20	Dec-20
507.19.005.1	REP BS PIPE HWY26 BALLARD FORD AREA	$ 140,376	$ 164,110	Jan-20	Dec-20	May-19	Jun-20
507.20.002.1	REP 2" CS 7TH ST & WALNUT STREET APTS	$ 28,088	$ 28,088	Jan-20	Dec-20	Mar-20	Apr-20
507.20.003.8	RET 2" PL EAGLE POINT DR	$ 1,218	$ 1,218	Jan-20	Dec-20	Jul-20	Aug-20
507.20.004.1	REP 2" PE MAIN ON SILER ST	$ 942	$ 61,511	Jan-20	Dec-20	Sep-20	Aug-22
507.20.005.8	RET 1" CS 214 N 3RD ST	$ 1,977	$ 1,977	Jan-20	Dec-20	Aug-20	Sep-20
507.20.008.1	EXT TO 7 WASANO DRIVE- R	$ 5,266	$ 5,266	Jan-20	Dec-20	Sep-20	Sep-20
507.20.009.1	EXT S 10 STREET UOF CUMBERLANDS-C	$ 8,084	$ 8,146	Jan-20	Dec-20	Nov-20	Nov-20
508.19.005.1	REL-PIPE 1325 MIDDLE FORK CRK BILL	-$ 4,907	$ 261	Jan-20	Dec-20	Apr-19	May-19
508.20.001.1	REP 2" PL KNOX PLAZA	$ 7,090	$ 7,090	Jan-20	Dec-20	Sep-20	Sep-20
508.20.002.1	REP 2" VALVE EAST PF S KY 11	$ 1,653	$ 1,653	Jan-20	Dec-20	Sep-20	Oct-20
508.20.003.1	EXT 2" PL KY 6 DOWNTOWN BARBOURVILLE-R	$ 10,888	$ 10,888	Jan-20	Dec-20	Sep-20	Oct-20
508.20.004.1	INS-2" PL 74 CHURCH OF GOD LANE-R	$ 4,119	$ 4,264	Jan-20	Dec-20	Dec-20	Dec-20
508.20.005.1	INS 2" PL 6354 HWY 11 APPROX 250' - R	$ 5,999	$ 6,081	Jan-20	Dec-20	Dec-20	Dec-20
510.19.010.1	REP BS WITH PL PIPE PVILLE CITY LIMITS	$ 133,850	$ 146,159	Jan-20	Dec-20	May-19	Sep-20
510.19.011.1	REP BS WITH PL PIPE IN BELL CO	$ 348,298	$ 363,558	Jan-20	Dec-20	May-19	Oct-20
510.19.012.1	REP-CS BS VARIOUS LOCATIONS BELL	$ 326,619	$ 327,590	Jan-20	Dec-20	Jul-19	Jul-20
510.19.017.1	REP BS SEVERAL LOCATIONS	$ 85,734	$ 856,049	Jan-20	Dec-20	Jan-20	Sep-23
510.20.002.1	REP MAINELINE VALVE 2" KY TN AVE	$ 6,935	$ 6,935	Jan-20	Dec-20	Jun-20	Jul-20
510.20.003.1	EXT 2' PL HWY 2014 DOLLAR GEN - C	$ 2,620	$ 2,620	Jan-20	Dec-20	Jul-20	Apr-20
510.20.004.1	REP XING CHICHESTER AVE MIDD	$ 3,702	$ 3,702	Jan-20	Dec-20	Aug-20	Aug-20
511.19.009.1	REP2" BS HWY 830 MOORE HILL	$ 40,569	$ 410,186	Jan-20	Dec-20	Feb-19	Dec-19
511.19.015.1	REP-BS IN CORBIN KNOX CO AREA	$ 22,680	$ 31,091	Jan-20	Dec-20	May-19	Apr-20
511.19.016.1	REP-8 IN CS WITH 4 IN PIPE BARTON MILL	$ 34,790	$ 821,351	Jan-20	Dec-20	Aug-19	Nov-19
511.19.019.1	REP BS FROM INDIAN OAK DR TO WATCH RD	$ 30,440	$ 30,440	Jan-20	Dec-20	Feb-20	Apr-20
511.19.021.1	REP-BS VARIOUS LOC IN CORB SYS	$ 44,693	$ 62,283	Jan-20	Dec-20	May-19	Jun-20
511.19.022.1	BILL-REL MAIN 25E PROJECT HWY 25 TO I75	$ 849,665	$ 956,691	Jan-20	Dec-20	Jun-19	Oct-20
511.19.027.1	INST 2" ML 119 WELDON POINTE - R	$ 747	$ 5,478	Jan-20	Dec-20	Dec-19	Jan-20
511.20.001.1	REP ALONG FAIRSTON ROAD IN LAUREL CO	$ 495,076	$ 495,076	Jan-20	Dec-20	May-20	Jul-20
511.20.002.1	EXT HICKORY HILLS DR KY 1259 - I	$ 4,585	$ 4,585	Jan-20	Dec-20	Sep-20	Sep-20
511.20.004.1	EXT ALONG ASHLEY ACRES DRIVE-R	$ 8,380	$ 8,380	Jan-20	Dec-20	Apr-20	Jun-20
511.20.007.8	RETIRE MAIN VILLAGEWOOD TRAILER PK	$ 285	$ 569	Jan-20	Dec-20	Jul-20	Aug-20
511.20.008.1	REP SUNFIRE LANE CORBIN	$ 14,151	$ 14,214	Jan-20	Dec-20	Apr-20	Jun-20
511.20.009.1	REP MAIN VARIOUS LOC CORBIN	$ 129,865	$ 134,196	Jan-20	Dec-20	Oct-20	Nov-20
511.20.010.1	REP ML VARIOUS LOC CORBIN CITY	$ 364,440	$ 379,204	Jan-20	Dec-20	Apr-20	Nov-20
511.20.013.1	INS 2" PL HICKORY RIDGE LOT 3-R	$ 3,391	$ 3,391	Jan-20	Dec-20	May-20	May-20
511.20.014.8	RET MAIN AT 4295 KY 1232	$ 2,355	$ 2,355	Jan-20	Dec-20	May-20	May-20
511.20.015.1	REP BARE STEEL HWY 26 WOODBINE	$ 22,775	$ 22,837	Jan-20	Dec-20	Jun-20	Jul-20
511.20.016.1	EXT P AMERICAN GREETING CARD RD-R	$ 5,917	$ 6,042	Jan-20	Dec-20	Jun-20	Jul-20
511.20.017.1	REP 3/4" 1" 2" MAINS VARIOS LOCATI	$ 984	$ 1,198,165	Jan-20	Dec-20	Jun-20	Sep-21
511.20.018.1	REP MAIN 1205 W CUMBERLAND GAP	$ 44,635	$ 44,635	Jan-20	Dec-20	Jul-20	Jul-20
511.20.019.1	EXT 2" MEADOWLARK CIRCLE-R	$ 2,951	$ 2,951	Jan-20	Dec-20	Sep-20	Oct-20
511.20.020.1	EXT 2" PE SANDY ROCK ESTATE SUB-R	$ 7,694	$ 7,694	Jan-20	Dec-20	Sep-20	Sep-20
511.20.022.1	EXT 2" PL STORE @ 6851 KY 229-C	$ 12,338	$ 12,338	Jan-20	Dec-20	Sep-20	Sep-20
511.20.023.8	RET 2" PL 512 MASTER ST DR	$ 3,581	$ 3,581	Jan-20	Dec-20	Sep-20	Sep-20
511.20.024.8	20CORB-RET 177' 55 BYRLEY RD	$ 131	$ 131	Jan-20	Dec-20	Oct-20	Oct-20
511.20.025.1	EXT 2" PL 1823 S MAIN ST-R	$ 1,759	$ 1,821	Jan-20	Dec-20	Nov-20	Nov-20
511.20.026.1	EXT 2" PL 1177 WATCH RD-R	$ 4,810	$ 4,810	Jan-20	Dec-20	Nov-20	Nov-20
511.20.028.1	EXT 2" PL 96 FUTURE DR - C	$ 5,900	$ 6,612	Jan-20	Dec-20	Dec-20	Dec-20
511.20.029.1	EXT 1700' OAKLAWN CIRCILE-R	$ 104,003	$ 105,543	Jan-20	Dec-20	Dec-20	Dec-20
511.20.031.1	EXT 2" PL 1445 BARTON MILL RD-R	$ 8,744	$ 11,111	Jan-20	Dec-20	Dec-20	Dec-20
512.19.006.1	REP-CS CK XING BALD KNOB RD	$ 4,443	$ 4,443	Jan-20	Dec-20	Jan-20	Jan-20
512.19.011.8	RET 2""P HWY66 DUE TO HWY PROJECT ONEIDA	$ 1,513	$ 1,513	Jan-20	Dec-20	Oct-19	Oct-20
512.19.013.1	REP ALYDA-A PIPE MULTI LOCATIONS	$ 39,235	$ 448,192	Jan-20	Dec-20	May-19	Dec-19
512.19.014.1	REP 4" PL KY 3472 MEMORIAL DR	$ 57,524	$ 57,524	Jan-20	Dec-20	Apr-20	Jun-20
512.19.015.1	EXT 2" PL FROM 3998 TO 4110 HWY 80 - R	$ 6,998	$ 6,998	Jan-20	Dec-20	Jan-20	Jan-20
512.19.017.1	REP 2"PL 210 MARIE LANDON DR	$ 13,337	$ 13,337	Jan-20	Dec-20	Jan-20	Jan-20
512.20.001.1	REPLACE ALYDA-A PIPE PHASE 2	$ 91,365	$ 91,365	Jan-20	Dec-20	Apr-20	Jun-20
512.20.002.1	REP 150' 1 1/4" PL KY 687 CLAY COUNTY	$ 12,769	$ 12,769	Jan-20	Dec-20	Jun-20	Jul-20
512.20.003.1	EXT MN LINE HED START RD-W HUDSON-R	$ 5,259	$ 5,259	Jan-20	Dec-20	Mar-20	Apr-20
512.20.004.1	REPLACE 4" PLASTIC ALONG KY 638 -R	$ 3,544	$ 19,688	Jan-20	Dec-20	Jun-20	Feb-21
512.20.005.1	EXT MAIN LINE 186 BARRETT L WILLIAMS-R	$ 4,361	$ 4,361	Jan-20	Dec-20	May-20	Jun-20

512.20.006.8	RET 20' 2" PL 8821 KY290 BRIDGE	$ 1,684				$ 1,684	Jan-20	Dec-20	Mar-20	Apr-20		
512.20.007.1	REPLAC ALDYL-A MAIN BURNING SPRINGSUS421	$ 57,946				$ 1,142,491	Jan-20	Dec-20	Mar-20	Dec-23		
512.20.010.1	REP 3/4" MAIN 87 JACKSON SMITH RD	$ 1,620				$ 1,620	Jan-20	Dec-20	Jul-20	Jul-20		
512.20.012.1	EXT 2" PL 159 MATHIS LN - R	$ 15,639				$ 15,822	Jan-20	Dec-20	Dec-20	Dec-20		
512-168	Rel main along Hwy 421 due to BILL	$ 215				$ 1,365,116	Jan-20	Dec-20	Dec-08	Aug-19		
3760		$ 6,158,872	8,200,000	2,041,128	25%	46% $ 11,199,299						
501.19.024.2	INST REG STAT WHISPERING OAKS DR	$ 894				$ 7,406	Jan-20	Dec-20	Oct-19	Dec-19		
501.20.013.1	REPLACE STAT PIPE OVILLE TBS ID01007	$ 2,330				$ 2,330	Jan-20	Dec-20	Apr-20	May-20		
502.20.019.1	REP SPEEDWELL RD REG STAT 02039	$ 6,299				$ 8,326	Jan-20	Dec-20	Nov-20	Nov-20		
505.20.004.1	REP REGULATORS AT TBS RAILROAD ST	$ 2,493				$ 2,493	Jan-20	Dec-20	Feb-20	Apr-20		
505.20.005.1	REPLACE WOODY WARE RD STATION 05020	$ 2,283				$ 2,283	Jan-20	Dec-20	Apr-20	May-20		
506.20.004.8	RET MARTIN CUPP REG STAT NEAR 7TH #6007	$ 1,455				$ 1,455	Jan-20	Dec-20	Jul-20	Aug-20		
525.20.010.1	REP DISTR REG STAT 9019 DUE FLOOD KY2013	$ 4,932				$ 4,932	Jan-20	Dec-20	Mar-20	Apr-20		
3780		$ 20,687	72,000	51,313	71%	0% $ 29,226						Expenditures less than anticipated
3790		$ 0	25,000	25,000	100%	0% 0						Anticipated projects did not materialize
501.20.008.1	INS EXT HPR OLD HWY 801 FARMERS-R	$ 4,859				$ 4,859	Jan-20	Dec-20	Mar-20	Apr-20		
D9200.BARBOURVILLE CITY	Service Installations (New)	$ 10,995				$ 10,995	Jan-20	Dec-20	N/A	N/A		
D9200.BATH	Service Installations (New)	$ 22,757				$ 22,757	Jan-20	Dec-20	N/A	N/A		
D9200.BEATTYVILLE CITY	Service Installations (New)	$ 205				$ 205	Jan-20	Dec-20	N/A	N/A		
D9200.BELL	Service Installations (New)	$ 20,249				$ 20,249	Jan-20	Dec-20	N/A	N/A		
D9200.BEREA CITY	Service Installations (New)	$ 46,598				$ 46,598	Jan-20	Dec-20	N/A	N/A		
D9200.BOURBON	Service Installations (New)	$ 2,722				$ 2,722	Jan-20	Dec-20	N/A	N/A		
D9200.CLARK	Service Installations (New)	$ 6,007				$ 6,007	Jan-20	Dec-20	N/A	N/A		
D9200.CLAY	Service Installations (New)	$ 52,966				$ 52,966	Jan-20	Dec-20	N/A	N/A		
D9200.CLAY CITY	Service Installations (New)	$ 498				$ 498	Jan-20	Dec-20	N/A	N/A		
D9200.CORBIN CITY.KNOX	Service Installations (New)	$ 6,582				$ 6,582	Jan-20	Dec-20	N/A	N/A		
D9200.CORBIN CITY.WHITLE	Service Installations (New)	$ 7,853				$ 7,853	Jan-20	Dec-20	N/A	N/A		
D9200.FAYETTE	Service Installations (New)	$ 6,708				$ 6,708	Jan-20	Dec-20	N/A	N/A		
D9200.FRENCHBURG CITY	Service Installations (New)	$ 5,199				$ 5,199	Jan-20	Dec-20	N/A	N/A		
D9200.JACKSON	Service Installations (New)	$ 2,234				$ 2,234	Jan-20	Dec-20	N/A	N/A		
D9200.JESSAMINE	Service Installations (New)	$ 27,665				$ 27,665	Jan-20	Dec-20	N/A	N/A		
D9200.KNOX	Service Installations (New)	$ 59,824				$ 59,824	Jan-20	Dec-20	N/A	N/A		
D9200.LAUREL	Service Installations (New)	$ 87,791				$ 87,791	Jan-20	Dec-20	N/A	N/A		
D9200.LEE	Service Installations (New)	$ 3,864				$ 3,864	Jan-20	Dec-20	N/A	N/A		
D9200.LONDON CITY	Service Installations (New)	$ 37,203				$ 37,203	Jan-20	Dec-20	N/A	N/A		
D9200.MADISON	Service Installations (New)	$ 125,759				$ 125,759	Jan-20	Dec-20	N/A	N/A		
D9200.MANCHESTER CITY	Service Installations (New)	$ 4,895				$ 4,895	Jan-20	Dec-20	N/A	N/A		
D9200.MASON	Service Installations (New)	$ 880				$ 880	Jan-20	Dec-20	N/A	N/A		
D9200.MENIFEE	Service Installations (New)	$ 8,163				$ 8,163	Jan-20	Dec-20	N/A	N/A		
D9200.MIDDLESBORO CITY	Service Installations (New)	$ 31,291				$ 31,291	Jan-20	Dec-20	N/A	N/A		
D9200.MONTGOMERY	Service Installations (New)	$ 18,960				$ 18,960	Jan-20	Dec-20	N/A	N/A		
D9200.MT OLIVET CITY	Service Installations (New)	$ 6,103				$ 6,103	Jan-20	Dec-20	N/A	N/A		
D9200.N MIDDLETOWN CITY	Service Installations (New)	$ 5,855				$ 5,855	Jan-20	Dec-20	N/A	N/A		
D9200.NICHOLASVILLE CITY	Service Installations (New)	$ 262,378				$ 262,378	Jan-20	Dec-20	N/A	N/A		
D9200.OWINGSVILLE CITY	Service Installations (New)	$ 1,479				$ 1,479	Jan-20	Dec-20	N/A	N/A		
D9200.PINEVILLE CITY	Service Installations (New)	$ 201				$ 201	Jan-20	Dec-20	N/A	N/A		
D9200.POWELL	Service Installations (New)	$ 10,013				$ 10,013	Jan-20	Dec-20	N/A	N/A		
D9200.RICHMOND CITY	Service Installations (New)	$ 47,492				$ 47,492	Jan-20	Dec-20	N/A	N/A		
D9200.ROWAN	Service Installations (New)	$ 78,591				$ 78,591	Jan-20	Dec-20	N/A	N/A		
D9200.SHARPSBURG CITY	Service Installations (New)	$ 4,123				$ 4,123	Jan-20	Dec-20	N/A	N/A		
D9200.STANTON CITY	Service Installations (New)	$ 5,166				$ 5,166	Jan-20	Dec-20	N/A	N/A		
D9200.WHITLEY	Service Installations (New)	$ 48,526				$ 48,526	Jan-20	Dec-20	N/A	N/A		
D9200.WILLIAMSBURG CITY	Service Installations (New)	$ 19,437				$ 19,437	Jan-20	Dec-20	N/A	N/A		
D9200.WILMORE CITY	Service Installations (New)	$ 18,574				$ 18,574	Jan-20	Dec-20	N/A	N/A		
D9500.BARBOURVILLE CITY	Service Installations (Replaced)	$ 7,676				$ 7,676	Jan-20	Dec-20	N/A	N/A		
D9500.BATH	Service Installations (Replaced)	$ 16,163				$ 16,163	Jan-20	Dec-20	N/A	N/A		
D9500.BELL	Service Installations (Replaced)	$ 39,265				$ 39,265	Jan-20	Dec-20	N/A	N/A		
D9500.BEREA CITY	Service Installations (Replaced)	$ 12,716				$ 12,716	Jan-20	Dec-20	N/A	N/A		
D9500.CLAY	Service Installations (Replaced)	$ 9,892				$ 9,892	Jan-20	Dec-20	N/A	N/A		
D9500.CLAY CITY	Service Installations (Replaced)	$ 3,646				$ 3,646	Jan-20	Dec-20	N/A	N/A		
D9500.CORBIN CITY.KNOX	Service Installations (Replaced)	$ 4,544				$ 4,544	Jan-20	Dec-20	N/A	N/A		
D9500.CORBIN CITY.WHITLE	Service Installations (Replaced)	$ 49,924				$ 49,924	Jan-20	Dec-20	N/A	N/A		
D9500.FRENCHBURG CITY	Service Installations (Replaced)	$ 273				$ 273	Jan-20	Dec-20	N/A	N/A		
D9500.JESSAMINE	Service Installations (Replaced)	$ 268				$ 268	Jan-20	Dec-20	N/A	N/A		
D9500.KNOX	Service Installations (Replaced)	$ 7,721				$ 7,721	Jan-20	Dec-20	N/A	N/A		
D9500.LAUREL	Service Installations (Replaced)	$ 58,965				$ 58,965	Jan-20	Dec-20	N/A	N/A		
D9500.LONDON CITY	Service Installations (Replaced)	$ 9,676				$ 9,676	Jan-20	Dec-20	N/A	N/A		
D9500.MADISON	Service Installations (Replaced)	$ 6,579				$ 6,579	Jan-20	Dec-20	N/A	N/A		

D9500.MANCHESTER CITY	Service Installations (Replaced)	$ 1,084					$ 1,084	Jan-20	Dec-20	N/A	N/A
D9500.MIDDLESBORO CITY	Service Installations (Replaced)	$ 3,413					$ 3,413	Jan-20	Dec-20	N/A	N/A
D9500.MONTGOMERY	Service Installations (Replaced)	$ 4,366					$ 4,366	Jan-20	Dec-20	N/A	N/A
D9500.N MIDDLETOWN CITY	Service Installations (Replaced)	$ 617					$ 617	Jan-20	Dec-20	N/A	N/A
D9500.OWINGSVILLE CITY	Service Installations (Replaced)	$ 10,000					$ 10,000	Jan-20	Dec-20	N/A	N/A
D9500.PINEVILLE CITY	Service Installations (Replaced)	$ 1,291					$ 1,291	Jan-20	Dec-20	N/A	N/A
D9500.POWELL	Service Installations (Replaced)	$ 5,280					$ 5,280	Jan-20	Dec-20	N/A	N/A
D9500.RICHMOND CITY	Service Installations (Replaced)	$ 43,589					$ 43,589	Jan-20	Dec-20	N/A	N/A
D9500.ROBERTSON	Service Installations (Replaced)	$ 1,921					$ 1,921	Jan-20	Dec-20	N/A	N/A
D9500.ROWAN	Service Installations (Replaced)	$ 3,177					$ 3,177	Jan-20	Dec-20	N/A	N/A
D9500.SALT LICK CITY	Service Installations (Replaced)	$ 2,157					$ 2,157	Jan-20	Dec-20	N/A	N/A
D9500.STANTON CITY	Service Installations (Replaced)	$ 15,227					$ 15,227	Jan-20	Dec-20	N/A	N/A
D9500.WHITLEY	Service Installations (Replaced)	$ 20,015					$ 20,015	Jan-20	Dec-20	N/A	N/A
D9500.WILLIAMSBURG CITY	Service Installations (Replaced)	$ 5,561					$ 5,561	Jan-20	Dec-20	N/A	N/A
D9500.WILMORE CITY	Service Installations (Replaced)	$ 71,409					$ 71,409	Jan-20	Dec-20	N/A	N/A
D9525.FARMTAP	DELTA FARMTAP FABRICATIONS	-$ 5,210					$ (5,210)	Jan-20	Dec-20	N/A	N/A
D9525.MISCMTRMAT	DELTA MISC METER MATERIAL	$ 10,969					$ 10,969	Jan-20	Dec-20	N/A	N/A
D9600.BARBOURVILLE CITY	Service Installations (Retire)	$ 7,421					$ 7,421	Jan-20	Dec-20	N/A	N/A
D9600.BATH	Service Installations (Retire	$ 476					$ 476	Jan-20	Dec-20	N/A	N/A
D9600.BEATTYVILLE CITY	Service Installations (Retire)	$ 13					$ 13	Jan-20	Dec-20	N/A	N/A
D9600.BELL	Service Installations (Retire)	$ 8,284					$ 8,284	Jan-20	Dec-20	N/A	N/A
D9600.BEREA CITY	Service Installations (Retire)	$ 11,240					$ 11,240	Jan-20	Dec-20	N/A	N/A
D9600.CLAY	Service Installations (Retire)	$ 9,855					$ 9,855	Jan-20	Dec-20	N/A	N/A
D9600.CLAY CITY	Service Installations (Retire)	$ 51					$ 51	Jan-20	Dec-20	N/A	N/A
D9600.CORBIN CITY.KNOX	Service Installations (Retire)	$ 3,659					$ 3,659	Jan-20	Dec-20	N/A	N/A
D9600.CORBIN CITY.WHITLE	Service Installations (Retire)	$ 19,783					$ 19,783	Jan-20	Dec-20	N/A	N/A
D9600.FRENCHBURG CITY	Service Installations (Retire)	$ 123					$ 123	Jan-20	Dec-20	N/A	N/A
D9600.JESSAMINE	Service Installations (Retire)	$ 1,944					$ 1,944	Jan-20	Dec-20	N/A	N/A
D9600.KNOX	Service Installations (Retire)	$ 19,038					$ 19,038	Jan-20	Dec-20	N/A	N/A
D9600.LAUREL	Service Installations (Retire)	$ 11,961					$ 11,961	Jan-20	Dec-20	N/A	N/A
D9600.LEE	Service Installations (Retire)	$ 51					$ 51	Jan-20	Dec-20	N/A	N/A
D9600.LONDON CITY	Service Installations (Retire)	$ 11,929					$ 11,929	Jan-20	Dec-20	N/A	N/A
D9600.MADISON	Service Installations (Retire)	$ 10,476					$ 10,476	Jan-20	Dec-20	N/A	N/A
D9600.MANCHESTER CITY	Service Installations (Retire)	$ 1,941					$ 1,941	Jan-20	Dec-20	N/A	N/A
D9600.MIDDLESBORO CITY	Service Installations (Retire)	$ 12,221					$ 12,221	Jan-20	Dec-20	N/A	N/A
D9600.MONTGOMERY	Service Installations (Retire)	$ 112					$ 112	Jan-20	Dec-20	N/A	N/A
D9600.N MIDDLETOWN CITY	Service Installations (Retire)	$ 294					$ 294	Jan-20	Dec-20	N/A	N/A
D9600.NICHOLASVILLE CITY	Service Installations (Retire)	$ 28,329					$ 28,329	Jan-20	Dec-20	N/A	N/A
D9600.OWINGSVILLE CITY	Service Installations (Retire)	$ 267					$ 267	Jan-20	Dec-20	N/A	N/A
D9600.PINEVILLE CITY	Service Installations (Retire)	$ 778					$ 778	Jan-20	Dec-20	N/A	N/A
D9600.POWELL	Service Installations (Retire)	$ 2,772					$ 2,772	Jan-20	Dec-20	N/A	N/A
D9600.RICHMOND CITY	Service Installations (Retire)	$ 1,381					$ 1,381	Jan-20	Dec-20	N/A	N/A
D9600.ROWAN	Service Installations (Retire)	$ 1,255					$ 1,255	Jan-20	Dec-20	N/A	N/A
D9600.SALT LICK CITY	Service Installations (Retire)	$ 168					$ 168	Jan-20	Dec-20	N/A	N/A
D9600.SHARPSBURG CITY	Service Installations (Retire)	$ 494					$ 494	Jan-20	Dec-20	N/A	N/A
D9600.STANTON CITY	Service Installations (Retire)	$ 469					$ 469	Jan-20	Dec-20	N/A	N/A
D9600.WHITLEY	Service Installations (Retire)	$ 7,339					$ 7,339	Jan-20	Dec-20	N/A	N/A
D9600.WILLIAMSBURG CITY	Service Installations (Retire)	$ 5,229					$ 5,229	Jan-20	Dec-20	N/A	N/A
D9600.WILMORE CITY	Service Installations (Retire)	$ 832					$ 832	Jan-20	Dec-20	N/A	N/A
3800		$ 1,713,017	1,500,000	(213,017)	-14%	13%	$ 1,713,017				
D9700.1.ERT	Purchase ERT Device	$ 283,500					$ 283,500	Jan-20	Dec-20	N/A	N/A
D9700.1.MTR	Purchase Meters	$ 99,983					$ 99,983	Jan-20	Dec-20	N/A	N/A
D9700.1.OMD	Purchase Other Measuring Devices/Gauges	$ 17,055					$ 17,055	Jan-20	Dec-20	N/A	N/A
3810		$ 400,538	476,400	75,862	16%	3%	$ 400,538				
D3800.BARBOURVILLE CITY	Inst New Meter/Manifold	$ 2,024					$ 2,024	Jan-20	Dec-20	N/A	N/A
D3800.BATH	Inst New Meter/Manifold	$ 6,667					$ 6,667	Jan-20	Dec-20	N/A	N/A
D3800.BEATTYVILLE CITY	Inst New Meter/Manifold	$ 240					$ 240	Jan-20	Dec-20	N/A	N/A
D3800.BELL	Inst New Meter/Manifold	$ 2,155					$ 2,155	Jan-20	Dec-20	N/A	N/A
D3800.BEREA CITY	Inst New Meter/Manifold	$ 12,937					$ 12,937	Jan-20	Dec-20	N/A	N/A
D3800.BOURBON	Inst New Meter/Manifold	$ 850					$ 850	Jan-20	Dec-20	N/A	N/A
D3800.CLAY	Inst New Meter/Manifold	$ 11,405					$ 11,405	Jan-20	Dec-20	N/A	N/A
D3800.CLAY CITY	Inst New Meter/Manifold	$ 704					$ 704	Jan-20	Dec-20	N/A	N/A
D3800.CORBIN CITY.KNOX	Inst New Meter/Manifold	$ 1,799					$ 1,799	Jan-20	Dec-20	N/A	N/A
D3800.CORBIN CITY.WHITLE	Inst New Meter/Manifold	$ 4,710					$ 4,710	Jan-20	Dec-20	N/A	N/A
D3800.FAYETTE	Inst New Meter/Manifold	$ 1,941					$ 1,941	Jan-20	Dec-20	N/A	N/A
D3800.FRENCHBURG CITY	Inst New Meter/Manifold	$ 1,016					$ 1,016	Jan-20	Dec-20	N/A	N/A
D3800.JACKSON	Inst New Meter/Manifold	$ 672					$ 672	Jan-20	Dec-20	N/A	N/A
D3800.JESSAMINE	Inst New Meter/Manifold	$ 9,586					$ 9,586	Jan-20	Dec-20	N/A	N/A

D3800.KNOX	Inst New Meter/Manifold	$ 11,729					$ 11,729	Jan-20	Dec-20	N/A	N/A	
D3800.LAUREL	Inst New Meter/Manifold	$ 22,631					$ 22,631	Jan-20	Dec-20	N/A	N/A	
D3800.LEE	Inst New Meter/Manifold	$ 935					$ 935	Jan-20	Dec-20	N/A	N/A	
D3800.LONDON CITY	Inst New Meter/Manifold	$ 7,363					$ 7,363	Jan-20	Dec-20	N/A	N/A	
D3800.MADISON	Inst New Meter/Manifold	$ 35,455					$ 35,455	Jan-20	Dec-20	N/A	N/A	
D3800.MANCHESTER CITY	Inst New Meter/Manifold	$ 1,682					$ 1,682	Jan-20	Dec-20	N/A	N/A	
D3800.MASON	Inst New Meter/Manifold	$ 741					$ 741	Jan-20	Dec-20	N/A	N/A	
D3800.MENIFEE	Inst New Meter/Manifold	$ 2,045					$ 2,045	Jan-20	Dec-20	N/A	N/A	
D3800.MIDDLESBORO CITY	Inst New Meter/Manifold	$ 6,313					$ 6,313	Jan-20	Dec-20	N/A	N/A	
D3800.MONTGOMERY	Inst New Meter/Manifold	$ 3,858					$ 3,858	Jan-20	Dec-20	N/A	N/A	
D3800.MT OLIVET CITY	Inst New Meter/Manifold	$ 1,906					$ 1,906	Jan-20	Dec-20	N/A	N/A	
D3800.N MIDDLETOWN CITY	Inst New Meter/Manifold	$ 2,375					$ 2,375	Jan-20	Dec-20	N/A	N/A	
D3800.NICHOLASVILLE CITY	Inst New Meter/Manifold	$ 88,216					$ 88,216	Jan-20	Dec-20	N/A	N/A	
D3800.OWINGSVILLE CITY	Inst New Meter/Manifold	$ 2,690					$ 2,690	Jan-20	Dec-20	N/A	N/A	
D3800.PINEVILLE CITY	Inst New Meter/Manifold	$ 192					$ 192	Jan-20	Dec-20	N/A	N/A	
D3800.POWELL	Inst New Meter/Manifold	$ 4,392					$ 4,392	Jan-20	Dec-20	N/A	N/A	
D3800.RICHMOND CITY	Inst New Meter/Manifold	$ 8,425					$ 8,425	Jan-20	Dec-20	N/A	N/A	
D3800.ROBERTSON	Inst New Meter/Manifold	$ 60					$ 60	Jan-20	Dec-20	N/A	N/A	
D3800.ROWAN	Inst New Meter/Manifold	$ 12,709					$ 12,709	Jan-20	Dec-20	N/A	N/A	
D3800.SHARPSBURG CITY	Inst New Meter/Manifold	$ 2,102					$ 2,102	Jan-20	Dec-20	N/A	N/A	
D3800.STANTON CITY	Inst New Meter/Manifold	$ 2,010					$ 2,010	Jan-20	Dec-20	N/A	N/A	
D3800.WHITLEY	Inst New Meter/Manifold	$ 9,122					$ 9,122	Jan-20	Dec-20	N/A	N/A	
D3800.WILLIAMSBURG CITY	Inst New Meter/Manifold	$ 2,334					$ 2,334	Jan-20	Dec-20	N/A	N/A	
D3800.WILMORE CITY	Inst New Meter/Manifold	$ 8,092					$ 8,092	Jan-20	Dec-20	N/A	N/A	
D4500.BARBOURVILLE CITY	Meter Installations (Retire)	$ 199					$ 199	Jan-20	Dec-20	N/A	N/A	
D4500.BATH	Meter Installations (Retire)	$ 98					$ 98	Jan-20	Dec-20	N/A	N/A	
D4500.BELL	Meter Installations (Retire)	$ 29					$ 29	Jan-20	Dec-20	N/A	N/A	
D4500.BEREA CITY	Meter Installations (Retire)	$ 683					$ 683	Jan-20	Dec-20	N/A	N/A	
D4500.CLAY	Meter Installations (Retire)	$ 389					$ 389	Jan-20	Dec-20	N/A	N/A	
D4500.CLAY CITY	Meter Installations (Retire)	$ 70					$ 70	Jan-20	Dec-20	N/A	N/A	
D4500.CORBIN CITY.KNOX	Meter Installations (Retire)	$ 238					$ 238	Jan-20	Dec-20	N/A	N/A	
D4500.CORBIN CITY.WHITLE	Meter Installations (Retire)	$ 864					$ 864	Jan-20	Dec-20	N/A	N/A	
D4500.FRENCHBURG CITY	Meter Installations (Retire)	$ 58					$ 58	Jan-20	Dec-20	N/A	N/A	
D4500.KNOX	Meter Installations (Retire)	$ 1,077					$ 1,077	Jan-20	Dec-20	N/A	N/A	
D4500.LAUREL	Meter Installations (Retire)	$ 119					$ 119	Jan-20	Dec-20	N/A	N/A	
D4500.LEE	Meter Installations (Retire)	$ 48					$ 48	Jan-20	Dec-20	N/A	N/A	
D4500.LONDON CITY	Meter Installations (Retire)	$ 417					$ 417	Jan-20	Dec-20	N/A	N/A	
D4500.MADISON	Meter Installations (Retire)	$ 783					$ 783	Jan-20	Dec-20	N/A	N/A	
D4500.MANCHESTER CITY	Meter Installations (Retire)	$ 54					$ 54	Jan-20	Dec-20	N/A	N/A	
D4500.MIDDLESBORO CITY	Meter Installations (Retire)	$ 303					$ 303	Jan-20	Dec-20	N/A	N/A	
D4500.MONTGOMERY	Meter Installations (Retire)	$ 97					$ 97	Jan-20	Dec-20	N/A	N/A	
D4500.NICHOLASVILLE CITY	Meter Installations (Retire)	$ 3,439					$ 3,439	Jan-20	Dec-20	N/A	N/A	
D4500.OWINGSVILLE CITY	Meter Installations (Retire)	$ 251					$ 251	Jan-20	Dec-20	N/A	N/A	
D4500.PINEVILLE CITY	Meter Installations (Retire)	$ 31					$ 31	Jan-20	Dec-20	N/A	N/A	
D4500.POWELL	Meter Installations (Retire)	$ 666					$ 666	Jan-20	Dec-20	N/A	N/A	
D4500.RICHMOND CITY	Meter Installations (Retire)	$ 66					$ 66	Jan-20	Dec-20	N/A	N/A	
D4500.ROWAN	Meter Installations (Retire)	$ 295					$ 295	Jan-20	Dec-20	N/A	N/A	
D4500.SALT LICK CITY	Meter Installations (Retire)	$ 102					$ 102	Jan-20	Dec-20	N/A	N/A	
D4500.SHARPSBURG CITY	Meter Installations (Retire)	$ 56					$ 56	Jan-20	Dec-20	N/A	N/A	
D4500.STANTON CITY	Meter Installations (Retire)	$ 152					$ 152	Jan-20	Dec-20	N/A	N/A	
D4500.WHITLEY	Meter Installations (Retire)	$ 340					$ 340	Jan-20	Dec-20	N/A	N/A	
D4500.WILLIAMSBURG CITY	Meter Installations (Retire)	$ 1,591					$ 1,591	Jan-20	Dec-20	N/A	N/A	
D4500.WILMORE CITY	Meter Installations (Retire)	$ 260					$ 260	Jan-20	Dec-20	N/A	N/A	
3820		$ 306,855	120,000	(186,855)	-156%	2%	$ 306,855					Increased expenditures due to increased amount / location of PRP project activity
D9700.1.REG	Purchase Regulators	$ 174,269					$ 174,269	Jan-20	Dec-20	N/A	N/A	
3830		$ 174,269	148,500	(25,769)	-17%	1%	$ 174,269					
501.20.012.1	INS LVM WHISKEY BARREL PLANT RODNEY HITC	$ 6,538					$ 6,538	Jan-20	Dec-20	Jun-20	Jun-20	
501.20.020.1	INS LVM APPHARVEST GH ROWAN CO	$ 71,902					$ 71,902	Jan-20	Dec-20	Jun-20	Sep-20	
501.20.030.1	INS LVM 369 WYNN FLAT RD-C	$ 8,884					$ 8,884	Jan-20	Dec-20	Oct-20	Nov-20	
502.19.025.1	REB AND REL METER HYSTER/YALE PLANT - I	$ 5,730					$ 20,914	Jan-20	Dec-20	Aug-19	Jan-20	
502.20.009.1	INSTALL AL2300 METER SET ASAHI FORGE - I	$ 5,561					$ 5,561	Jan-20	Dec-20	Apr-20	May-20	
502.20.012.1	INSTALL METER SET BLDG(CLA) AT BGAD	$ 8,463					$ 8,463	Jan-20	Dec-20	Mar-20	Nov-20	
502.20.017.1	REB METER SET 503 BATTLEFIELD MEM HWY-C	$ 7,232					$ 7,247	Jan-20	Dec-20	Oct-20	Oct-20	
506.19.008.1	LVM LONDON TOBACCO MARKET HEMP DRYERS	$ 0					$ 7,404	Jan-20	Dec-20	Aug-19	Oct-19	
506.20.001.1	INS METER SET ST.JOE'S MEDICAL-C	$ 6,265					$ 6,265	Jan-20	Dec-20	Mar-20	Mar-20	
506.20.007.1	UPG METER FIRST BAP CHURCH 804 5TH ST-C	$ 2,973					$ 2,973	Jan-20	Dec-20	Aug-20	Sep-20	
510.20.005.8	RET 2300 METER SET 502 ASHBURY AV-I	$ 1,765					$ 1,765	Jan-20	Dec-20	Oct-20	Oct-20	

511.20.006.8	REMV METER ASPHALT MACH 10265 HWY 25	$ 335					$ 335	Jan-20	Dec-20	Mar-20	Mar-20		
511.20.012.8	RET SCHOOL METERSET 275 S LAUREL RD	$ 474					$ 474	Jan-20	Dec-20	May-20	May-20		
3850		$ 126,122	36,000	(90,122)	-250%	1%	$ 148,724						Increased expenditures due to unanticipated increased demand for LVM
FCDELT.19.08	OFFICE AC/HEAT FAN COIL UNIT - J CROFT	-$ 28					$ 4,572	Jan-20	Dec-20	Nov-19	Dec-19		
FCDELT.19.09	OFFICE AC/HEAT FAN COIL UNIT - D FULLER	-$ 28					$ 4,572	Jan-20	Dec-20	Nov-19	Dec-19		
FCDELT.19.10	OFFICE AC/HEAT FAN COIL UNIT - D KING	-$ 28					$ 4,572	Jan-20	Dec-20	Nov-19	Dec-19		
FCDELT.19.12	SEALCOAT AND STRIPE PARKING LOT MBORO	$ 2,230					$ 2,230	Jan-20	Dec-20	Mar-20	Mar-20		
FCDELT.20.01	REP WOOD PLANK FENCE AT WINCH OFFC BLDG	$ 3,100					$ 3,100	Jan-20	Dec-20	Mar-20	Apr-20		
FCDELT.20.02	5 TON HVAC SYSTEM FOR MANCHESTER OFFICE	$ 6,000					$ 6,000	Jan-20	Dec-20	Aug-20	Aug-20		
FCDELT.20.03	2 TON LENNOX HVAC SYSTEM WINCH METERSHOP	$ 5,450					$ 5,450	Jan-20	Dec-20	Aug-20	Aug-20		
FCDELT.20.04	5 TON TEMPSTAR HVAC SYSTEM CORBIN OFFC	$ 6,447					$ 6,447	Jan-20	Dec-20	Aug-20	Aug-20		
3900		$ 23,143	548,400	525,257	96%	0%	$ 36,943						Budgeted projects not done due to COVID
3910		$ 0	24,000	24,000	100%	0%	0						Anticipated projects did not materialize
D7000.20.1	CISCO 4221 ROUTER FOR VERIZON LINE	$ 2,285					$ 2,285	Jan-20	Dec-20	Jun-20	Jul-20		
D7000.20.10	CATALYST 9300 24 PORT POE SWITCH-OWNGSVL	$ 5,191					$ 5,191	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.11	CATALYST 9300 48 PORT POE SWITCH-MBORO	$ 7,726					$ 7,726	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.12	DELL XE3 PC FOR CHROMATOGRAH AT SERV CTR	$ 4,761					$ 4,761	Jan-20	Dec-20	Nov-20	Nov-20		
D7000.20.13	DATA DOMAIN 3300 TO BACKUP SERVERS	$ 29,309					$ 35,669	Jan-20	Dec-20	Oct-20	Oct-20		
D7000.20.2	CATALYST 9300 48 PORT POE SWITCH - BEREA	$ 7,726					$ 7,726	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.3	CATALYST 9300 48 PORT POE SWITCH - NVILL	$ 7,726					$ 7,726	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.4	CATALYST 9300 48 PORT POE SWITCH-BARBVL	$ 7,726					$ 7,726	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.5	CATALYST 9300 48 PORT POE SWITCH-CORB OF	$ 7,726					$ 7,726	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.6	CATALYST 9300 24 PORT POE SWITCH-STANTON	$ 5,191					$ 5,191	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.7	CATALYST 9300 24 PORT POE SWITCH-CORB WH	$ 5,191					$ 5,191	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.8	CATALYST 9300 24 PORT POE SWITCH - WBURG	$ 5,191					$ 5,191	Jan-20	Dec-20	Aug-20	Aug-20		
D7000.20.9	CATALYST 9300 24 PORT POE SWITCH - MANCH	$ 5,191					$ 5,191	Jan-20	Dec-20	Aug-20	Aug-20		
3912		$ 100,937	39,600	(61,337)	-155%	1%	$ 107,297						More extensive replacement of network for new system
DELTVEH.19.216439	2020 CHEVROLET 3500 DOUBLE CAB	$ 48,062					$ 48,062	Jan-20	Dec-20	May-20	May-20		
DELTVEH.19.216440	2020 CHEVROLET SILVERADO 1500 WT 4X4 DOU	$ 34,390					$ 34,390	Jan-20	Dec-20	Jan-20	Jan-20		
DELTVEH.19.216444	2020 CHEVROLET SILVERADO 2500 HD WT	$ 36,300					$ 44,250	Jan-20	Dec-20	Dec-19	Feb-20		
DELTVEH.19.216445	2020 CHEVROLET SILVERADO 2500 HD WT	$ 42,299					$ 42,299	Jan-20	Dec-20	May-20	May-20		
DELTVEH.19.216446	2020 CHEVROLET SILVERADO 2500 HD WT	$ 42,299					$ 42,299	Jan-20	Dec-20	May-20	May-20		
DELTVEH.19.216447	2020 CHEVROLET SILVERADO 2500 HD WT	$ 42,299					$ 42,299	Jan-20	Dec-20	May-20	May-20		
DELTVEH.19.9	SALVAGE	-$ 94,210					$ (94,210)	Jan-20	Dec-20	N/A	N/A		
DELTVEH.20.216612	CHALLENGER 508CS 5X8 TRAILER	$ 2,438					$ 2,438	Jan-20	Dec-20	Feb-20	Feb-20		
DELTVEH.20.216614	2020 CHEVROLET SILVERADO 1500 4X4 TRANSM	$ 34,690					$ 34,690	Jan-20	Dec-20	Jul-20	Jul-20		
DELTVEH.20.216615	2020 FORD F-350 SUPER DUTY SUPER CAB	$ 47,643					$ 47,643	Jan-20	Dec-20	Jul-20	Jul-20		
DELTVEH.20.216616	2020 CHEVROLET SILVERADO 2500 HD 4X4	$ 36,190					$ 36,190	Jan-20	Dec-20	Mar-20	Mar-20		
DELTVEH.20.216617	2020 FORD F-350 SUPER DUTY SUPER CAB 4X4	$ 49,808					$ 49,808	Jan-20	Dec-20	Aug-20	Aug-20		
DELTVEH.20.216622	2020 CHEVY SILVERADO 1500 4X4 DBL CAB	$ 35,690					$ 35,690	Jan-20	Dec-20	Jul-20	Jul-20		
DELTVEH.20.216623	2020 FORD F-150 4X4 SUPERCAB	$ 35,334					$ 35,334	Jan-20	Dec-20	Jun-20	Jun-20		
DELTVEH.20.216624	2020 CHEVY SILVERADO 2500HD 4X4 DBL CAB	$ 42,801					$ 42,801	Jan-20	Dec-20	Nov-20	Nov-20		
DELTVEH.20.9	SALVAGE	-$ 89,433					$ (89,433)	Jan-20	Dec-20	N/A	N/A		
3920		$ 346,599	552,000	205,401	37%	3%	$ 354,549						
D7400.20.1	RADIODETECTION PCMX SHORT LOCATOR CORR	$ 11,703					$ 11,703	Jan-20	Dec-20	May-20	Jun-20		
D7400.20.2	KUBOTA ZERO TURN 54" DECK MOWER - TRANSM	$ 6,783					$ 6,783	Jan-20	Dec-20	Apr-20	May-20		
D7400.20.3	CUB CADET ST54 RIDING LAWN MOWER-TRANSM	$ 2,756					$ 2,756	Jan-20	Dec-20	Jun-20	Jul-20		
D7400.20.4	GAS MAIN RODDER PIPELINE LOCATOR	$ 3,652					$ 3,652	Jan-20	Dec-20	May-20	Jun-20		
D7400.20.5	PIT BULL 14 FACER TO TRIM PLASTIC PIPE	$ 2,188					$ 2,188	Jan-20	Dec-20	Sep-20	Sep-20		
3940		$ 27,082	48,000	20,918	44%	0%	$ 27,082						
D7400.20.6	PGC 1000 GAS CHROMATOGRAPH - GAS CONTROL	$ 21,435					$ 28,728	Jan-20	Dec-20	Dec-20	Dec-20		
3950		$ 21,435	41,800	20,365	49%	0%	$ 28,728						
DELTVEH.20.216124	REP KUBOTA ENG FOR VERMEER HDD WINCHR	$ 12,494					$ 12,494	Jan-20	Dec-20	Nov-20	Dec-20		
DELTVEH.20.216125	PDC REAMER AT30 FOR DW HDD TOOL WINCHR	$ 8,087					$ 8,087	Jan-20	Dec-20	Nov-20	Nov-20		
DELTVEH.20.216631	2019 CATERPILLAR 305.5E2 HYD EXCAVATOR	$ 67,390					$ 67,390	Jan-20	Dec-20	Mar-20	Mar-20		
3960		$ 87,971	146,900	58,929	40%	1%	$ 87,971						
3970		$ 0	6,000	6,000	100%	0%	0						Anticipated projects did not materialize
3980		$ 0	4,800	4,800	100%	0%	0						Anticipated projects did not materialize
	2020 TOTAL	**$ 12,851,168**	**$ 13,499,800**	**$ 648,632**	**4.80%**	**95%**	**$ 21,274,708**						
2021													
201300051	SW BLACKLINE IMPLEMENT - IN HOUSE	$ 280					$ 880	Jan-21	Dec-21	Oct-21	Oct-23		
203100051	SW BLACKLINE IMPLEMENT - PURCHASED	$ 1,124					$ 19,346	Jan-21	Dec-21	Oct-21	Jan-24		
SW.PKYC.CORITY.IMPL.2	SW CORITY SYSTEM - IN HOUSE	$ 92					$ 208	Jan-21	Dec-21	Jul-21	Jan-22		
SW.PKYC.CORITY.IMPL.3	SW CORITY SYSTEM -PURCHASED	$ 154					$ 154	Jan-21	Dec-21	Aug-21	Dec-21		

SW.DELT.CPMS.PH4.2	SW CPMS PH4 - IN HOUSE	$ 1	$ 43,626	Jan-21	Dec-21	Feb-20	Feb-21
SW.PKYC.CRM.PH1.2	SW CRM REPLACE PH1 - IN HOUSE	$ 1,854	$ 50,877	Jan-21	Dec-21	Jan-18	Oct-21
201300053	SW CRM REPLACE PH2 - IN HOUSE	$ 9,306	$ 9,971	Jan-21	Dec-21	Jan-21	Jul-21
SW.PKYC.CYBER.RISK.3	SW CYBER RISK SCORECARD - PURCHASED	$ 25	$ 899	Jan-21	Dec-21	Sep-20	Nov-21
SW.PKYC.DATA.NETWORK.3	SW DATA NETWORK - PURCHASED	$ 154	$ 154	Jan-21	Dec-21	Jun-21	Dec-21
SW.DELT.DATA.NETWORK.3	SW DATA NETWORK - PURCHASED	$ 1,826	$ 1,826	Jan-21	Dec-21	Jun-21	Dec-21
SW.PKYC.DELINQ.CUST.2	SW DELINQUENT CUST MODEL - IN HOUSE	$ 19	$ 841	Jan-21	Dec-21	Feb-20	Sep-21
201690021	SW DELTA E-ACCOUNT - IN HOUSE	$ 1,215	$ 320,478	Jan-21	Dec-21	Nov-21	Aug-23
201300055	SW DUNNING STRATEGY - IN HOUSE	$ 1,176	$ 2,962	Jan-21	Dec-21	Mar-21	Oct-23
201600055	SW DUNNING STRATEGY - IN HOUSE	$ 13,959	$ 34,926	Jan-21	Dec-21	Mar-21	Nov-23
SW.SIP.DELT.EAM.REDSGN.2	SW EAM REDESIGN - IN HOUSE	$ 3,393	$ 171,302	Jan-21	Dec-21	May-20	Jul-21
201300056	SW ENHANCE FOOTPRINTS - IN HOUSE	$ 81	$ 81	Jan-21	Dec-21	Aug-21	Dec-21
201600056	SW ENHANCE FOOTPRINTS - IN HOUSE	$ 965	$ 965	Jan-21	Dec-21	Aug-21	Dec-21
SW.DELT.FLOWCALUPG.3	SW FLOWCAL 10 AND ORACLE 19 UPGRADE PROJ	$ 63,309	$ 104,439	Jan-21	Dec-21	Nov-20	Jul-21
SW.PKYC.GASTAR.2020.2	SW GASTAR ENHANCEMENT 2020 - IN HOUSE	$ 3	$ 144	Jan-21	Dec-21	Oct-20	Sep-21
SW.PKYC.GASTAR.2021.2	SW GASTAR ENHANCEMENTS - IN HOUSE	$ 142	$ 142	Jan-21	Dec-21	Jun-21	Nov-21
SW.DELT.GASTAR.2021.2	SW GASTAR ENHANCEMENTS - IN HOUSE	$ 1,680	$ 1,680	Jan-21	Dec-21	Jun-21	Jul-21
201300057	SW GIS TO UTIL PIPE DATA MDL - IN HOUSE	$ 252	$ 303	Jan-21	Dec-21	Nov-21	Jul-22
201600057	SW GIS TO UTIL PIPE DATA MDL - IN HOUSE	$ 3,011	$ 3,622	Jan-21	Dec-21	Nov-21	Jul-22
201300058	SW INTERROGATORY MGMT - IN HOUSE	$ 863	$ 1,383	Jan-21	Dec-21	Nov-20	Dec-22
201300059	SW INTERROGATORY MGMT - PURCHASED	$ 38	$ 41	Jan-21	Dec-21	Apr-21	Jun-22
201300060	SW LOW PRESSURE MONITOR - PURCHASED	$ 340	$ 693	Jan-21	Dec-21	Aug-21	Jun-22
SW.PKYC.MATLTXN.2	SW MATL TRXN ENTRY (FIORI) - IN HOUSE	$ 371	$ 371	Jan-21	Dec-21	Mar-21	Nov-21
SW.DELT.MATLTXN.2	SW MATL TRXN ENTRY (FIORI) - IN HOUSE	$ 4,816	$ 4,816	Jan-21	Dec-21	Mar-21	Aug-21
SW.PKYC.OQRMS.2	SW OPER QUALIFICATION - IN HOUSE	$ 21	$ 580	Jan-21	Dec-21	Aug-20	Feb-21
201300061	SW PANAYA TESTING - PURCHASED	$ 2,400	$ 2,480	Jan-21	Dec-21	Dec-21	Mar-22
201600061	SW PANAYA TESTING - PURCHASED	$ 28,800	$ 29,760	Jan-21	Dec-21	Dec-21	Mar-22
SW.PKYC.PERCEP.UPGRD.2	SW PERCEPTIVE UPGRADE - IN HOUSE	$ 5	$ 236	Jan-21	Dec-21	Sep-19	Sep-21
SW.PKYC.PERCEP.UPGRD.3	SW PERCEPTIVE UPGRADE - PURCHASED	$ 10	$ 385	Jan-21	Dec-21	Apr-20	Oct-21
SW.PKYC.PWRPLN.LICENSE.2	SW POWERPLAN LICENSES - IN HOUSE	$ 351	$ 351	Jan-21	Dec-21	Nov-21	Dec-21
SW.DELT.PWRPLN.LICENSE.2	SW POWERPLAN LICENSES - IN HOUSE	$ 4,203	$ 4,203	Jan-21	Dec-21	Nov-21	Jan-21
SW.PKYC.PWRPLN.LICENSE.3	SW POWERPLAN LICENSES - PURCHASED	$ 3,338	$ 3,338	Jan-21	Dec-21	Nov-21	Dec-21
SW.DELT.PWRPLN.LICENSE.3	SW POWERPLAN LICENSES - PURCHASED	$ 39,947	$ 39,947	Jan-21	Dec-21	Nov-21	Dec-21
201690022	SW RAMTECH MOBILE MAPS	$ 64,567	$ 64,567	Jan-21	Dec-21	Mar-21	Nov-21
SW.PKYC.SAP.BILLING.2	SW SAP BILLING CONSOLIDATE - IN HOUSE	$ 2,014	$ 2,369	Jan-21	Dec-21	Sep-20	Dec-21
201690023	SW SCADA (EAGLE TALON) - PURCHASED	$ 84,311	$ 86,934	Jan-21	Dec-21	May-18	Jul-22
SW.PKYC.SCADA.GMAS.2	SW SCADA/GMAS - IN HOUSE	$ 45	$ 3,076	Jan-21	Dec-21	Jun-21	Nov-21
SW.SIP.PKYC.ARCHER.3	SW SIP ARCHER LICENSING - PURCHASED	$ 1,624	$ 1,624	Jan-21	Dec-21	Jun-21	Nov-21
SW.SIP.DELT.ARCHER.3	SW SIP ARCHER LICENSING - PURCHASED	$ 19,239	$ 19,239	Jan-21	Dec-21	Jul-21	Jul-21
SW.SIP.PKYC.COFENSE.3	SW SIP COFENSE - PURCHASED	$ 394	$ 394	Jan-21	Dec-21	Jan-21	Nov-21
SW.SIP.DELT.COFENSE.3	SW SIP COFENSE - PURCHASED	$ 4,605	$ 4,605	Jan-21	Dec-21	Jan-21	Feb-21
201300062	SW SIP CONTRACT MGMT - IN HOUSE	$ 1,087	$ 1,087	Jan-21	Dec-21	Jan-21	Dec-21
201600062	SW SIP CONTRACT MGMT - IN HOUSE	$ 12,793	$ 12,793	Jan-21	Dec-21	Jun-21	Oct-21
201300063	SW SIP MICROSOFT M365 - IN HOUSE	$ 687	$ 657	Jan-21	Dec-21	Nov-20	Apr-22
201300064	SW SIP MICROSOFT M365 - PURCHASED	$ 863	$ 5,415	Jan-21	Dec-21	Dec-20	May-23
SW.SIP.PKYC.NORMSHIELD.3	SW SIP NORMSHIELD - PURCHASED	$ 112	$ 112	Jan-21	Dec-21	Jan-21	Nov-21
SW.SIP.DELT.NORMSHIELD.3	SW SIP NORMSHIELD - PURCHASED	$ 1,309	$ 1,309	Jan-21	Dec-21	Mar-21	Apr-21
201300065	SW SIP POWERPLAN BUILDOUT - IN HOUSE	$ 11,620	$ 138,397	Jan-21	Dec-21	Mar-21	Aug-22
201600065	SW SIP POWERPLAN BUILDOUT - IN HOUSE	$ 138,397	$ 166,003	Jan-21	Dec-21	Apr-21	Aug-22
201300066	SW SIP POWERPLAN BUILDOUT - PURCHASED	$ 5,381	$ 5,502	Jan-21	Dec-21	Apr-21	Jun-22
201600066	SW SIP POWERPLAN BUILDOUT - PURCHASED	$ 63,428	$ 64,879	Jan-21	Dec-21	Jan-21	Jun-22
201300067	SW SIP QUALYS - PURCHASED	$ 512	$ 513	Jan-21	Dec-21	Jan-21	Mar-22
201600067	SW SIP QUALYS - PURCHASED	$ 5,971	$ 5,977	Jan-21	Dec-21	Jan-21	Mar-22
SW.SIP.PKYC.RELIAQUEST.3	SW SIP RELIAQUEST - PURCHASED	$ 706	$ 706	Jan-21	Dec-21	Jan-21	Nov-21
SW.SIP.DELT.RELIAQUEST.3	SW SIP RELIAQUEST - PURCHASED	$ 8,170	$ 8,170	Jan-21	Dec-21	Jan-21	May-21
SW.SIP.PKYC.SANS.3	SW SIP SANS - PURCHASED	$ 245	$ 245	Jan-21	Dec-21	Jan-21	Nov-21
201300068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$ 4,734	$ 11,256	Jan-21	Dec-21	Mar-21	May-23
201600068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$ 46,572	$ 134,835	Jan-21	Dec-21	Apr-21	Apr-23
SW.SIP.PKYC.SRVR.INFRA.3	SW SIP SERVER INFRASTRUCTURE - PURCHASED	$ 2,250	$ 2,250	Jan-21	Dec-21	Apr-21	Dec-21
SW.SIP.DELT.SRVR.INFRA.3	SW SIP SERVER INFRASTRUCTURE - PURCHASED	$ 26,492	$ 26,492	Jan-21	Dec-21	Jun-21	Oct-21
201300069	SW SIP SPLUNK - IN HOUSE	$ 2,758	$ 3,958	Jan-21	Dec-21	Jun-21	Sep-22
201600069	SW SIP SPLUNK - IN HOUSE	$ 32,855	$ 47,252	Jan-21	Dec-21	Jan-21	Sep-22
201300070	SW SIP SPLUNK - PURCHASED	$ 3,981	$ 4,672	Jan-21	Dec-21	Jan-21	May-22
201600070	SW SIP SPLUNK - PURCHASED	$ 47,013	$ 57,495	Jan-21	Dec-21	May-21	Jun-23
201600071	SW SIP VALMS - IN HOUSE	$ 63,756	$ 79,397	Jan-21	Dec-21	May-21	Sep-22
201600072	SW SIP VALMS - PURCHASED	$ 14,883	$ 1,756	Jan-21	Dec-21	Jun-21	Jun-21
201300073	SW SIP WORKDAY IMPLEMENT - PURCHASED	$ 1,756	$ 1,756	Jan-21	Dec-21	Jun-21	Jun-21
201600073	SW SIP WORKDAY IMPLEMENT - PURCHASED	$ 20,756	$ 12,682	Jan-21	Dec-21	May-21	May-21

201300075	SW SIP WORKMGT - IN HOUSE	$ 12,682					$ 18,678	Jan-21	Dec-21	May-21	Dec-23	
201600075	SW SIP WORKMGT - IN HOUSE	$ 435,464					$ 507,421	Jan-21	Dec-21	Sep-21	Dec-23	
201300076	SW SIP WORKMGT - PURCHASED	$ 199					$ 2,373	Jan-21	Dec-21	Sep-21	Sep-21	
201600076	SW SIP WORKMGT - PURCHASED	$ 2,373					$ 697	Jan-21	Dec-21	Mar-21	Mar-21	
SW.PKYC.VEEAM.3	SW VEEAM BACKUP - PURCHASED	$ 697					$ 697	Jan-21	Dec-21	Mar-21	Nov-21	
SW.DELT.VEEAM.3	SW VEEAM BACKUP - PURCHASED	$ 8,191					$ 8,191	Jan-21	Dec-21	Apr-21	Apr-21	
201300077	SW VENTYX VERS9.8 - IN-HOUSE	$ 136					$ 590	Jan-21	Dec-21	Jun-21	May-22	
201600077	SW VENTYX VERS9.8 - IN-HOUSE	$ 1,619					$ 7,063	Jan-21	Dec-21	May-20	Jun-22	
201300074	SW WORKDAY IMPLEMENT - IN HOUSE	$ 3					$ 15	Jan-21	Dec-21	Nov-21	Nov-22	
SW.PKYC.WKDY.LIC.2021.3	SW WORKDAY LICENSES 2021 - PURCHASED	$ 1,852					$ 1,852	Jan-21	Dec-21	Nov-21	Dec-21	
SW.DELT.WKDY.LIC.2021.3	SW WORKDAY LICENSES 2021 - PURCHASED	$ 22,168					$ 22,168	Jan-21	Dec-21	Nov-21	Nov-21	
SW.PKYC.WFO.PH5.2	SW WORKFORCE OPT PH5 - IN HOUSE	$ 2					$ 4,980	Jan-21	Dec-21	Jan-20	Mar-21	
SW.PKYC.WFO.PH6.2	SW WORKFORCE OPT PH6 - IN HOUSE	$ 4,408					$ 4,408	Jan-21	Dec-21	Jan-21	Dec-21	
SW.DELT.WFO.PH6.2	SW WORKFORCE OPT PH6 - IN HOUSE	$ 52,076					$ 52,076	Jan-21	Dec-21	Jan-21	Dec-21	
201690019	SW.DELTA.CRB.2 IN-HOUSE	$ 639,362					$ 4,065,706	Jan-21	Dec-21	Feb-19	Oct-21	
201690020	SW.DELTA.CRB.3 PURCHASE	$ 204,991					$ 204,991	Jan-21	Dec-21	Aug-21	Dec-21	
3030		$ 2,271,632	632,300	(1,639,332)	-259.26%	12%	$ 6,738,690					Software upgrades exceeded budget
3310		$ -	24,000	24,000	100.00%	0%	$ -					Anticipated projects did not materialize
3320		$ -	42,000	42,000	100.00%	0%	$ -					Anticipated projects did not materialize
10100697	INST MUFFLER LIFORD COMP STAT	$ 9,536					$ 10,276	Jan-21	Dec-21	Nov-21	Feb-22	
2300116	REBUILD WOODBINE COMPRESSOR	$ 5,349					$ 5,349	Jan-21	Dec-21	Mar-21	May-21	
2300162	REP ENGINE HEAD COMP END VALVE	$ 7,867					$ 7,867	Jan-21	Dec-21	Sep-21	Oct-21	
3330		$ 22,752	28,100	5,348	19.03%	0%	$ 23,492					
10087048	REP 3" CHECK VALVE 120 ASHER #7	$ 2,648					$ 2,648	Jan-21	Dec-21	Feb-21	Apr-21	
3340		$ 2,648	18,000	15,352	85.29%	0%	$ 2,648					Fewer projects than anticipated in Budget
10090990	ACIDIZE 21-1B WELL	$ 4,382					$ 103,454	Jan-21	Dec-21	Jul-21	Jun-22	
10090995	ACIDIZE PEET 1 WELL	$ 4,382					$ 78,717	Jan-21	Dec-21	Jul-21	Jun-22	
3520		$ 8,763	10,800	2,037	18.86%	0%	$ 103,454					
3530		$ -	10,500	10,500	100.00%	0%	$ -					Anticipated projects did not materialize
10100695	19MIDD-REP CRANK & ROD CAN MTN #5 COMP	$ 4,954					$ 17,517	Jan-21	Dec-21	Mar-20	Nov-21	
2300117	REBUILD CAN MTN COMP # 1	$ 12,249					$ 12,249	Jan-21	Dec-21	Jun-21	Sep-21	
2300118	REBUILD CAN MTN COMP # 2	$ 18,249					$ 18,249	Jan-21	Dec-21	Jun-21	Sep-21	
10087044	REBUILD CAN MTN COMP # 3	$ 10,593					$ 10,593	Jan-21	Dec-21	Apr-21	Jul-21	
2300119	REBUILD CAN MTN COMP # 4	$ 10,433					$ 10,433	Jan-21	Dec-21	Jun-21	Jul-21	
10092926	REP CHECK VALVE #1 CANMNTN	$ 5,583					$ 5,583	Jan-21	Dec-21	Jul-21	Sep-21	
10100698	REP CONVRT UNIT 3 TO LEAN BURN	$ 129,636					$ 185,477	Jan-21	Dec-21	Oct-21	Jun-22	
2300160	REP COOLER FAN COMP STAT #3	$ 5,777					$ 5,777	Jan-21	Dec-21	May-21	Jun-21	
10097811	REP EXHAUST CATALYST CANMTN 5	$ 14,333					$ 14,763	Jan-21	Dec-21	Dec-21	Dec-21	
2300161	REP RECIP COMP STRIP PLANT	$ 45,897					$ 45,897	Jan-21	Dec-21	Oct-21	Oct-21	
3540		$ 257,703	82,500	(175,203)	-212.37%	1%	$ 17,517					Projects not anticipated at the time of the Budget preparation
10100696	REP 4-4" VALVES ON SKID STA 7119	$ 11,239					$ 11,239	Jan-21	Dec-21	Aug-21	Dec-21	
3550		$ 11,239	7,900	(3,339)	-42.27%	0%	$ 11,239					
10100946	BUILD EQUIP SHED CANADA MTN	$ 7,164					$ 19,302	Jan-21	Dec-21	Oct-21	Mar-22	
10100693	REP CANADA MTN PUMP	$ 8,201					$ 8,201	Jan-21	Dec-21	Jul-21	Aug-21	
10071971	REP CORKEN LIQUID PUMP CAN MTN	$ 6,674					$ 6,674	Jan-21	Dec-21	Jul-21	Sep-21	
10100851	UPGRD PLC & CONTROL STRIP PLNT	$ 72,949					$ 73,729	Jan-21	Dec-21	Oct-21	Mar-22	
3560		$ 94,988	107,500	12,512	11.64%	1%	$ 19,302					
3650		$ -	384,600	384,600	100.00%	0%	$ -					Fewer expenditures than anticipated in budget
10101129	CONCRETE DRIVEWAY GF COMP ST	$ 339,880					$ 394,983	Jan-21	Dec-21	Sep-21	Mar-22	
10101130	REP GROUND BED PKI STRAIGHT CRK	$ 5,277					$ 5,277	Jan-21	Dec-21	Nov-21	Dec-21	
3660		$ 345,157	-	(345,157)	#DIV/0!	2%	$ 5,277					Projects not anticipated at the time of the Budget preparation
10101123	DERATE PKI TRANSM LINE TO 60 PSI	$ 5,166					$ 5,166	Jan-21	Dec-21	Sep-21	Dec-21	
10086891	EXT 4" 6000FT STL KY374 APPHARV-I	$ 454,052					$ 454,052	Jan-21	Dec-21	Mar-21	Oct-21	
10100867	EXT 4" STL TRANS KY 374 TO US 52-R	$ 860,465					$ 1,048,710	Jan-21	Dec-21	Nov-21	Nov-22	
10100874	EXT 8" STL IN NICH/JESSAMINE CO	$ 3,361					$ 24,365	Jan-21	Dec-21	Nov-21	Aug-24	
10100692	EXT 8" TRANSM MAIN 6200' LINCOLN CO	$ 945,634					$ 1,339,290	Jan-21	Dec-21	Jun-21	Oct-23	
10081671	EXT REG STAT LEE PRICE RD WHIT CO-R	$ 6,907					$ 6,907	Jan-21	Dec-21	Jan-21	Mar-21	
10100672	EXT-2" STL 100' DUNCANNON LN-C	$ 8,495					$ 8,495	Jan-21	Dec-21	Oct-21	Dec-21	
DELTVEH.21.216124	F2 FALCON HDD TRANSMITTER REP 216124	$ 4,028					$ 4,028	Jan-21	Dec-21	Sep-21	Sep-21	
FCDELT.20.05	FAN COIL UNIT WINCH OFFC-BETWN DC & MS	$ 4,426					$ 4,426	Jan-21	Dec-21	Feb-21	Feb-21	
2300110	REP 100FT 6" YOUNG CREEK XING	$ 121					$ 121	Jan-21	Dec-21	Feb-21	Mar-21	
10086506	REP 8" CS KY 52 IN BEREA	$ 70,658					$ 70,658	Jan-21	Dec-21	Jul-21	Oct-21	
10089335	REP COMP STAT PIPE STAT 500 TRANS	$ 3,783					$ 3,783	Jan-21	Dec-21	Mar-21	May-21	
10067752	REP KY 11 LEE COUNTY HWY 4" STEEL-BILL	$ 179,071					$ 183,722	Jan-21	Dec-21	Aug-19	Mar-22	
10081536	REP RECTIFIER KY 221 BELL CO	$ 4					$ 4,483	Jan-21	Dec-21	Sep-20	Feb-21	

3670		$ 2,546,171	3,691,000	1,144,829	31.02%	14%	$ 3,158,206					
10101124	MODIFY PIPING KETTLE ISLAND COMPR 09014	$ 32,331					$ 32,331	Jan-21	Dec-21	Sep-21	Dec-21	
10097140	REP EQIP EAST WEST COMP 1	$ 10,600					$ 14,184	Jan-21	Dec-21	Dec-21	Dec-21	
10097091	REP EXHAUST & CATALYST COMP	$ 9,453					$ 9,453	Jan-21	Dec-21	Dec-21	Dec-21	
2300115	REP MUFFLER LIEFORD COMP	$ 8,711					$ 8,711	Jan-21	Dec-21	Dec-21	Dec-21	
3680		$ 61,096	22,600	(38,496)	-170.34%	0%						Fewer expenditures than anticipated in budget
10077101	INS LVM TRANSM FARMERS PURCH STATION	$ (197,453)					$ 643,540	Jan-21	Dec-21	Apr-20	Feb-21	
10099932	INST NEW REG STAT @ US 52	$ 3,053					$ 11,597	Jan-21	Dec-21	Dec-21	May-22	
2300111	INSTL REG STAT AT PVILLE TOWN BRDR 10018	$ 9,232					$ 9,232	Jan-21	Dec-21	Sep-21	Dec-21	
2300114	REP 8" TRANSMISSION VALVE	$ 8,895					$ 8,895	Jan-21	Dec-21	Aug-21	Sep-21	
10093187	REP DUNCANNON REG STATION	$ 2,487					$ 2,487	Jan-21	Dec-21	Jul-21	Sep-21	
2300112	REP REG STAT 09002 AT PVILLE TOWN BORDER	$ 2,022					$ 2,022	Jan-21	Dec-21	Sep-21	Dec-21	
10088837	REP VALVES SPEEDWELL STAT 894	$ 20,839					$ 20,839	Jan-21	Dec-21	Apr-21	Jun-21	
10100691	TAP AND M&R STATION IN LINCOLN CO	$ 1,974,551					$ 2,177,487	Jan-21	Dec-21	Jun-21	Dec-23	
3690		$ 1,823,625	616,200	(1,207,425)	-195.95%	10%	$ 2,876,097					Projects not anticipated at the time of the Budget preparation, timing of Lincoln County tap work
3710		$ -	9,200	9,200	100.00%	0%	$ -					Anticipated projects did not materialize
3740		$ -	6,000	6,000	100.00%	0%	$ -					Anticipated projects did not materialize
3750		$ -	5,000	5,000	100.00%	0%	$ -					Anticipated projects did not materialize
10067751	19STAT-REP 4483 FT KYTC RD PROJECT	$ 91,756					$ 152,865	Jan-21	Dec-21	Jul-19	Mar-22	
10080427	20BERA-REP MAIN LINE 521 RICHMOND RD	$ 7,004					$ 7,004	Jan-21	Dec-21	Jan-21	Mar-21	
10080250	20OWNG-REP MAIN CECIL AVE OWINGSVILLE	$ 680					$ 60,335	Jan-21	Dec-21	Sep-20	Mar-21	
10084157	20STAT-REP 2" PL PENDLETON ST	$ 3,529					$ 3,529	Jan-21	Dec-21	Jan-21	Mar-21	
10100887	21OWNG-REP PL OUTSIDE OWNGSVILLE CITY	$ 44,376					$ 45,627	Jan-21	Dec-21	Oct-21	Aug-24	
10066731	BILL-REL MAIN 25E PROJECT HWY 25 TO I75	$ 2,877					$ 956,974	Jan-21	Dec-21	Jun-19	Jun-21	
10085517	EXT 1700' OAKLAWN CIRCILE-R	$ 1,540					$ 105,543	Jan-21	Dec-21	Dec-20	May-21	
10084155	EXT 2" HWY 801 YAMAHA SHOP-C	$ 5,781					$ 5,781	Jan-21	Dec-21	Jan-21	Mar-21	
10099645	EXT 2" ML 307 ELLENWOOD-R	$ 4,904					$ 4,904	Jan-21	Dec-21	Dec-21	Jan-22	
10090516	EXT 2" PE 19 1/2 JACK JONES RD-R	$ 3,405					$ 3,405	Jan-21	Dec-21	Apr-21	Jul-21	
10095622	EXT 2" PL 100 SHAWNEE DR-R	$ 6,741					$ 6,741	Jan-21	Dec-21	Aug-21	Nov-21	
10087008	EXT 2" PL 1176 HWY 36-R	$ 1,737					$ 1,737	Jan-21	Dec-21	May-21	Jul-21	
10085792	EXT 2" PL 1445 BARTON MILL RD-R	$ 2,811					$ 11,555	Jan-21	Dec-21	Dec-20	Jun-21	
10090484	EXT 2" PL 15 INDUSTRY RD MMRC - C	$ 7,331					$ 7,331	Jan-21	Dec-21	Apr-21	Jun-21	
10082848	EXT 2" PL 159 MATHIS LN - R	$ 3,828					$ 3,828	Jan-21	Dec-21	Mar-21	Apr-21	
10084261	EXT 2" PL 1823 S MAIN ST-R	$ 62					$ 1,821	Jan-21	Dec-21	Nov-20	Feb-21	
2300103	EXT 2" PL 25 LOCUST POINTE - R	$ 5,124					$ 5,124	Jan-21	Dec-21	Sep-21	Nov-21	
10084012	EXT 2" PL 40 RIDGES LN US 421-R	$ 10,776					$ 10,776	Jan-21	Dec-21	Feb-21	Sep-21	
10093963	EXT 2" PL 9408 S HWY 25-R	$ 8,290					$ 8,290	Jan-21	Dec-21	Jul-21	Sep-21	
10085302	EXT 2" PL 96 FUTURE DR - C	$ 712					$ 6,612	Jan-21	Dec-21	Dec-20	Feb-21	
10087007	EXT 2" PL BLDG 3930 VET MEM HWY-C	$ 3,809					$ 3,809	Jan-21	Dec-21	Apr-21	Jul-21	
10100849	EXT 2" PL BURLEY RIDGE AVE-R	$ 5,356					$ 5,356	Jan-21	Dec-21	Aug-21	Dec-21	
10084153	EXT 2" PL DICKERSON CEMENTARY RD-R	$ 3,255					$ 3,255	Jan-21	Dec-21	Jan-21	Mar-21	
10093354	EXT 2" PL HALF MOON DR - C	$ 9,160					$ 9,160	Jan-21	Dec-21	Jul-21	Dec-21	
10092951	EXT 2" PL HOMESTEAD DR-R	$ 6,113					$ 6,113	Jan-21	Dec-21	Jul-21	Aug-21	
10091561	EXT 2" PL HWY 519 - C	$ 3,709					$ 3,709	Jan-21	Dec-21	Jun-21	Aug-21	
10085243	EXT 2" PL MAIN GIBSON LN - C	$ 5,611					$ 5,611	Jan-21	Dec-21	Jan-21	Feb-21	
10093702	EXT 2" PL ML TO 131 OLIVER DR-R	$ 4,586					$ 4,586	Jan-21	Dec-21	Jul-21	Oct-21	
10100878	EXT 2" PL OLD RICHARD HOLLOW RD-R	$ 10,506					$ 10,506	Jan-21	Dec-21	Nov-21	Mar-21	
10084618	EXT 2" PL RD XING KY 363 KY 552 R	$ 1,323					$ 19,490	Jan-21	Dec-21	Dec-20	Feb-21	
10081460	EXT 4" PL 440 CASWELL LN-I	$ 22,487					$ 22,487	Jan-21	Dec-21	Jan-21	Mar-21	
10100850	EXT 4" PL ML 887 DUNCANNON LN-C	$ 59,808					$ 59,808	Jan-21	Dec-21	Oct-21	Dec-21	
10092914	EXT 400' 2" PL - R	$ 3,727					$ 3,727	Jan-21	Dec-21	Jul-21	Aug-21	
10092916	EXT 500' 2" PL SYSTEM INTEGRITY R	$ 5,885					$ 5,885	Jan-21	Dec-21	Sep-21	Oct-21	
10092915	EXT 570' 2" PL 9 SOUTHBROOK DR-R	$ 9,600					$ 9,600	Jan-21	Dec-21	Jun-21	Aug-21	
10100683	EXT FROM KY92 TO PERRY RD OFF BECKS CRK	$ 29,282					$ 29,282	Jan-21	Dec-21	Jul-21	Dec-21	
10090452	EXT HOBBS HOLLOW RD - R	$ 7,611					$ 7,611	Jan-21	Dec-21	Apr-21	Jun-21	
10096191	EXT MAIN 360 & 362 W CITY DAM RD	$ 7,819					$ 7,819	Jan-21	Dec-21	Sep-21	Dec-21	
10098072	EXT ML 1000 FARRISTOWN APPHARVEST-I	$ 12,526					$ 12,735	Jan-21	Dec-21	Dec-21	Mar-22	
10100161	EXT ML 1030 ACR DR - R	$ 5,558					$ 5,558	Jan-21	Dec-21	Dec-21	Dec-21	
10085320	EXT ML 141 LYNNE DR - R	$ 2,796					$ 2,796	Jan-21	Dec-21	Jan-21	Mar-21	
10098200	EXT ML 307 BROWN STREET-R	$ 3,915					$ 3,942	Jan-21	Dec-21	Dec-21	Mar-22	
10099281	EXT ML 315 CHRISTMAS RIDGE RD-R	$ 3,719					$ 3,803	Jan-21	Dec-21	Dec-21	Mar-22	
10096532	EXT ML 358 & 366 W CITY DAM RD -R	$ 5,345					$ 5,345	Jan-21	Dec-21	Sep-21	Dec-21	
10093881	EXT ML BOWLING PHARMACY-C	$ 4,225					$ 4,225	Jan-21	Dec-21	Jul-21	Sep-21	
10100948	EXT ML FINCASTLE SUBDIVISION	$ 44,824					$ 44,918	Jan-21	Dec-21	Nov-21	Jan-22	
10098594	EXT ML FIREBROOK SUB MOBERLY RD R	$ 78,052					$ 143,715	Jan-21	Dec-21	Dec-21	Oct-22	
10087957	EXT ML IN STONEY RD - R	$ 22,479					$ 22,479	Jan-21	Dec-21	Mar-21	Jun-21	

10089618	EXT ML ORCHARD HILLS SUBD PH4-R	$ 23,750					$ 23,750	Jan-21	Dec-21	Apr-21	Jun-21
10087033	EXT ML to 369 KINGS TRACE DR-R	$ 3,290					$ 3,290	Jan-21	Dec-21	Feb-21	Apr-21
10093564	EXT ML VINEYARD ESTATES - R	$ 14,639					$ 14,639	Jan-21	Dec-21	Sep-21	Dec-21
10078787	EXT P AMERICAN GREETING CARD RD-R	$ 125					$ 6,042	Jan-21	Dec-21	Jun-20	Jan-21
10090606	EXT PL 150' KY 374 MADISON CO - R	$ 1,681					$ 1,681	Jan-21	Dec-21	Jun-21	Aug-21
10099063	EXT PL NEW HOME TERRY LEDFORD	$ 2,496					$ 2,542	Jan-21	Dec-21	Dec-21	Mar-22
10084410	EXT S 10 STREET UOF CUMBERLANDS-C	$ 62					$ 8,146	Jan-21	Dec-21	Nov-20	Feb-21
10091006	EXT STEVENS RD DUE TO RD CONSTR - R	$ 12,132					$ 12,132	Jan-21	Dec-21	May-21	Jul-21
10081916	INS 100' PL LEE PRICE RD-R	$ 2,169					$ 2,169	Jan-21	Dec-21	Jan-21	Mar-21
10084613	INS 2" PL 6354 HWY 11 APPROX 250' - R	$ 82					$ 6,081	Jan-21	Dec-21	Dec-20	Feb-21
10084696	INS-2" PL 74 CHURCH OF GOD LANE-R	$ 145					$ 4,264	Jan-21	Dec-21	Dec-20	Feb-21
10068600	REL ALONG HWY 213 STATE HWY PJCT-BILL	$ 5,096					$ 22,775	Jan-21	Dec-21	Dec-20	Oct-21
10068601	REL ALONG KY 231 STATE HWY PROJECT-BILL	$ 25,693					$ 313,616	Jan-21	Dec-21	Sep-19	Dec-21
10099310	Rel main along Hwy 421 due to BILL	$ 7,094					$ 7,639	Jan-21	Dec-21	Jan-21	Mar-22
10094494	REL ML MANCHESTER MEM HOSP	$ 7,919					$ 7,919	Jan-21	Dec-21	Sep-21	Oct-21
10083962	REP 1" STEEL 447 DUNCANNON LN	$ 296					$ 3,471	Jan-21	Dec-21	Oct-20	Feb-21
10090470	REP 1" STEEL MAPLE STREET	$ 9,411					$ 9,411	Jan-21	Dec-21	May-21	Aug-21
10099954	REP 2" 4" PL HWY 25 W	$ 80,978					$ 414,982	Jan-21	Dec-21	Dec-21	Dec-23
10100682	REP 2" CS PENNY LN & KY 296	$ 31,587					$ 31,587	Jan-21	Dec-21	Apr-21	Dec-21
10072664	REP 2" PL MAIN OLD 25 SAM PARK RD	$ 53,989					$ 53,989	Jan-21	Dec-21	Mar-21	Jul-21
10061090	REP 2" PL SACKER RD MIKE HOOKER	$ (978)					$ 19,841	Jan-21	Dec-21	Mar-19	Jan-21
10089417	REP 2" WEST GORDON HILL RD	$ 37,771					$ 37,771	Jan-21	Dec-21	Mar-21	Jul-21
10100673	REP 26300' PIPE AT MULTIPLE LOCATIONS	$ 1,715,549					$ 1,809,863	Jan-21	Dec-21	Aug-19	Mar-23
10079616	REP 3/4" 1" 2" MAINS VARIOS LOCATI	$ 598,098					$ 599,082	Jan-21	Dec-21	Jun-20	Oct-21
10075719	REP 3/4" MAIN 5693 N HWY 421	$ 16,144					$ 19,688	Jan-21	Dec-21	Mar-21	Apr-21
10086650	REP 4" PL @ PACES CREEK ELEM	$ 7,529					$ 7,529	Jan-21	Dec-21	May-21	Apr-21
10083289	REP 4" PL JEWELL PIKE IN WILMORE	$ 58,049					$ 58,049	Jan-21	Dec-21	Jan-21	May-21
10090305	REP 470' PL BETHAL HARVEST WAY	$ 4,705					$ 4,705	Jan-21	Dec-21	May-21	Jun-21
10087312	REP 700' PL 201 WEST MAIN	$ 29,252					$ 29,252	Jan-21	Dec-21	Mar-21	Jul-21
10095621	REP 75' ML ELIMINATE XING	$ 9,339					$ 9,339	Jan-21	Dec-21	Aug-21	Nov-21
10100688	REP 8" CS ELLISON STREET	$ 61					$ 192	Jan-21	Dec-21	Feb-21	Mar-22
10100667	REP A MAIN HWY 62 TO SARDIS	$ 31,767					$ 573,395	Jan-21	Dec-21	May-21	Oct-22
10100670	REP ALDYL PIPE BEREA CITY LIMITS	$ 1,574,379					$ 1,742,843	Jan-21	Dec-21	Nov-19	May-22
10078821	REP BARE STEEL HWY 26 WOODBINE	$ 62					$ 22,837	Jan-21	Dec-21	Jun-20	Jan-21
10065410	REP BS PIPE HWY26 BALLARD FORD AREA	$ 62					$ 164,110	Jan-21	Dec-21	May-19	Feb-21
10100685	REP BS SEVERAL LOCATIONS	$ 734,330					$ 856,049	Jan-21	Dec-21	Jan-20	Aug-23
10082804	REP BS US 421 AT BRIDGE 2" PL	$ 184					$ 15,822	Jan-21	Dec-21	Dec-20	Feb-21
10100684	REP CHURCH RD BRUSH ARBOR	$ 1,422					$ 1,422	Jan-21	Dec-21	Sep-21	Oct-21
10100686	REP DOWNSTREAM PIPE KI PINEVILLE	$ 295					$ 295	Jan-21	Dec-21	Apr-21	Dec-21
10086560	REP GAS FACILITIES KY52	$ 42,039					$ 42,039	Jan-21	Dec-21	Jul-21	Oct-21
10100671	REP IPE BEREA CITY LIMITS E HAITI RD	$ 203,237					$ 228,988	Jan-21	Dec-21	Nov-19	Apr-22
10100679	REP KY 129 and HWY 229	$ 86,384					$ 2,074,758	Jan-21	Dec-21	Mar-21	Oct-23
10100666	REP MAIN HWY 62 TO SARDIS	$ 36,194					$ 822,028	Jan-21	Dec-21	May-21	Oct-22
10100689	REP MAIN KY 26	$ 922					$ 922	Jan-21	Dec-21	May-21	Jul-21
10077449	REP MAIN VARIOUS LOC CORBIN	$ 8,938					$ 138,803	Jan-21	Dec-21	Oct-20	Jul-21
10100665	REP MAIN VARIOUS RD CAMARGO	$ 42,154					$ 1,024,715	Jan-21	Dec-21	May-20	Oct-23
2300108	REP ML CHARLIE SIZEMORE RD	$ 3,281					$ 3,281	Jan-21	Dec-21	Jun-21	Jul-21
10100690	REP ML GRAYHAM BR RD & HWY 1482	$ 7,082					$ 7,082	Jan-21	Dec-21	Sep-21	Dec-21
10100680	REP ML KY 192 CBIL	$ 28,730					$ 497,985	Jan-21	Dec-21	May-21	Oct-23
10094408	REP ML S HWY 421 KYTC REVISIONS	$ 6,429					$ 6,429	Jan-21	Dec-21	Jul-21	Aug-21
10077450	REP ML VARIOUS LOC CORBIN CITY	$ 18,609					$ 383,049	Jan-21	Dec-21	Apr-20	Aug-21
10100687	REP PIPE LAUREL COUNTY CORB	$ 61					$ 192	Jan-21	Dec-21	Feb-21	May-22
10090624	REP PIPE ON KY 1232 & KY 830	$ 5,373					$ 5,342	Jan-21	Dec-21	Aug-21	Dec-21
10100677	REP PL ADAMS RIDGE CLAY CITY	$ 180					$ 68,982	Jan-21	Dec-21	Oct-21	Dec-23
10100886	REP PL MAIN OWINGSVILLE CITY	$ 45,225					$ 45,225	Jan-21	Dec-21	Oct-21	Dec-21
10100086	REP PL MAIN POWELL CO PRP	$ 468					$ 41,317	Jan-21	Dec-21	Dec-21	Jul-22
10100085	REP PL VARIOUS LOC PRP	$ 19,409					$ 72,248	Jan-21	Dec-21	Dec-21	May-23
10079332	REP PLEXCO MAIN SUNNYSIDE LN CT RD	$ 125					$ 7,898	Jan-21	Dec-21	Sep-20	Feb-21
10076927	REP SUNFIRE LANE CORBIN	$ 63					$ 14,214	Jan-21	Dec-21	Apr-20	Feb-21
10064680	REP-6700 FT PL MAIN IN MIDLAND	$ 119,493					$ 560,621	Jan-21	Dec-21	May-19	Oct-21
10065860	REP-BS VARIOUS LOC IN CORB SYS	$ 125					$ 62,283	Jan-21	Dec-21	May-19	Feb-21
10070908	REPLACE 4" PLASTIC ALONG KY 638 -R	$ 19,954					$ 19,954	Jan-21	Dec-21	Mar-21	Aug-21
2300106	RET 2" PL 313' BEECH ST KNOX CO	$ 901					$ 901	Jan-21	Dec-21	Mar-21	Mar-21
10093665	RET 55' OF 4" PL 3656 SOMERSET RD	$ 1,598					$ 1,598	Jan-21	Dec-21	Jul-21	Jul-21
2300105	UPRATE STRAIGHT CREEK SYSTEM 60 PSI	$ 1,958					$ 1,958	Jan-21	Dec-21	Jul-21	Jul-21
3760		$ 6,395,939	8,100,000	1,704,061	21.04%	35%	$ 14,932,136				
10086561	21BERA-RET REG STAT 02051 HWY KY 52	$ 790					$ 790	Jan-21	Dec-21	Aug-21	Sep-21
10098221	INS METER SET 1000 FARRISTOWN	$ 9,142					$ 9,142	Jan-21	Dec-21	Jan-21	Mar-21

10081915	INS REG STATION LEE PRICE RD STAT 07023	$ 5,381					$ 5,381	Jan-21	Dec-21	Jan-21	Mar-21		
10100849	INST REG STAT DUNCANNON LN - C	$ 5,356					$ 5,356	Jan-21	Dec-21	Oct-21	Dec-21		
2300107	REP MASTER METER BEECH CREEK	$ 3,474					$ 3,474	Jan-21	Dec-21	Jun-21	Aug-21		
10100877	REP MENASHA REG STAT APP HARV	$ 11,705					$ 13,002	Jan-21	Dec-21	Nov-21	Jan-22		
10081940	REP REG STAT 11012 BARGO SUNRISE	$ 6,507					$ 6,507	Jan-21	Dec-21	Jan-21	Feb-21		
502.20.019.1	REP SPEEDWELL RD REG STAT 02039	$ 2,027					$ 8,326	Jan-21	Dec-21	Nov-20	Jan-21		
3780		$ 44,382	72,000	27,618	38.36%	0%	$ 51,977						
3790		$ -	25,000	25,000	100.00%	0%	$ -					Anticipated projects did not materialize	
D9525.MISCMTRMAT	DELTA MISC METER MATERIAL	$ 55,526					$ 55,526	Jan-21	Dec-21	N/A	N/A		
2300296	INS SRV LINE 4775 HWY 60	$ 244					$ 244	Jan-21	Dec-21	May-21	Jun-21		
D9200.BATH	Service Installations (New)	$ 38,541					$ 38,541	Jan-21	Dec-21	N/A	N/A		
D9200.BOURBON	Service Installations (New)	$ 9,366					$ 9,366	Jan-21	Dec-21	N/A	N/A		
D9200.ROBERTSON	Service Installations (New)	$ 9,015					$ 9,015	Jan-21	Dec-21	N/A	N/A		
D9200.MENIFEE	Service Installations (New)	$ 3,143					$ 3,143	Jan-21	Dec-21	N/A	N/A		
D9200.ROWAN	Service Installations (New)	$ 90,522					$ 90,522	Jan-21	Dec-21	N/A	N/A		
D9200.MASON	Service Installations (New)	$ 4,941					$ 4,941	Jan-21	Dec-21	N/A	N/A		
D9200.MONTGOMERY	Service Installations (New)	$ 59,032					$ 59,032	Jan-21	Dec-21	N/A	N/A		
D9200.OWINGSVILLE CITY	Service Installations (New)	$ 6,347					$ 6,347	Jan-21	Dec-21	N/A	N/A		
D9200.SALT LICK CITY	Service Installations (New)	$ 8,499					$ 8,499	Jan-21	Dec-21	N/A	N/A		
D9200.SHARPSBURG CITY	Service Installations (New)	$ 1,749					$ 1,749	Jan-21	Dec-21	N/A	N/A		
D9200.MT OLIVET CITY	Service Installations (New)	$ 5,864					$ 5,864	Jan-21	Dec-21	N/A	N/A		
D9200.FRENCHBURG CITY	Service Installations (New)	$ 14,348					$ 14,348	Jan-21	Dec-21	N/A	N/A		
D9200.N MIDDLETOWN CITY	Service Installations (New)	$ 6,125					$ 6,125	Jan-21	Dec-21	N/A	N/A		
D9200.MADISON	Service Installations (New)	$ 310,718					$ 310,718	Jan-21	Dec-21	N/A	N/A		
D9200.BEREA CITY	Service Installations (New)	$ 179,064					$ 179,064	Jan-21	Dec-21	N/A	N/A		
D9200.RICHMOND CITY	Service Installations (New)	$ 135,470					$ 135,470	Jan-21	Dec-21	N/A	N/A		
D9200.JESSAMINE	Service Installations (New)	$ 45,609					$ 45,609	Jan-21	Dec-21	N/A	N/A		
D9200.FAYETTE	Service Installations (New)	$ 8,264					$ 8,264	Jan-21	Dec-21	N/A	N/A		
D9200.NICHOLASVILLE CITY	Service Installations (New)	$ 523,757					$ 523,757	Jan-21	Dec-21	N/A	N/A		
D9200.WILMORE CITY	Service Installations (New)	$ 59,728					$ 59,728	Jan-21	Dec-21	N/A	N/A		
D9200.LEE	Service Installations (New)	$ 11,569					$ 11,569	Jan-21	Dec-21	N/A	N/A		
D9200.POWELL	Service Installations (New)	$ 22,290					$ 22,290	Jan-21	Dec-21	N/A	N/A		
D9200.STANTON CITY	Service Installations (New)	$ 27,883					$ 27,883	Jan-21	Dec-21	N/A	N/A		
D9200.CLAY CITY	Service Installations (New)	$ 12,070					$ 12,070	Jan-21	Dec-21	N/A	N/A		
D9200.BEATTYVILLE CITY	Service Installations (New)	$ 2,868					$ 2,868	Jan-21	Dec-21	N/A	N/A		
D9200.LAUREL	Service Installations (New)	$ 211,262					$ 211,262	Jan-21	Dec-21	N/A	N/A		
D9200.LONDON CITY	Service Installations (New)	$ 64,337					$ 64,337	Jan-21	Dec-21	N/A	N/A		
D9200.WHITLEY	Service Installations (New)	$ 78,714					$ 78,714	Jan-21	Dec-21	N/A	N/A		
D9200.WILLIAMSBURG CITY	Service Installations (New)	$ 16,815					$ 16,815	Jan-21	Dec-21	N/A	N/A		
D9200.KNOX	Service Installations (New)	$ 112,082					$ 112,082	Jan-21	Dec-21	N/A	N/A		
D9200.BARBOURVILLE CITY	Service Installations (New)	$ 40,125					$ 40,125	Jan-21	Dec-21	N/A	N/A		
D9200.BELL	Service Installations (New)	$ 15,099					$ 15,099	Jan-21	Dec-21	N/A	N/A		
D9200.MIDDLESBORO CITY	Service Installations (New)	$ 54,587					$ 54,587	Jan-21	Dec-21	N/A	N/A		
D9200.PINEVILLE CITY	Service Installations (New)	$ 31,034					$ 31,034	Jan-21	Dec-21	N/A	N/A		
D9200.CORBIN CITY.KNOX	Service Installations (New)	$ 21,374					$ 21,374	Jan-21	Dec-21	N/A	N/A		
D9200.CORBIN CITY.WHITLE	Service Installations (New)	$ 34,656					$ 34,656	Jan-21	Dec-21	N/A	N/A		
D9200.CLAY	Service Installations (New)	$ 103,355					$ 103,355	Jan-21	Dec-21	N/A	N/A		
D9200.MANCHESTER CITY	Service Installations (New)	$ 22,515					$ 22,515	Jan-21	Dec-21	N/A	N/A		
D9200.JACKSON	Service Installations (New)	$ 10,775					$ 10,775	Jan-21	Dec-21	N/A	N/A		
D9200.CLARK	Service Installations (New)	$ 6,130					$ 6,130	Jan-21	Dec-21	N/A	N/A		
D9500.BOURBON	Service Installations (Replaced)	$ 181					$ 181	Jan-21	Dec-21	N/A	N/A		
D9500.ROWAN	Service Installations (Replaced)	$ 9,338					$ 9,338	Jan-21	Dec-21	N/A	N/A		
D9500.SALT LICK CITY	Service Installations (Replaced)	$ 1,915					$ 1,915	Jan-21	Dec-21	N/A	N/A		
D9500.FRENCHBURG CITY	Service Installations (Replaced)	$ 4,227					$ 4,227	Jan-21	Dec-21	N/A	N/A		
D9500.N MIDDLETOWN CITY	Service Installations (Replaced)	$ 6,317					$ 6,317	Jan-21	Dec-21	N/A	N/A		
D9500.MADISON	Service Installations (Replaced)	$ 38,565					$ 38,565	Jan-21	Dec-21	N/A	N/A		
D9500.BEREA CITY	Service Installations (Replaced)	$ 275,063					$ 275,063	Jan-21	Dec-21	N/A	N/A		
D9500.RICHMOND CITY	Service Installations (Replaced)	$ 2,339					$ 2,339	Jan-21	Dec-21	N/A	N/A		
D9500.NICHOLASVILLE CITY	Service Installations (Replaced)	$ 643,284					$ 643,284	Jan-21	Dec-21	N/A	N/A		
D9500.WILMORE CITY	Service Installations (Replaced)	$ 73					$ 73	Jan-21	Dec-21	N/A	N/A		
D9500.LEE	Service Installations (Replaced)	$ 739					$ 739	Jan-21	Dec-21	N/A	N/A		
D9500.STANTON CITY	Service Installations (Replaced)	$ 8,828					$ 8,828	Jan-21	Dec-21	N/A	N/A		
D9500.LAUREL	Service Installations (Replaced)	$ 9,072					$ 9,072	Jan-21	Dec-21	N/A	N/A		
D9500.LONDON CITY	Service Installations (Replaced)	$ 4,072					$ 4,072	Jan-21	Dec-21	N/A	N/A		
D9500.WHITLEY	Service Installations (Replaced)	$ 129,039					$ 129,039	Jan-21	Dec-21	N/A	N/A		
D9500.WILLIAMSBURG CITY	Service Installations (Replaced)	$ 10,713					$ 10,713	Jan-21	Dec-21	N/A	N/A		
D9500.KNOX	Service Installations (Replaced)	$ 17,541					$ 17,541	Jan-21	Dec-21	N/A	N/A		
D9500.BARBOURVILLE CITY	Service Installations (Replaced)	$ 12,617					$ 12,617	Jan-21	Dec-21	N/A	N/A		

D9500.BELL	Service Installations (Replaced)	$ 1,417					$ 1,417	Jan-21	Dec-21	N/A	N/A	
D9500.MIDDLESBORO CITY	Service Installations (Replaced)	$ 14,548					$ 14,548	Jan-21	Dec-21	N/A	N/A	
D9500.CORBIN CITY.KNOX	Service Installations (Replaced)	$ 5,397					$ 5,397	Jan-21	Dec-21	N/A	N/A	
D9500.CORBIN CITY.WHITLE	Service Installations (Replaced)	$ 29,247					$ 29,247	Jan-21	Dec-21	N/A	N/A	
D9500.MANCHESTER CITY	Service Installations (Replaced)	$ 167					$ 167	Jan-21	Dec-21	N/A	N/A	
D9500.JACKSON	Service Installations (Replaced)	$ 2,028					$ 2,028	Jan-21	Dec-21	N/A	N/A	
3800		$ 3,702,141	1,400,000	(2,302,141)	-164.44%	20%	$ 3,702,141					More service installments than anticipated
D9700.1.ERT	Purchase ERT Device	$ 246,997					$ 246,997	Jan-21	Dec-21	N/A	N/A	
9700K.1.ERT	Purchase ERT Device- PGKY	$ 18,371					$ 18,371	Jan-21	Dec-21	N/A	N/A	
D9700.1.MTR	Purchase Meters	$ 213,779					$ 213,779	Jan-21	Dec-21	N/A	N/A	
D9700.1.OMD	Purchase Other Measuring Devices/Gauges	$ 14,107					$ 14,107	Jan-21	Dec-21	N/A	N/A	
3810		$ 493,253	477,400	(15,853)	-3.32%	3%	$ 493,253					
D3800.BATH	Inst New Meter/Manifold	$ 3,708					$ 3,708	Jan-21	Dec-21	N/A	N/A	
D3800.BOURBON	Inst New Meter/Manifold	$ 831					$ 831	Jan-21	Dec-21	N/A	N/A	
D3800.ROBERTSON	Inst New Meter/Manifold	$ 222					$ 222	Jan-21	Dec-21	N/A	N/A	
D3800.MENIFEE	Inst New Meter/Manifold	$ 342					$ 342	Jan-21	Dec-21	N/A	N/A	
D3800.ROWAN	Inst New Meter/Manifold	$ 7,124					$ 7,124	Jan-21	Dec-21	N/A	N/A	
D3800.MASON	Inst New Meter/Manifold	$ 608					$ 608	Jan-21	Dec-21	N/A	N/A	
D3800.MONTGOMERY	Inst New Meter/Manifold	$ 4,609					$ 4,609	Jan-21	Dec-21	N/A	N/A	
D3800.OWINGSVILLE CITY	Inst New Meter/Manifold	$ 709					$ 709	Jan-21	Dec-21	N/A	N/A	
D3800.SALT LICK CITY	Inst New Meter/Manifold	$ 327					$ 327	Jan-21	Dec-21	N/A	N/A	
D3800.SHARPSBURG CITY	Inst New Meter/Manifold	$ 147					$ 147	Jan-21	Dec-21	N/A	N/A	
D3800.MT OLIVET CITY	Inst New Meter/Manifold	$ 315					$ 315	Jan-21	Dec-21	N/A	N/A	
D3800.FRENCHBURG CITY	Inst New Meter/Manifold	$ 994					$ 994	Jan-21	Dec-21	N/A	N/A	
D3800.N MIDDLETOWN CITY	Inst New Meter/Manifold	$ 285					$ 285	Jan-21	Dec-21	N/A	N/A	
D3800.MADISON	Inst New Meter/Manifold	$ 29,177					$ 29,177	Jan-21	Dec-21	N/A	N/A	
D3800.BEREA CITY	Inst New Meter/Manifold	$ 23,859					$ 23,859	Jan-21	Dec-21	N/A	N/A	
D3800.RICHMOND CITY	Inst New Meter/Manifold	$ 12,147					$ 12,147	Jan-21	Dec-21	N/A	N/A	
D3800.JESSAMINE	Inst New Meter/Manifold	$ 6,560					$ 6,560	Jan-21	Dec-21	N/A	N/A	
D3800.FAYETTE	Inst New Meter/Manifold	$ 810					$ 810	Jan-21	Dec-21	N/A	N/A	
D3800.NICHOLASVILLE CITY	Inst New Meter/Manifold	$ 57,602					$ 57,602	Jan-21	Dec-21	N/A	N/A	
D3800.WILMORE CITY	Inst New Meter/Manifold	$ 4,753					$ 4,753	Jan-21	Dec-21	N/A	N/A	
D3800.LEE	Inst New Meter/Manifold	$ 1,548					$ 1,548	Jan-21	Dec-21	N/A	N/A	
D3800.POWELL	Inst New Meter/Manifold	$ 1,152					$ 1,152	Jan-21	Dec-21	N/A	N/A	
D3800.STANTON CITY	Inst New Meter/Manifold	$ 3,153					$ 3,153	Jan-21	Dec-21	N/A	N/A	
D3800.CLAY CITY	Inst New Meter/Manifold	$ 1,123					$ 1,123	Jan-21	Dec-21	N/A	N/A	
D3800.BEATTYVILLE CITY	Inst New Meter/Manifold	$ 591					$ 591	Jan-21	Dec-21	N/A	N/A	
D3800.LAUREL	Inst New Meter/Manifold	$ 11,497					$ 11,497	Jan-21	Dec-21	N/A	N/A	
D3800.LONDON CITY	Inst New Meter/Manifold	$ 2,482					$ 2,482	Jan-21	Dec-21	N/A	N/A	
D3800.WHITLEY	Inst New Meter/Manifold	$ 4,509					$ 4,509	Jan-21	Dec-21	N/A	N/A	
D3800.WILLIAMSBURG CITY	Inst New Meter/Manifold	$ 998					$ 998	Jan-21	Dec-21	N/A	N/A	
D3800.KNOX	Inst New Meter/Manifold	$ 6,519					$ 6,519	Jan-21	Dec-21	N/A	N/A	
D3800.BARBOURVILLE CITY	Inst New Meter/Manifold	$ 1,721					$ 1,721	Jan-21	Dec-21	N/A	N/A	
D3800.BELL	Inst New Meter/Manifold	$ 1,844					$ 1,844	Jan-21	Dec-21	N/A	N/A	
D3800.MIDDLESBORO CITY	Inst New Meter/Manifold	$ 2,894					$ 2,894	Jan-21	Dec-21	N/A	N/A	
D3800.PINEVILLE CITY	Inst New Meter/Manifold	$ 990					$ 990	Jan-21	Dec-21	N/A	N/A	
D3800.CORBIN CITY.KNOX	Inst New Meter/Manifold	$ 2,287					$ 2,287	Jan-21	Dec-21	N/A	N/A	
D3800.CORBIN CITY.WHITLE	Inst New Meter/Manifold	$ 2,355					$ 2,355	Jan-21	Dec-21	N/A	N/A	
D3800.CLAY	Inst New Meter/Manifold	$ 8,365					$ 8,365	Jan-21	Dec-21	N/A	N/A	
D3800.MANCHESTER CITY	Inst New Meter/Manifold	$ 2,005					$ 2,005	Jan-21	Dec-21	N/A	N/A	
D3800.JACKSON	Inst New Meter/Manifold	$ 883					$ 883	Jan-21	Dec-21	N/A	N/A	
D3800.CLARK	Inst New Meter/Manifold	$ 277					$ 277	Jan-21	Dec-21	N/A	N/A	
D4500.BATH	Meter Installations (Retire)	$ 137					$ 137	Jan-21	Dec-21	N/A	N/A	
D4500.MENIFEE	Meter Installations (Retire)	$ 86					$ 86	Jan-21	Dec-21	N/A	N/A	
D4500.ROWAN	Meter Installations (Retire)	$ 137					$ 137	Jan-21	Dec-21	N/A	N/A	
D4500.MONTGOMERY	Meter Installations (Retire)	$ 257					$ 257	Jan-21	Dec-21	N/A	N/A	
D4500.SALT LICK CITY	Meter Installations (Retire)	$ 955					$ 955	Jan-21	Dec-21	N/A	N/A	
D4500.MADISON	Meter Installations (Retire)	$ 520					$ 520	Jan-21	Dec-21	N/A	N/A	
D4500.BEREA CITY	Meter Installations (Retire)	$ 186					$ 186	Jan-21	Dec-21	N/A	N/A	
D4500.NICHOLASVILLE CITY	Meter Installations (Retire)	$ 977					$ 977	Jan-21	Dec-21	N/A	N/A	
D4500.LEE	Meter Installations (Retire)	$ 147					$ 147	Jan-21	Dec-21	N/A	N/A	
D4500.POWELL	Meter Installations (Retire)	$ 86					$ 86	Jan-21	Dec-21	N/A	N/A	
D4500.STANTON CITY	Meter Installations (Retire)	$ 226					$ 226	Jan-21	Dec-21	N/A	N/A	
D4500.CLAY CITY	Meter Installations (Retire)	$ 43					$ 43	Jan-21	Dec-21	N/A	N/A	
D4500.BEATTYVILLE CITY	Meter Installations (Retire)	$ 257					$ 257	Jan-21	Dec-21	N/A	N/A	
D4500.LAUREL	Meter Installations (Retire)	$ 448					$ 448	Jan-21	Dec-21	N/A	N/A	
D4500.LONDON CITY	Meter Installations (Retire)	$ 328					$ 328	Jan-21	Dec-21	N/A	N/A	
D4500.WHITLEY	Meter Installations (Retire)	$ 597					$ 597	Jan-21	Dec-21	N/A	N/A	

D4500.WILLIAMSBURG CITY	Meter Installations (Retire)	$ 141					$ 141	Jan-21	Dec-21	N/A	N/A		
D4500.KNOX	Meter Installations (Retire)	$ 227					$ 227	Jan-21	Dec-21	N/A	N/A		
D4500.BELL	Meter Installations (Retire)	$ 142					$ 142	Jan-21	Dec-21	N/A	N/A		
D4500.MIDDLESBORO CITY	Meter Installations (Retire)	$ 113					$ 113	Jan-21	Dec-21	N/A	N/A		
D4500.PINEVILLE CITY	Meter Installations (Retire)	$ 28					$ 28	Jan-21	Dec-21	N/A	N/A		
D4500.CORBIN CITY.KNOX	Meter Installations (Retire)	$ 43					$ 43	Jan-21	Dec-21	N/A	N/A		
D4500.CORBIN CITY.WHITLE	Meter Installations (Retire)	$ 100					$ 100	Jan-21	Dec-21	N/A	N/A		
D4500.CLAY	Meter Installations (Retire)	$ 604					$ 604	Jan-21	Dec-21	N/A	N/A		
D4500.MANCHESTER CITY	Meter Installations (Retire)	$ 209					$ 209	Jan-21	Dec-21	N/A	N/A		
D4500.JACKSON	Meter Installations (Retire)	$ 128					$ 128	Jan-21	Dec-21	N/A	N/A		
K1100.PIKE	Pikeville Meter Change	$ 12,179					$ 12,179	Jan-21	Dec-21	N/A	N/A		
K3800.PIKE	Pikeville New Mtr Installation Residenti	$ 116,746					$ 116,746	Jan-21	Dec-21	N/A	N/A		
3820		$ 348,366	204,000	(144,366)	-70.77%	2%	$ 348,366					More meter installments than anticipated	
D9700.1.REG	Purchase Regulators	$ 268,805					$ 268,805	Jan-21	Dec-21	N/A	N/A		
3830		$ 268,805	150,800	(118,005)	-78.25%	1%	$ 268,805					More regulator purchases than anticipated, timing	
10061090	19MANC-REL METER AT PACES CRK SCHOOL	$ (978)					$ 5,530	Jan-21	Dec-21	Jan-21	Oct-19		
10100876	INS LVM CUMBERLAND MALL-C	$ 60					$ 9,054	Jan-21	Dec-21	Nov-21	Aug-22		
10100888	INST LVM 1013 BUC-EE'S BLVD-C	$ 10,200					$ 10,200	Jan-21	Dec-21	Oct-21	Dec-21		
10100669	INST LVM SUMMIT POLYMERS	$ 5,805					$ 5,854	Jan-21	Dec-21	Oct-21	Jan-22		
2300297	MOVE EXISTING METER AT MENIFEE HIGH SCHL	$ 4,739					$ 4,739	Jan-21	Dec-21	Jun-21	Jul-21		
10100674	NEW METER SET 1600 U.S. 27	$ 7,859					$ 9,604	Jan-21	Dec-21	Oct-21	Mar-22		
10100675	NEW METER SET ASBURY COLLEGE-C	$ 8,719					$ 9,722	Jan-21	Dec-21	Jul-21	Sep-22		
10083207	REB METER SET 503 BATTLEFIELD MEM HWY-C	$ 14					$ 7,247	Jan-21	Dec-21	Oct-20	Feb-21		
10090496	REP METER SET 77 SPRING LAKE BLVD	$ 8,429					$ 8,429	Jan-21	Dec-21	Sep-21	Nov-21		
10100668	RET AL 2300 METER MENIFEE ELEM	$ 658					$ 658	Jan-21	Dec-21	Jun-21	Aug-21		
10099644	RET METER SET 117 SHELBY STREET	$ 286					$ 286	Jan-21	Dec-21	Dec-21	Dec-21		
3850		$ 45,790	52,000	6,210	11.94%	0%	$ 71,321						
FCDELT.21.5	30' X 40' STORAGE BUILDING - BEREA	$ 45,500					$ 45,500	Jan-21	Dec-21	Aug-21	Dec-21		
FCDELT.21.13	30' X 60' STORAGE BUILDING - MIDDLESBORO	$ 59,663					$ 59,663	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.18	BARBOURVILLE BLACKTOP AND GRADING	$ 54,600					$ 54,600	Jan-21	Dec-21	Nov-21	Nov-21		
FCDELT.21.14	CONCRETE FLOOR BARBOURVILLE SHEDS	$ 46,847					$ 46,847	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.17	CONCRETE FLOOR WBURG OFFICE SHED	$ 10,980					$ 10,980	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.8	CORBIN BLACKTOP AND SEAL PARKING LOT	$ 5,100					$ 5,100	Jan-21	Dec-21	Sep-21	Sep-21		
FCDELT.21.19	CORBIN OFFICE VINYL FLOORING	$ 5,342					$ 5,342	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.15	LANDSCAPING TREE REMOVAL	$ 23,300					$ 23,300	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.16	LANDSCAPING WINCHESTER OFFICE	$ 25,756					$ 25,756	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.01	REP SERVER ROOM AC	$ 5,798					$ 5,798	Jan-21	Dec-21	Nov-21	Nov-21		
FCDELT.20.08	REPL FAN COIL UNIT IN WINCH OFFC - TBD	$ 4,426					$ 4,426	Jan-21	Dec-21	Mar-21	May-21		
FCDELT.21.11	SINGLE PHASE PAD MOUNT TRANSFORMER	$ 1,698					$ 1,698	Jan-21	Dec-21	Sep-21	Oct-21		
FCDELT.21.7	WBURG BLACKTOP AND SEAL PARKING LOT	$ 2,400					$ 2,400	Jan-21	Dec-21	Aug-21	Aug-21		
FCDELT.21.20	WILLIAMSBURG OFFICE BLACKTOP GARAGE AREA	$ 25,635					$ 25,635	Jan-21	Dec-21	Dec-21	Dec-21		
FCDELT.21.2	WINCH ADMIN OFFIC BLDG ROOF REPLACEMENT	$ 41,055					$ 41,055	Jan-21	Dec-21	Oct-21	Oct-21		
FCDELT.21.4	WINCH SERV CTR BLDG GUTTER REPLACEMENT	$ 8,996					$ 8,996	Jan-21	Dec-21	Nov-21	Nov-21		
FCDELT.21.3	WINCH SERV CTR BLDG ROOF REPLACEMENT	$ 44,520					$ 44,520	Jan-21	Dec-21	Oct-21	Oct-21		
FCDELT.21.6	WINCH WELD & OFFICE AREA RESTORATION	$ 16,715					$ 16,715	Jan-21	Dec-21	Oct-21	Oct-21		
FCDELT.21.10	WINCHESTER OFFICE BLACKTOP AND CONCRETE	$ 88,845					$ 88,845	Jan-21	Dec-21	Dec-21	Dec-21		
3900		$ 517,175	400,000	(117,175)	-29.29%	3%	$ 517,175					2020 budgeted items completed in 2021 due to COVID restrictions	
D7000.21.1	CANON IMAGERUNNER DX C5740I	$ 9,535					$ 9,535	Jan-21	Dec-21	Jun-21	Feb-22		
D7000.21.2	HP DESIGN JET XL 3600	$ 14,975					$ 14,975	Jan-21	Dec-21	Jul-21	Jul-21		
3910		$ 24,509	64,000	39,491	61.70%	0%	$ 24,509					Fewer replacements needed than anticipated	
D7000.21.4	53-ITRON MOBLE HANDHELD RADIO UNITS	$ 351,159					$ 351,159	Jan-21	Dec-21	Sep-21	Dec-21		
D7000.20.13	DATA DOMAIN 3300 TO BACKUP SERVERS	$ 35,669					$ 35,669	Jan-21	Dec-21	Oct-20	Jan-21		
D7000.21.12	FUJITSU FI-6800 SCANNER	$ 2,307					$ 2,307	Jan-21	Dec-21	Oct-21	Oct-21		
D7000.21.13	FUJITSU FI-6800 SCANNER	$ 2,307					$ 2,307	Jan-21	Dec-21	Oct-21	Oct-21		
D7000.21.11	NETWORK COMMUNICATION EQUIPMENT	$ 269,160					$ 269,160	Jan-21	Dec-21	Oct-21	Dec-22		
3912		$ 660,603	182,300	(478,303)	-262.37%	4%	$ 660,603					Projects not anticipated at the time of the Budget preparation	
DELTVEH.21.217108	2021 CHEVROLET 1500 4X4 BEREA	$ 39,343					$ 39,343	Jan-21	Dec-21	Oct-21	Oct-21		
DELTVEH.21.217109	2021 CHEVROLET 1500 4X4 MANCHESTER	$ 39,343					$ 39,343	Jan-21	Dec-21	Oct-21	Oct-21		
DELTVEH.20.216748	2021 CHEVROLET 5500 HD 2 DOOR CAB	$ 63,813					$ 63,813	Jan-21	Dec-21	Sep-21	Oct-21		
DELTVEH.20.216749	2021 CHEVROLET 5500 HD 2 DOOR CAB	$ 63,813					$ 63,813	Jan-21	Dec-21	Sep-21	Oct-21		
DELTVEH.20.216750	2021 CHEVROLET SILVERADO 1500 4X4 CREW	$ 37,290					$ 37,290	Jan-21	Dec-21	Oct-21	Oct-21		
DELTVEH.21.217135	2021 CHEVROLET SILVERADO 1500 BEREA	$ 33,879					$ 33,879	Jan-21	Dec-21	Dec-21	Feb-22		
DELTVEH.21.217136	2021 CHEVROLET SILVERADO 1500 STANTON	$ 33,879					$ 33,879	Jan-21	Dec-21	Dec-21	Feb-22		
DELTVEH.20.216746	2021 CHEVY SILVERADO 2500 4X4 HD DBL CAB	$ 36,290					$ 36,290	Jan-21	Dec-21	Apr-21	Apr-21		
DELTVEH.20.216747	2021 CHEVY SILVERADO 2500 HD 4X4 DBL CAB	$ 31,711					$ 31,711	Jan-21	Dec-21	Sep-21	Oct-21		

DELTVEH.21.217059	2021 LUCON CUSTOM TRAILER	$ 14,204					$ 14,204	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217074	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 22,430					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217075	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217076	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217077	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217078	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217079	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217080	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217081	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217082	2021 LUCON CUSTOM TRAILER 6T162TBW	$ 11,215					$ 11,215	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217060	2021 LUCON CUSTOM TRAILER CORBIN SC	$ 14,204					$ 14,204	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217092	2021 TA #6000 BIGTEX TRAILER BARBOURVILL	$ 4,049					$ 4,049	Jan-21	Dec-21	Aug-21	Aug-21		
DELTVEH.21.217093	2021 TA #6000 BIGTEX TRAILER BARBOURVILL	$ 3,622					$ 3,622	Jan-21	Dec-21	Aug-21	Aug-21		
DELTVEH.21.217118	2022 ARGO AURORA 950 BIGFOOT MX8 8X8	$ 32,162					$ 32,162	Jan-21	Dec-21	Nov-21	Nov-21		
DELTVEH.21.217130	2022 BIG TEX DECKOVER TRAILER	$ 7,332					$ 7,332	Jan-21	Dec-21	Nov-21	Nov-21		
PKYCVEH.21.216975	2022 CHEVROLET COLORADO	$ 26,503					$ 26,503	Jan-21	Dec-21	Dec-21	Dec-21		
PKYCVEH.21.216924	2022 FORD F250 OPEN UTIL BODY	$ 18,950					$ 18,950	Jan-21	Dec-21	Dec-21	Dec-21		
PKYCVEH.21.216935	2022 FORD F250 OPEN UTIL BODY	$ 18,950					$ 18,950	Jan-21	Dec-21	Dec-21	Dec-21		
PKYCVEH.21.216936	2022 FORD F250 OPEN UTIL BODY	$ 18,950					$ 18,950	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.217106	2022 GATORMADE 14K TRAILER	$ 7,939					$ 7,939	Jan-21	Dec-21	Dec-21	Oct-21		
DELTVEH.21.216977	2022 KENWORTH T-380 DUMP TRUCK	$ 88,744					$ 88,744	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.216978	2022 KENWORTH T-380 DUMP TRUCK	$ 88,744					$ 88,744	Jan-21	Dec-21	Dec-21	Dec-21		
3920		$ 835,860	650,000	(185,860)	-28.59%	5%	$ 824,645					2020 budgeted items completed in 2021 due to COVID limitations	
D7400.21.2	BANDSAW HORIZONTAL WIL414468	$ 10,100					$ 10,100	Jan-21	Dec-21	Dec-21	Dec-21		
D7400.21.24	CAT 315 HAMMER MOUNTING BRACKET	$ 4,404					$ 4,404	Jan-21	Dec-21	Nov-21	Nov-21		
D7400.21.7	DITCH WITCH 3" AH PP DF AIR TOOL PACKAGE	$ 7,583					$ 7,583	Jan-21	Dec-21	Oct-21	Sep-21		
D7400.21.18	DITCHWITCH RX UTG2 BARBOURVILLE	$ 5,896					$ 5,896	Jan-21	Dec-21	Sep-21	Oct-21		
D7400.21.19	DITCHWITCH RX UTG2 LONDON	$ 5,896					$ 5,896	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.15	DITCHWITCH RX UTG2 MANCHESTER	$ 5,896					$ 5,896	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.16	DITCHWITCH RX UTG2 NICHOLASVILLE	$ 5,896					$ 5,896	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.14	DITCHWITCH RX UTG2 STANTON	$ 5,896					$ 5,896	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.17	DITCHWITCH RX UTG2 WILLIAMSBURG	$ 5,896					$ 5,896	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.23	H2S ANALYZER T052 PORTABLE	$ 12,909					$ 12,909	Jan-21	Dec-21	Nov-21	Nov-21		
D7400.21.1	HEATH RMLD-CS LEAK DETECTOR - CORROSION	$ 15,000					$ 15,000	Jan-21	Dec-21	Mar-21	Mar-21		
D7400.21.20	HUSQVARNA CONCRETE SAW FS400LB N	$ 2,675					$ 2,675	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.21	HUSQVARNA CONCRETE SAW FS400LB S	$ 2,675					$ 2,675	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.25	KARCHER HOT WATER PRESSURE WASHER	$ 4,187					$ 4,187	Jan-21	Dec-21	Dec-21	Dec-21		
D7400.21.22	KEROTEST PORTAFUSE III SMART SCANNER	$ 4,701					$ 4,701	Jan-21	Dec-21	Oct-21	Oct-21		
D7400.21.13	MUSTANG PS-62B SQUEEZE TOOL BEREA	$ 3,159					$ 3,159	Jan-21	Dec-21	Sep-21	Sep-21		
D7400.21.12	MUSTANG PS-62B SQUEEZE TOOL CORBIN	$ 3,159					$ 3,159	Jan-21	Dec-21	Sep-21	Sep-21		
D7400.21.10	MUSTANG PS-62B SQUEEZE TOOL MIDDLESBORO	$ 3,159					$ 3,159	Jan-21	Dec-21	Sep-21	Sep-21		
D7400.21.11	MUSTANG PS-62B SQUEEZE TOOL NICHOLASVILL	$ 3,159					$ 3,159	Jan-21	Dec-21	Sep-21	Sep-21		
D7400.21.9	R4I ROTARY SCREW AIR COMP METER SHOP	$ 7,080					$ 7,080	Jan-21	Dec-21	Sep-21	Sep-21		
D7400.21.3	REMOTE METHANE LEAK DETECTOR BT	$ 22,945					$ 22,945	Jan-21	Dec-21	Aug-21	Sep-21		
D7400.21.26	TESTO 340 PORT HANDHELD EMISSIONS ANALYZ	$ 7,239					$ 7,239	Jan-21	Dec-21	Dec-21	Dec-21		
D7400.21.4	VERMEER VPT300 3" HOLE HAMMER AIR TOOL	$ 5,037					$ 5,037	Jan-21	Dec-21	Aug-21	Aug-21		
D7400.21.5	VERMEER VPT300 3" HOLE HAMMER AIR TOOL	$ 5,037					$ 5,037	Jan-21	Dec-21	Aug-21	Aug-21		
D7400.21.6	VERMEER VPT300 3" HOLE HAMMER AIR TOOL	$ 5,037					$ 5,037	Jan-21	Dec-21	Aug-21	Aug-21		
D7400.21.8	WOODS MDS 8.30W MOWER TRANSM	$ 5,777					$ 5,777	Jan-21	Dec-21	Sep-21	Sep-21		
3940		$ 170,395	51,200	(119,195)	-232.80%	1%	$ 170,395					More replacements needed than anticipated	
D7400.20.6	PGC 1000 GAS CHROMATOGRAPH - GAS CONTROL	$ 7,293					$ 28,728	Jan-21	Dec-21	Dec-20	Jan-21		
3950		$ 7,293	10,000	2,707	27.07%	0%	$ 28,728						
DELTVEH.21.216981	2021 AIRMAN AIR COMPRESSOR	$ 21,094					$ 21,094	Jan-21	Dec-21	Jun-21	Jun-21		
DELTVEH.21.216972	2021 AIRMAN AIR COMPRESSOR STANTON	$ 21,094					$ 21,094	Jan-21	Dec-21	May-21	May-21		
DELTVEH.21.217052	2021 AIRMAN PDS185S-185 CFM	$ 20,140					$ 20,140	Jan-21	Dec-21	Aug-21	Aug-21		
DELTVEH.21.217107	2021 AIRMAN PDS185S-185 CFM BVILLE	$ 21,094					$ 21,094	Jan-21	Dec-21	Oct-21	Oct-21		
DELTVEH.21.216778	2021 ARGO BIGFOOT 950 MX8 ATV-CORROSION	$ 30,176					$ 30,176	Jan-21	Dec-21	Jan-21	Jan-21		
DELTVEH.21.217041	2021 CAN-AM COMMANDER XT 100	$ 21,055					$ 21,055	Jan-21	Dec-21	Sep-21	Sep-21		
DELTVEH.21.217042	2021 CAN-AM DEFENDER MAX LIM	$ 30,208					$ 30,208	Jan-21	Dec-21	Sep-21	Sep-21		
DELTVEH.21.216941	2021 CASE 580SN BACKHOE TRACTOR LOADER	$ 102,025					$ 102,025	Jan-21	Dec-21	Aug-21	Aug-21		
DELTVEH.21.217056	2021 CASE 580SN TRACTOR LOADER BACKHOE	$ 109,869					$ 109,869	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.216982	2021 CAT 315GC EXCAVATOR	$ 192,242					$ 192,242	Jan-21	Dec-21	Aug-21	Aug-21		
DELTVEH.21.216983	2021 CAT 325B EXCAVATOR	$ 248,209					$ 248,209	Jan-21	Dec-21	Jul-21	Jul-21		
DELTVEH.21.217055	2021 CAT 420-07A BACKHOE	$ 106,674					$ 106,674	Jan-21	Dec-21	Aug-21	Aug-21		
DELTVEH.21.217043	2021 CAT D3 BULLDOZER	$ 178,912					$ 178,912	Jan-21	Dec-21	Dec-21	Dec-21		
DELTVEH.21.216944	2021 COMPACT 249D3 SKID STEER N CONSTR	$ 67,156					$ 67,156	Jan-21	Dec-21	Aug-21	Aug-21		

DELTVEH.21.216945	2021 COMPACT 249D3 SKID STEER S CONSTR	$ 67,157					$ 67,156		Jan-21	Dec-21	Aug-21	Aug-21	
DELTVEH.21.216984	2021 DUSTLESS SANDBLASTER ON TRAILER	$ 48,060					$ 48,060		Jan-21	Dec-21	Jun-21	Jun-21	
DELTVEH.21.217040	2021 NEW HOLLAND TS6 120 TRACTOR	$ 101,230					$ 101,230		Jan-21	Dec-21	Jul-21	Jul-21	
DELTVEH.21.217104	2021 TAKEUCHI COMPACT EXCAVATOR	$ 30,475					$ 30,475		Jan-21	Dec-21	Sep-21	Sep-21	
DELTVEH.21.217105	2021 TAKEUCHI TL6R SKID STEER	$ 49,025					$ 49,025		Jan-21	Dec-21	Nov-21	Sep-21	
DELTVEH.21.217046	2021 VERMEER D10X15S2 DRILL	$ 171,960					$ 171,960		Jan-21	Dec-21	Dec-21	Jan-22	
DELTVEH.21.217048	2021 VERMEER D10X15S2 DRILL	$ 171,960					$ 171,960		Jan-21	Dec-21	Dec-21	Jan-22	
DELTVEH.21.217061	2021 VERMEER PTX42 TRENCHER/LAWN PLOW	$ 11,215					$ 11,215		Jan-21	Dec-21	Dec-21	Dec-21	
DELTVEH.21.217057	2021 VERMEER RTX550 HYDROSTATIC TRENCHER	$ 132,000					$ 132,000		Jan-21	Dec-21	Dec-21	Dec-21	
DELTVEH.21.217058	2021 VERMEER RTX550 HYDROSTATIC TRENCHER	$ 132,000					$ 132,000		Jan-21	Dec-21	Dec-21	Jan-22	
DELTVEH.21.216942	2021 VERMEER VACTRON LP573 N CONSTR	$ 60,651					$ 60,651		Jan-21	Dec-21	Sep-21	Sep-21	
DELTVEH.21.216943	2021 VERMEER VACTRON LP573 S CONSTR	$ 60,651					$ 60,651		Jan-21	Dec-21	Sep-21	Sep-21	
DELTVEH.21.217091	2021 YANMAR VIO35-6A MINI EXCAVATOR	$ 47,170					$ 47,170		Jan-21	Dec-21	Oct-21	Nov-21	
DELTVEH.21.216125.3	4.5 SWITCHBACK HDD HOUSING D/W AT30	$ 8,376					$ 8,376		Jan-21	Dec-21	Oct-21	Nov-21	
DELTVEH.21.216108	AUXILIARY HYDRAULIC KIT FOR BACKHOE	$ 8,338					$ 8,338		Jan-21	Dec-21	Sep-21	Sep-21	
DELTVEH.21.216102	AUXILIARY HYDRAULIC KIT UNIT 216102	$ 8,266					$ 8,266		Jan-21	Dec-21	Dec-21	Dec-21	
DELTVEH.21.216122.1	DIAMOND 50" EXCAV ROTARY MOWER ATTACHMT	$ 33,682					$ 33,682		Jan-21	Dec-21	Oct-21	Oct-21	
DELTVEH.21.216125.1	DIRECT ROCK DRILL BUNDLE UNIT 216125	$ 17,833					$ 17,833		Jan-21	Dec-21	Oct-21	Nov-21	
DELTVEH.21.216127.2	DIRECT ROCK DRILL BUNDLE UNIT 216127	$ 21,446					$ 21,446		Jan-21	Dec-21	Oct-21	Oct-21	
DELTVEH.21.216125	DIRECTIONAL DRILL BUNDLE UNIT 216125	$ 7,936					$ 7,936		Jan-21	Dec-21	Oct-21	Nov-21	
DELTVEH.21.216127.1	DIRECTIONAL DRILL BUNDLE UNIT 216127	$ 11,092					$ 11,092		Jan-21	Dec-21	Oct-21	Oct-21	
DELTVEH.21.216125.4	HDD DITCH WITCH TRI CONE BIT	$ 10,191					$ 10,191		Jan-21	Dec-21	Dec-21	Dec-21	
DELTVEH.21.216127.6	HDD DITCH WITCH TRI CONE BIT	$ 10,198					$ 10,198		Jan-21	Dec-21	Dec-21	Dec-21	
DELTVEH.21.216127	HDD LOCATE TRACKER SYSTEM 216127	$ 20,704					$ 20,704		Jan-21	Dec-21	Sep-21	Sep-21	
DELTVEH.21.216125.2	HDD TOOLING DITCH WITCH 216125	$ 16,755					$ 16,755		Jan-21	Dec-21	Oct-21	Nov-21	
DELTVEH.21.216127.3	HDD TOOLING DITCH WITCH 216127	$ 29,763					$ 29,763		Jan-21	Dec-21	Nov-21	Nov-21	
DELTVEH.21.216179	HIQPO PRESSURE WASHER	$ 7,250					$ 7,250		Jan-21	Dec-21	Dec-21	Feb-21	
DELTVEH.21.216122	HYDRAULIC BREAKER ON LINK BELT EXV	$ 22,207					$ 22,207		Jan-21	Dec-21	May-21	May-21	
DELTVEH.21.216127.4	ROCKMASTER 86 HDD HOUSING D/W AT30	$ 6,917					$ 6,917		Jan-21	Dec-21	Nov-21	Nov-21	
DELTVEH.21.216193	SNOW BLADE KUBOTA RTV UNIT 216193	$ 4,181					$ 4,181		Jan-21	Dec-21	Aug-21	Aug-21	
DELTVEH.21.216813	TURF MAKER 900 STRAW BLOWER	$ 10,017					$ 10,017		Jan-21	Dec-21	Mar-21	Mar-21	
DELTVEH.21.216118	VERMEER HDD DIRECTIONAL DILL UNIT 216118	$ 29,400					$ 29,400		Jan-21	Dec-21	Aug-21	Aug-21	
DELTVEH.21.216388	VERMEER HDD DIRECTIONAL DILL UNIT 216388	$ 29,400					$ 29,400		Jan-21	Dec-21	Aug-21	Aug-21	
DELTVEH.21.216123	VERMEER HHD REPLACEMENT TRACKS	$ 6,073					$ 6,073		Jan-21	Dec-21	Mar-21	Mar-21	
3960		$ 2,573,525	252,200	(2,321,325)	-920.43%	14%	$ 2,573,525						More replacements needed than anticipated
3970		$ -	6,000	6,000	100.00%	0%	$ -						Anticipated projects did not materialize
D7500.21.4	SCOTSMAN ICE MACHINE - BEREA OFFICE	$ 3,091					$ 3,091		Jan-21	Dec-21	Jul-21	Jul-21	
D7500.21.7	SCOTSMAN ICE MACHINE - CORBIN OFFICE	$ 3,091					$ 3,091		Jan-21	Dec-21	Jul-21	Jul-21	
D7500.21.1	SCOTSMAN ICE MACHINE - CORBIN SERV CTR	$ 6,330					$ 6,330		Jan-21	Dec-21	Apr-21	Apr-21	
D7500.21.6	SCOTSMAN ICE MACHINE - MIDDLESBORO OFFC	$ 3,091					$ 3,091		Jan-21	Dec-21	Jul-21	Jul-21	
D7500.21.5	SCOTSMAN ICE MACHINE - NICHOLASVL OFFC	$ 3,091					$ 3,091		Jan-21	Dec-21	Jul-21	Jul-21	
D7500.21.3	SCOTSMAN ICE MACHINE - OWINGSVILLE OFFC	$ 3,091					$ 3,091		Jan-21	Dec-21	Jul-21	Jul-21	
D7500.21.2	SCOTSMAN ICE MACHINE - WINCH SERV CTR	$ 6,030					$ 6,030		Jan-21	Dec-21	Apr-21	Apr-21	
3980		$ 27,813	5,000	(22,813)	-456.26%	0%	$ 27,813						
DELTAOH.CONS	DELTA OVERHEAD - CONSTRUCTION	$ 20,789					$ 20,789		Jan-21	Dec-21	N/A	N/A	
DELTAOH.GA	DELTA OVERHEAD - G&A	$ 401,376					$ 401,376		Jan-21	Dec-21	N/A	N/A	
3999		$ 422,165	735,600	313,435	42.61%	2%	$ 422,165						
	2021 TOTAL	**$ 23,983,787**	**18,535,700**	**(5,448,087)**	**-29.39%**	**129%**	**$ 38,073,481**						
2022													
2300900	NIKON N 5" STATION DATA COLLECTOR -ENG	$ 11,977					$ 11,977		Jan-22	Dec-22	Jun-22	Oct-22	
201300051	SW BLACKLINE IMPLEMENT - IN HOUSE	$ 387					$ 880		Jan-22	Dec-22	Mar-22	Oct-23	
201300052	SW BLACKLINE IMPLEMENT - PURCHASED	$ 605					$ 1,379		Jan-22	Dec-22	Jan-22	Oct-23	
201300053	SW CRM REPLACE PH2 - IN HOUSE	$ 665					$ 9,971		Jan-22	Dec-22	Jan-21	Jul-22	
201300055	SW DUNNING STRATEGY - IN HOUSE	$ 1,215					$ 2,962		Jan-22	Dec-22	Nov-21	Nov-23	
201300057	SW GIS TO UTIL PIPE DATA MDL - IN HOUSE	$ 51					$ 303		Jan-22	Dec-22	Dec-21	Jul-22	
201300058	SW INTERROGATORY MGMT - IN HOUSE	$ 521					$ 1,383		Jan-22	Dec-22	Nov-20	Dec-22	
201300059	SW INTERROGATORY MGMT - PURCHASED	$ 3					$ 41		Jan-22	Dec-22	Dec-21	Jun-22	
201300060	SW LOW PRESSURE MONITOR - PURCHASED	$ 353					$ 693		Jan-22	Dec-22	Dec-21	Jun-22	
201300061	SW PANAYA TESTING - PURCHASED	$ 80					$ 2,480		Jan-22	Dec-22	Dec-21	Mar-22	
201300063	SW SIP MICROSOFT M365 - IN HOUSE	$ (30)					$ 657		Jan-22	Dec-22	Dec-21	Apr-22	
201300064	SW SIP MICROSOFT M365 - PURCHASED	$ 112					$ 5,415		Jan-22	Dec-22	Dec-21	Jun-23	
201300065	SW SIP POWERPLAN BUILDOUT - IN HOUSE	$ 2,301					$ 13,920		Jan-22	Dec-22	Dec-21	Aug-22	
201300066	SW SIP POWERPLAN BUILDOUT - PURCHASED	$ 121					$ 5,502		Jan-22	Dec-22	Dec-21	Jun-22	
201300067	SW SIP QUALYS - PURCHASED	$ 0					$ 513		Jan-22	Dec-22	Dec-21	Mar-22	

201300068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$	6,220				$	11,256	Jan-22	Dec-22	Dec-21	May-23
201300069	SW SIP SPLUNK - IN HOUSE	$	1,200				$	3,958	Jan-22	Dec-22	Dec-21	Sep-22
201300070	SW SIP SPLUNK - PURCHASED	$	690				$	4,672	Jan-22	Dec-22	Dec-21	May-22
201300074	SW WORKDAY IMPLEMENT - IN HOUSE	$	12				$	15	Jan-22	Dec-22	Dec-21	Nov-22
201300075	SW SIP WORKMGT - IN HOUSE	$	5,968				$	18,650	Jan-22	Dec-22	Dec-21	Jul-22
201300077	SW VENTYX VERS9.8 - IN-HOUSE	$	454				$	590	Jan-22	Dec-22	Dec-21	Apr-22
201300083	SW DATA NETWORK - PURCHASED PKYC	$	21				$	21	Jan-22	Dec-22	Mar-22	Aug-22
201300086	SW POWERPLAN LICENSES - IN HOUSE PYKY	$	98				$	98	Jan-22	Dec-22	Mar-22	Mar-22
201300087	SW SAP BILLING CONSOLIDATE-INHOUSE PKYC	$	(10)				$	10	Jan-22	Dec-22	Mar-22	Apr-22
201300088	SW WORKFORCE OPT PH6 - IN HOUSE PKYC	$	174				$	174	Jan-22	Dec-22	Mar-22	Mar-22
201300089	POWER TAX PROVISION PGKY	$	2,881				$	10,814	Jan-22	Dec-22	May-22	Oct-23
201300090	CITRIX LICENSE PGKY	$	390				$	1,580	Jan-22	Dec-22	May-22	Oct-23
201300091	SHAREPONT MIGRATION PGKY	$	2				$	123	Jan-22	Dec-22	Sep-22	Oct-23
201600005	GIS Migr to Utility Data Model-DELTA	$	1,652				$	3,724	Jan-22	Dec-22	Oct-22	Aug-23
201600007	Finance Enhancements-DELTA	$	11,137				$	12,068	Jan-22	Dec-22	Apr-22	Dec-23
201600008	Cust Svc Enhancements-DELTA	$	39,900				$	47,196	Jan-22	Dec-22	Mar-22	Jul-23
201600011	Ensyte (Gastar) Upgrade-DELTA	$	2,425				$	1,617	Jan-22	Dec-22	Aug-22	Feb-23
201600016	HRIS (Workday)-DELTA	$	9,115				$	35,881	Jan-22	Dec-22	Aug-22	Dec-23
201600018	Intranet Rebuild-DELTA	$	1,190				$	14,923	Jan-22	Dec-22	Apr-22	Dec-23
201600021	Server Capacity/Replace-DELTA	$	12,655				$	12,655	Jan-22	Dec-22	Mar-22	Nov-22
201600022	System Backup Capacity/Replace-DELTA	$	27				$	3,024	Jan-22	Dec-22	Mar-22	Mar-23
201600023	vRealize Infrastructure Mgmt Tool-DELTA	$	4				$	4	Jan-22	Dec-22	May-22	May-22
201600024	Software license compliance-DELTA	$	3,356				$	3,356	Jan-22	Dec-22	Mar-22	Sep-22
201600026	SIP-Data Center Consolidation-DELTA	$	110				$	110	Jan-22	Dec-22	Mar-22	Sep-22
201600028	SIP-Office Systems-DELTA	$	5,918				$	5,918	Jan-22	Dec-22	Feb-22	Sep-22
201600030	SIP Infrastructure Work-DELTA	$	51				$	51	Jan-22	Dec-22	Mar-22	Mar-22
201600034	SAP Security Enhancements-DELTA	$	1,180				$	1,548	Jan-22	Dec-22	Aug-22	Feb-23
201600035	SIP-Endpoint Security-DELTA	$	487				$	487	Jan-22	Dec-22	Apr-22	Dec-22
201600038	GRC Enhancements-DELTA	$	175				$	175	Jan-22	Dec-22	Apr-22	Apr-22
201600039	Security Awareness-DELTA	$	1,646				$	1,646	Jan-22	Dec-22	Apr-22	Apr-22
201600040	Security Risk Projects-DELTA	$	7,586				$	7,586	Jan-22	Dec-22	Jul-22	Dec-22
201600041	Co-Managed Security Monitoring-DELTA	$	4,013				$	4,013	Jan-22	Dec-22	Oct-22	Nov-22
201600042	SIEM Enhancements-DELTA	$	169				$	2,112	Jan-22	Dec-22	Jul-22	Apr-23
201600043	SIP-DUO-DELTA	$	1,911				$	1,911	Jan-22	Dec-22	Mar-22	Sep-22
201600045	PNG Computer Refresh-DELTA	$	1,539				$	8,792	Jan-22	Dec-22	Jul-22	Jul-23
201600046	SIP-Bomgar for Peoples-DELTA	$	1,297				$	293	Jan-22	Dec-22	Sep-22	Mar-23
201600051	SW BLACKLINE IMPLEMENT - IN HOUSE-DELTA	$	4,645				$	10,854	Jan-22	Dec-22	Feb-22	Dec-23
201600052	SW BLACKLINE IMPLEMENT - PURCHASED-DELTA	$	7,255				$	16,490	Jan-22	Dec-22	Oct-21	Dec-23
201600055	SW DUNNING STRATEGY - IN HOUSE	$	14,580				$	34,926	Jan-22	Dec-22	Mar-22	Nov-23
201600057	SW GIS TO UTIL PIPE DATA MDL - IN HOUSE	$	611				$	3,622	Jan-22	Dec-22	Nov-21	Jul-22
201600061	SW PANAYA TESTING - PURCHASED	$	960				$	29,760	Jan-22	Dec-22	Dec-21	Mar-22
201600065	SW SIP POWERPLAN BUILDOUT - IN HOUSE	$	27,606				$	166,003	Jan-22	Dec-22	Mar-21	Aug-22
201600066	SW SIP POWERPLAN BUILDOUT - PURCHASED	$	1,451				$	64,879	Jan-22	Dec-22	Apr-21	Jun-22
201600067	SW SIP QUALYS - PURCHASED	$	6				$	5,977	Jan-22	Dec-22	Dec-20	Mar-22
201600068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$	74,646				$	134,835	Jan-22	Dec-22	Mar-21	May-23
201600069	SW SIP SPLUNK - IN HOUSE	$	14,397				$	47,252	Jan-22	Dec-22	Jun-21	Sep-22
201600070	SW SIP SPLUNK - PURCHASED	$	8,284				$	57,495	Jan-22	Dec-22	May-21	Jun-23
201600071	SW SIP VALMS - IN HOUSE	$	15,641				$	79,397	Jan-22	Dec-22	May-21	Sep-22
201600074	SW WORKDAY IMPLEMENT - IN HOUSE	$	149				$	181	Jan-22	Dec-22	Nov-21	Nov-22
201600075	SW SIP WORKMGT - IN HOUSE	$	71,621				$	5,074,721	Jan-22	Dec-22	May-21	Jul-22
201600077	SW VENTYX VERS9.8 - IN-HOUSE	$	5,444				$	7,063	Jan-22	Dec-22	Jun-21	May-22
201600078	Safety Applications - JSSO, Root Casue A	$	328				$	328	Jan-22	Dec-22	Mar-22	Jun-22
201600080	Agent Assist Payments in CSC	$	2,198				$	-	Jan-22	Dec-22	Jul-22	Jun-23
201600082	SW CPMS PH5 - IN HOUSE DELTA	$	3,086				$	3,086	Jan-22	Dec-22	Mar-22	Mar-22
201600083	SW DATA NETWORK - PURCHASED DELTA	$	252				$	252	Jan-22	Dec-22	Mar-22	Aug-22
201600086	SW POWERPLAN LICENSES - IN HOUSE DELTA	$	1,175				$	1,175	Jan-22	Dec-22	Mar-22	Mar-22
201600088	SW WORKFORCE OPT PH6 - IN HOUSE DELTA	$	2,093				$	2,093	Jan-22	Dec-22	Mar-22	Mar-22
201600089	POWER TAX PROVISION DELTA	$	38,203				$	143,380	Jan-22	Dec-22	May-22	Oct-23
201600090	CITRIX LICENSE Delta	$	4,822				$	19,596	Jan-22	Dec-22	May-22	Dec-23
201600091	SHAREPONT MIGRATION Delta	$	20				$	1,994	Jan-22	Dec-22	Sep-22	Dec-23
201690006	Exchange Migration	$	380				$	380	Jan-22	Dec-22	Jul-22	Jul-22
201690007	Active Directory Integration	$	8,551				$	142,693	Jan-22	Dec-22	May-22	May-23
201690012	Delta Networking Equipment (WAN, Carrier	$	4,703				$	13,165	Jan-22	Dec-22	Feb-22	Jun-23
201690013	Delta Voice Equipment	$	292,721				$	490,807	Jan-22	Dec-22	Feb-22	Oct-23
201690016	Delta Computer Refresh	$	54,962				$	54,962	Jan-22	Dec-22	Apr-22	Aug-22
201690021	SW DELTA E-ACCOUNT - IN HOUSE	$	308,915				$	320,478	Jan-22	Dec-22	Nov-21	Aug-23
201690023	SW SCADA (EAGLE TALON) - PURCHASED	$	2,624				$	86,934	Jan-22	Dec-22	May-18	Jul-22
3030		$	1,116,334	1,142,759	26,425	2.31%	$	0	$ 7,293,904			

3310		$ -	24,000	24,000	100.00%	$ -	$ -					Anticipated projects did not materialize
10101223	22-BARB-RET TAP FOR STA.623 SWAN POND	$ 3,289					$ 3,289	Jan-22	Dec-22	Jan-22	Mar-22	
10106764	22WILL-RET-STA. 219 DAVENPORT 2 PLUGGING	$ 31,225					$ 31,225	Jan-22	Dec-22	Aug-22	Oct-22	
10106765	22WILL-RET-STA.213 O. CROLEY PLUGGING	$ 9,931					$ 9,931	Jan-22	Dec-22	Aug-22	Oct-22	
10106820	22WILL-RET-STA. 316 J.W. SHARP PLUGGING	$ 8,547					$ 8,547	Jan-22	Dec-22	Aug-22	Oct-22	
10107233	22WILL GATHERING PIPE AT CROLEY BEND	$ 15,827					$ 15,827	Jan-22	Dec-22	Aug-22	Nov-22	
3320		$ 68,819	42,000	(26,819)	-63.85%	$ 0	$ -					Project not anticipated at the time of the Budget preparation
10106767	22MIDD-INST COMPRESSOR AT STONY FORK	$ 25,729					$ 25,729	Jan-22	Dec-22	Jul-02	Nov-22	
10109985	22WILL-REP-Overhaul Woodbine Compressor	$ 8,844					$ 8,844	Jan-22	Dec-22	Oct-22	Dec-22	
3330		$ 34,574	40,000	5,426	13.57%	$ 0	$ 34,574					
10107234	22WILL-INS METER RUN FOR WELL#212	$ 11,180					$ 11,180	Jan-22	Dec-22	Aug-22	Nov-22	
3340		$ 11,180	20,000	8,820	44.10%	$ 0	$ 11,180					
10102045	22MIDD-REP- TUBING/LOG PEET1 WELL	$ 69,336					$ 69,336	Jan-22	Dec-22	Apr-22	Dec-22	
10102046	22MIDD-REP- TUBING/LOG PEET2 WELL	$ 31,785					$ 62,647	Jan-22	Dec-22	Apr-22	Dec-23	
10102047	22MIDD-REP- TUBING/LOG 1-19 WELL	$ 71,423					$ 71,423	Jan-22	Dec-22	Apr-22	Nov-22	
10102048	22MIDD-REP- TUBING/LOG 1-18 WELL	$ 68,534					$ 68,534	Jan-22	Dec-22	Apr-22	Nov-22	
10102049	22MIDD-REP- TUBING/LOG 21-1B WELL	$ 70,420					$ 70,420	Jan-22	Dec-22	Apr-22	Dec-22	
10102050	22MIDD-REP- TUBING/LOG 22-1 WELL	$ 42,987					$ 129,604	Jan-22	Dec-22	Apr-22	Nov-23	
10102051	22MIDD-REP- TUBING/LOG 22-2 WELL	$ 25,266					$ 83,524	Jan-22	Dec-22	Sep-22	Dec-23	
10102052	22MIDD-REP- TUBING/LOG 22-3 WELL	$ 8,104					$ 30,983	Jan-22	Dec-22	Apr-22	Jun-23	
10102053	22MIDD- LOG CARNES1 WELL	$ 24,112					$ 24,112	Jan-22	Dec-22	Apr-22	Oct-22	
10102054	22MIDD- LOG CARNES2 WELL	$ 19,692					$ 19,692	Jan-22	Dec-22	Apr-22	Oct-22	
10102055	22MIDD- LOG CARNES3 WELL	$ 22,801					$ 22,801	Jan-22	Dec-22	Apr-22	Oct-22	
10102056	22MIDD- LOG PINK FUSION WELL	$ 28,362					$ 28,362	Jan-22	Dec-22	Apr-22	Oct-22	
3520		$ 482,824	10,000	(472,824)	-4728.24%	$ 0	$ 69,336					Project not anticipated at the time of the Budget preparation
3530		$ -	10,500	10,500	100.00%	$ -	$ -					Anticipated projects did not materialize
10095613	21MIDD-TRANSMISSION- REPLACE PUMP	$ 25,009					$ 25,009	Jan-22	Dec-22	Mar-22	Apr-22	
10097811	21MIDD-REPL CM# 5 COMP EXHAUST CATALYST	$ 431					$ 14,763	Jan-22	Dec-22	Nov-21	Apr-22	
10100698	21MIDD-TRANSMISSION-CONVERT UNIT #3	$ 55,841					$ 185,477	Jan-22	Dec-22	Oct-21	Jul-22	
10100851	21MIDD-TRANSMISSION-UPGRADE THE PLC PLT	$ 780					$ 73,729	Jan-22	Dec-22	Oct-21	Mar-22	
10102254	22MIDD-REBUILD CM#5 COMPRESSOR ENGINE	$ 17,089					$ 17,089	Jan-22	Dec-22	Apr-22	Aug-22	
10104089	22MIDD-CANADA MTN STACK TEST UNIT #5	$ 8,946					$ 8,946	Jan-22	Dec-22	Jun-22	Jun-22	
3540		$ 108,096	60,000	(48,096)	-80.16%	$ 0	$ 25,009					Projects not anticipated at the time of the Budget preparation
3550		$ -	10,000	10,000	100.00%	$ -	$ -					Anticipated projects did not materialize
10106131	MIDD-DESICCANT VESSEL AT KETTLE ISLAND	$ 13,407					$ 13,407	Jan-22	Dec-22	Jun-22	Aug-22	
3560		$ 13,407	25,000	11,593	46.37%	$ 0	$ 13,407					
3650		$ -	1,755,299	1,755,299	100.00%	$ -	$ -					Anticipated projects did not materialize
10099289	21BERA-REL-RELOCATE KGT 4" LINE	$ 23,022					$ 31,853	Jan-22	Dec-22	Nov-22	Mar-23	
10099992	21BERA-INS-2" INLET PIPING TO REG STA	$ 12,696					$ 12,696	Jan-22	Dec-22	Jan-22	May-22	
10100036	21WILL-REP-CROLEY BEND LINE	$ 1,542,831					$ 1,800,507	Jan-22	Dec-22	Jan-22	Jun-23	
10100692	21BEREA-INS-8" TRANS LINE LINCOLN COUNTY	$ 377,345					$ 1,339,290	Jan-22	Dec-22	Jun-21	Oct-23	
10100867	21BERA-EXT-4" TRANS ON KY 374 TO US 52	$ 188,245					$ 1,048,710	Jan-22	Dec-22	Nov-21	Nov-22	
10100874	21NICH-INS-TRANSMISSION LINE #2 JESS CO	$ 24,635					$ 417,044	Jan-22	Dec-22	Nov-21	Nov-23	
10103562	22MIDD-INS-1200' OF 4" FOR STATION 444	$ 41,142					$ (12,729)	Jan-22	Dec-22	Oct-22	Aug-23	
10106770	22-WBURG-REP VALVE ON MARTIN LINE=	$ 10,452					$ 10,452	Jan-22	Dec-22	Jun-22	Aug-22	
10107543	22BERA-INS PIPELINE IN LINCOLN CO	$ 67,644					$ 699,078	Jan-22	Dec-22	Jun-22	Dec-23	
10107548	22 BERA-REL AGV AND INSTALL ASSOC. PIPE	$ 90,555					$ 90,555	Jan-22	Dec-22	Sep-22	Dec-22	
10109984	22Owng-Rel- 4" Trans. Line in Farmers	$ 26,219					$ (1,346)	Jan-22	Dec-22	Oct-22	Aug-23	
10112821	22CORB-REL-HORSE TRACK RELOCATION	$ (133,838)					$ (133,838)	Jan-22	Dec-22	Oct-22	Dec-22	
3670		$ 2,270,949	1,744,100	(526,849)	-30.21%	$ 0	$ 5,302,272					
10097140	21MIDD-REBUILD EAST-WEST#1 COMP	$ 3,583					$ 14,184	Jan-22	Dec-22	Dec-21	Oct-22	
10104088	22MANC-GABBARD FORK STACK TEST	$ 3,446					$ 3,446	Jan-22	Dec-22	Mar-22	Apr-22	
10110276	22BERA-INS-REDLICK COMPRESSOR STATION	$ 7,823					$ 37,295	Jan-22	Dec-22	Sep-22	Mar-23	
3680		$ 14,852	20,000	5,148	25.74%	$ 0						Fewer expenditures than anticipated in budget
10099932	21BERA-INS-REG STA TO SUPPLY DIST US 52	$ 8,544					$ 11,597	Jan-22	Dec-22	Dec-21	May-22	
10107546	22BERA-iNSTALL FENCE AT LINCOLN CO	$ 51,236					$ 51,236	Jan-22	Dec-22	Nov-22	Nov-22	
10107547	22BERA-INST REG STA, ODORIZER, HEATER	$ 91,436					$ 91,436	Jan-22	Dec-22	Sep-22	Nov-22	
3690		$ 151,216	35,000	(116,216)	-332.05%	$ 0	$ 154,269					Unanticipated expenditures in budget
3710		$ -	5,000	5,000	100.00%	$ -	$ -					Anticipated projects did not materialize
3740		$ -	5,000	5,000	100.00%	$ -	$ -					Anticipated projects did not materialize
3750		$ -	5,000	5,000	100.00%	$ -	$ -					Anticipated projects did not materialize
2300103	501.21.017.1-EXT 2" PL 25 LOCUST POINTE	$ 3,205					$ 8,330	Jan-22	Dec-22	Sep-21	Sep-22	
2300163	D7000.21.11-NETWORK COMMUNICATION EQUIPM	$ 120,888					$ 390,048	Jan-22	Dec-22	Sep-21	Dec-22	
2300165	D9525.MISCMTRMAT-DELTA MISC METER MATERI	$ 94,535					$ 94,535	Jan-22	Dec-22	N/A	N/A	

2300168	DELTAOH.GA-DELTA OVERHEAD - G&A	$ 58,541	$ 709,683	Jan-22	Dec-22	N/A	N/A
2300311	D9200.LAUREL-Service Installations (New)	$ 55	$ 55	Jan-22	Dec-22	Jan-22	Mar-22
2300341	D7400.21.27 GAS EXTERNAL SAMPLING SYSTEM	$ 2,556	$ 2,556	Jan-22	Dec-22	Jan-22	Jan-22
2300382	DELTAOH.CONS - CONSTRUCTION OVERHEAD	$ 384,683	$ 384,683	Jan-22	Dec-22	N/A	N/A
2300640	19CORB-RELMAIN-25E HWY 25 TO I75 BILL	$ (534,362)	$ (534,362)	Jan-22	Dec-22	Apr-22	Apr-22
2300712	10096191 21CORB-EXT-2"PEMAINFOR360&362WC	$ 63	$ 63	Jan-22	Dec-22	Apr-22	May-22
2300761	Delta Salvage	$ (200)	$ (200)	Jan-22	Dec-22	May-22	Jul-22
10067751	19Stat-REL-4483ft of pl.in Lee Co. BILL	$ 1,447	$ 152,865	Jan-22	Dec-22	Jul-19	Mar-22
10067752	19STAT-RELOCATE TLH KY 11 LEE CO BILL	$ 3,507	$ 183,722	Jan-22	Dec-22	Aug-19	Mar-22
10071160	19BERA-REP-ALDYL-A PIPE IN BEREA CITY LI	$ 12,394	$ 14,998	Jan-22	Dec-22	Nov-19	Jun-23
10071161	19BERA-REP-ALDYL-A PIPE OUTSIDE OF BEREA	$ 714	$ 714	Jan-22	Dec-22	Nov-19	Apr-22
10075258	20Stat-RP-Rel Reg St. on Railroad St.	$ 126	$ 126	Jan-22	Dec-22	Jan-22	Mar-22
10086604	20CORB-REP-KNOX/LAUREL LINE/LONDON AVE	$ 66	$ 66	Jan-22	Dec-22	Mar-22	Apr-22
10090513	21Stat-Rel-Main Line in Clay City	$ 21,746	$ 21,746	Jan-22	Dec-22	Apr-22	Jul-22
10090514	21Stat-REL-Main on Adams Ridge Clay City	$ 30,551	$ 30,551	Jan-22	Dec-22	Apr-22	Jul-22
10090990	21MIDD-SO-ACIDIZE 21-1B WELL	$ 99,073	$ 103,454	Jan-22	Dec-22	May-21	Jun-22
10090995	21MIDD-SO-ACIDIZE PEET1 WELL	$ 74,336	$ 78,717	Jan-22	Dec-22	May-21	Jun-22
10091542	21Owng-Rep Aldyl-A Main in Mt. Olivet	$ 717,280	$ 717,280	Jan-22	Dec-22	Apr-22	Dec-22
10094402	21NICH-EXT MAIN ON BURLEY RIDGE	$ 8,088	$ 8,088	Jan-22	Dec-22	Aug-21	Sep-22
10095090	21CORB-RET-4" PLMAIN FARRIS HILL ROAD	$ 337	$ 337	Jan-22	Dec-22	Mar-22	Jun-22
10095091	21WILL-EXT-CROLEYBENDRDTOVEACHSTATION	$ 15,095	$ 15,095	Jan-22	Dec-22	Feb-22	May-22
10095092	21LOND-REP-4"UCSMAIN ON 2006NMAINSTPROP	$ 16,061	$ 16,061	Jan-22	Dec-22	Apr-22	Jul-22
10097527	21Stat-Rep- 2"stseel main in Clay City	$ 8,795	$ 8,795	Jan-22	Dec-22	May-22	Jul-22
10097921	21Owng-Ext-2"Pl.Main in Frenchburg	$ 5,321	$ 5,321	Jan-22	Dec-22	Jul-22	Sep-22
10098072	21BERA-EXT-MAIN LINE TO 1000 FARRISTOWN	$ 209	$ 12,735	Jan-22	Dec-22	Dec-21	Mar-22
10098200	21BERA-EXT-MAIN LINE TO 307 BROWN ST	$ 26	$ 3,942	Jan-22	Dec-22	Dec-21	Mar-22
10098594	21BERA-EXT-MAIN LINE TO FIREBROOK SUBD	$ 65,662	$ 143,715	Jan-22	Dec-22	Dec-21	Nov-22
10098736	21NICH-EXT-KENSINGTON SUBDIV 19 new Lots	$ 91,245	$ 91,245	Jan-22	Dec-22	Feb-22	Aug-22
10098737	21Owng-Ret-2" Pl. main on Slate Ave	$ 25,137	$ 25,137	Jan-22	Dec-22	Jun-22	Sep-22
10098738	21Owng-Ret-2" Pl. main on Slate Ave	$ 1,123	$ 1,123	Jan-22	Dec-22	May-22	Aug-22
10098739	21BERA-EXT-MAIN LINE TO PRAIRIE VIEW AT	$ 39,549	$ 39,549	Jan-22	Dec-22	Feb-22	Mar-22
10099020	21BERA-REP-MAIN LINE ALONG ODONNELL DR	$ 4,748	$ 4,748	Jan-22	Dec-22	Jan-22	Apr-22
10099063	21BARB-EXT-103 BEECH STREET BARBOURVILLE	$ 46	$ 2,542	Jan-22	Dec-22	Dec-21	Mar-22
10099281	21BERA-EXT-MAIN TO 315 CHRISTMAS RIDGE	$ 84	$ 3,803	Jan-22	Dec-22	Dec-21	Mar-22
10099310	21MANC-REP-MAIN LINE AT GRAYHAM BRANCH	$ 545	$ 7,639	Jan-22	Dec-22	Dec-21	Mar-22
10099954	21CORB-REL-US25WREL(KY#11-186) KY5911000	$ 26,117	$ 107,095	Jan-22	Dec-22	Dec-21	Dec-22
10099955	21CORB-REL-US25WREL(KY#:11-186)KY5910000	$ 136,682	$ 136,682	Jan-22	Dec-22	Feb-22	Oct-22
10100085	21Stat-Rep-Aldyl-A Main in Clay City	$ 51,993	$ 71,402	Jan-22	Dec-22	Dec-21	Aug-22
10100086	21Stat-REP-Aldyl-A Pl. Main in Powell Co	$ 40,849	$ 41,317	Jan-22	Dec-22	Dec-21	Aug-22
10100161	21BERA-EXT-MAIN LINE TO 1030 ACE DR	$ 4,621	$ 10,179	Jan-22	Dec-22	Dec-21	May-22
10100171	21WILL-REP-1"PEMAIN PREWITT BEND ROAD	$ 6,905	$ 6,905	Jan-22	Dec-22	Jan-22	Mar-22
10100385	22BERA-EXT 2"" MAIN 275"" LOWER HINES CR	$ 10,127	$ 10,127	Jan-22	Dec-22	Feb-22	May-22
10100665	20Stat-REP-Aldyl-A Main in Camargo	$ 987,384	$ 1,024,715	Jan-22	Dec-22	May-20	Dec-22
10100666	21Owng-Rep-Alydl-a Main in Robertson Co.	$ 785,835	$ 822,028	Jan-22	Dec-22	May-21	Nov-22
10100667	21Owng-Rep- Aldyl-A Main in Mason Co.	$ 541,628	$ 573,395	Jan-22	Dec-22	May-21	Oct-22
10100670	19BERA-REP-ALDYL-A PIPE IN BEREA CITY LI	$ 67,525	$ 1,742,843	Jan-22	Dec-22	May-21	Apr-22
10100671	19BERA-REP-ALDYL-A PIPE OUTSIDE OF BEREA	$ 5,465	$ 228,988	Jan-22	Dec-22	Nov-19	Apr-22
10100673	19NICH-REP-2IN ALDYL-A PIPE Nicholasvill	$ 42,448	$ 1,807,844	Jan-22	Dec-22	Aug-19	Dec-22
10100676	21NICH-EXT-Burley Ridge to serve 24 lots	$ 18,197	$ 22,555	Jan-22	Dec-22	Aug-21	Apr-22
10100677	21Stat-Rep- Aldyl-A Pl. on Adams Ridge	$ 68,661	$ 68,841	Jan-22	Dec-22	Oct-21	Oct-22
10100679	21LOND-REL-KY192/KY229 STATE RELOCATION	$ 1,987,943	$ 2,074,327	Jan-22	Dec-22	Mar-21	Dec-22
10100680	21LOND-REL-KY192-MEYERSBAKERRD-GOVTBILL	$ 467,194	$ 495,924	Jan-22	Dec-22	May-21	Dec-22
10100681	20WILL-REP-SILERST/1ST ST/CUMB RIVERAREA	$ 60,569	$ 61,511	Jan-22	Dec-22	Sep-20	Aug-22
10100685	19Midd-rep-middlesboro city limits	$ 32,340	$ 852,404	Jan-22	Dec-22	Jan-20	Jul-22
10100687	20CORB-REP-BOONE AV/LYNN CAMP CRK CROSS	$ 132	$ 192	Jan-22	Dec-22	Feb-21	May-22
10100688	20CORB-REP-ELLISON ST/LYNN CAMP CRK CROS	$ 132	$ 192	Jan-22	Dec-22	Feb-21	May-22
10100691	21BEREA-INS-M&R STATION LINCOLN COUNTY	$ 153,507	$ 2,170,021	Jan-22	Dec-22	Jun-21	Dec-24
10100697	21WILL-INS-Muffler blanket on liford com	$ 740	$ 10,276	Jan-22	Dec-22	Nov-21	Mar-22
10100852	20MANC-REP-ALDYL-A MAIN BURNING SPRINGS	$ 910,071	$ 968,017	Jan-22	Dec-22	Mar-20	Dec-22
10100878	21BARB-EXT-OLD PRICHARD HOLLOW RD. KNOX	$ 264	$ 10,506	Jan-22	Dec-22	Nov-21	Mar-22
10100886	21Owng-Rep- Aldyl-A pipe in Owng-City	$ 11,990	$ 57,216	Jan-22	Dec-22	Oct-21	Apr-22
10100887	21Owng-Rep Aldyl-A Pipe in Owng Outside	$ 1,251	$ 45,627	Jan-22	Dec-22	Oct-21	Apr-22
10100946	21MIDD-TRANSMISSION-EQUIPMENT SHED	$ 917	$ 19,302	Jan-22	Dec-22	Oct-21	Mar-22
10100948	20BERA-EXT-MAIN LINE TO FINCASTLE SUBD.	$ 94	$ 44,918	Jan-22	Dec-22	Nov-21	Mar-22
10101129	21MANC-TRANSMISSION-CONCRETE DRIVEWAY	$ 55,103	$ 394,983	Jan-22	Dec-22	Sep-21	Mar-22
10101167	22BERA-LOWER-MAIN LINE AT 123 FARRISTOWN	$ 11,437	$ 11,437	Jan-22	Dec-22	Jan-22	May-22
10101527	22WILL-REL-GOVTBILL BALLARD FD E/NHWY25W	$ 11,815	$ 11,815	Jan-22	Dec-22	Apr-22	Jun-22
10101553	22CORB-REP-FARRISHILLRDOFFKY1232	$ 20,780	$ 20,780	Jan-22	Dec-22	Feb-22	Jun-22

10101554	22WILL-EXT-UPRATE WB-12 WITH WB-1	$ 1,225	$ 1,225	Jan-22	Dec-22	Feb-22	Mar-22
10101555	22WILL-RET-CROLEYBENDRD(507-03-58) 1OF2	$ 197	$ 197	Jan-22	Dec-22	Feb-22	Apr-22
10101556	22WILL-RET-CROLEYBENDRD(507-03-58) 2OF2	$ 195	$ 195	Jan-22	Dec-22	Feb-22	Mar-22
10101610	21CORB-REP-PHILLIPSLN/7THST 2" UCS	$ 10,505	$ 10,505	Jan-22	Dec-22	May-22	Jul-22
10101865	22 MANC EXT MAIN 77 MIZE BRANCH	$ 7,606	$ 7,606	Jan-22	Dec-22	Apr-22	Jun-22
10101866	22 BERA EXT MAIN TO 145 LYNNE DR	$ 7,977	$ 7,977	Jan-22	Dec-22	May-22	Jul-22
10102057	22BARB-EXT-BEECH STREET MAIN LINE	$ 1,809	$ 1,809	Jan-22	Dec-22	Feb-22	Jun-22
10102098	22LOND-EXT-WINCHESTER & HARNESS ROAD	$ 12,412	$ 12,412	Jan-22	Dec-22	Feb-22	May-22
10102289	22nich-ext-main line at lake pointe dr	$ 21,993	$ 21,993	Jan-22	Dec-22	Feb-22	May-22
10102460	22CORB-EXT-HIDDENVALLEYETOFFROOKSBRRD	$ 26,494	$ 26,563	Jan-22	Dec-22	Mar-22	Mar-23
10102553	22 MANC EXT 2 IN MAIN TO 110 VALLEY LN	$ 7,897	$ 7,897	Jan-22	Dec-22	Mar-22	Sep-22
10102555	22BERA-EXT-4" MAIN TO 1000 GOLDENLEAF	$ 16,184	$ 16,184	Jan-22	Dec-22	May-22	Sep-22
10102556	22BARB-EXT-175 MINTON FARM LN.- KNOX CO.	$ 14,318	$ 14,318	Jan-22	Dec-22	Mar-22	Jul-22
10102716	22BERA-EXT-MAIN TO PRAIRE VIEW SUB PHASE	$ 33,982	$ 33,982	Jan-22	Dec-22	May-22	Jul-22
10102813	22 BERA EXT MAIN TO FEED 213 PINECREST C	$ 4,167	$ 4,167	Jan-22	Dec-22	Apr-22	Jun-22
10102885	22BARB-RET-428 SOUTH 11 BVILLE CITY	$ 2,137	$ 2,137	Jan-22	Dec-22	Feb-22	Mar-22
10102953	22CORB-REP-3/4"PEMAINRDXING(511-03-276)	$ 82	$ 82	Jan-22	Dec-22	Feb-22	Apr-22
10103013	22CORB-EXT-2"PEEXTFOR121FELTSSCHOOLRD	$ 3,386	$ 3,386	Jan-22	Dec-22	Mar-22	May-22
10103014	22BARB-REP-SECTION OF 2" PE/KIM MAYS DR.	$ 12,735	$ 12,735	Jan-22	Dec-22	Mar-22	Jun-22
10103015	22Stat-Rep-2"Main on Pine Grove Rd.	$ 6,556	$ 6,556	Jan-22	Dec-22	Mar-22	May-22
10103019	22Owng-REP-2"Main on Tile Storage Rd.	$ 6,687	$ 6,687	Jan-22	Dec-22	Jun-22	Aug-22
10103558	22-nich-ext-main elam dr-eastgate phase	$ 9,290	$ 9,290	Jan-22	Dec-22	Mar-22	May-22
10103993	22LOND-RET-SMAINST/LOCKSTOCKYARDST1"PE	$ 47	$ 47	Jan-22	Dec-22	Mar-22	Apr-22
10104192	22-nich-ext-main line along short shun	$ 7,900	$ 7,900	Jan-22	Dec-22	Jun-22	Jul-22
10104549	install 9000ft of gas main in green ash	$ 82,138	$ 82,138	Jan-22	Dec-22	Jun-22	Aug-22
10104550	22Stat-Ext-2"pl. main on Tug Branch Rd.	$ 9,223	$ 9,223	Jan-22	Dec-22	May-22	Sep-22
10104589	22Stat-Rep-2" Main in Clay City	$ 7,557	$ 7,557	Jan-22	Dec-22	Apr-22	Aug-22
10104654	22 BERA RET SVC 107 ADAMS ST	$ 1,084	$ 1,084	Jan-22	Dec-22	Apr-22	May-22
10104797	22LOND-EXT-ELAURELRDFOR9185ELAURELRD	$ 4,362	$ 4,362	Jan-22	Dec-22	May-22	Jul-22
10105095	22BERA-EXT 2' main Berley Hall Sub	$ 24,214	$ 24,214	Jan-22	Dec-22	Sep-22	Nov-22
10105096	22Owng-Ext- 2"Pl.Main on South Ln..	$ 5,692	$ 5,692	Jan-22	Dec-22	May-22	Jul-22
10105097	22Owng-Rep- 2" Pl. Main in Sharpsburg	$ 6,202	$ 6,202	Jan-22	Dec-22	May-22	Jul-22
10105098	22LOND-RET-ARMORYST/SMAINST4"CSMAIN	$ 2,023	$ 2,023	Jan-22	Dec-22	Jun-22	Jul-22
10105339	22Stat-Rel-2"Pl. Main on Hwy 213	$ 5,415	$ 5,415	Jan-22	Dec-22	May-22	Jul-22
10105460	22Stat-Rep-2" Steel Main in Clay City	$ 32,980	$ 32,980	Jan-22	Dec-22	Jun-22	Dec-22
10105461	replace 2" main at south first and broad	$ 21,357	$ 21,357	Jan-22	Dec-22	Jun-22	Aug-22
10105467	22CORB-REL-EARLYST/3005&3007PROPERTY	$ 5,699	$ 6,311	Jan-22	Dec-22	Jun-22	Dec-23
10105468	22MIDD-EXT-1 COUNTRY CLUB VIEW RD.	$ 6,009	$ 6,009	Jan-22	Dec-22	Jun-22	Sep-22
10105469	22-nich-replacement of aldyl a in NV-3	$ 136,757	$ 1,376,883	Jan-22	Dec-22	Apr-22	Dec-23
10106130	22BERA-EXT 4" MAIN TO 3247 OLD KY 5	$ 19,155	$ 19,155	Jan-22	Dec-22	Jun-22	Aug-22
10106250	22-nich-ext-main to watkins development	$ 17,052	$ 17,052	Jan-22	Dec-22	Sep-22	Nov-22
10106637	22NICH-EXT-400ft/2in main @ 129 means dr	$ 4,949	$ 4,949	Jan-22	Dec-22	Jul-22	Oct-22
10106769	22Owng-Ret- 1inch Steel Main Salt Lick	$ 1,132	$ 1,132	Jan-22	Dec-22	Jun-22	Jul-22
10106771	22BERA-EXT-4"MAIN 2000 FT FARRISTOWN IND	$ 30,294	$ 32,503	Jan-22	Dec-22	Jul-22	Oct-23
10106781	22LOND-RET-2"PE/EASTWOODDR	$ 2,265	$ 2,265	Jan-22	Dec-22	Jun-22	Jul-22
10107239	22 Stat-Ret- 2" Steel Main in J'ville	$ 5,274	$ 5,274	Jan-22	Dec-22	Jul-22	Sep-22
10107303	22Stat-Rep-2' Aldyl A Pl. on Knox Dr.	$ 14,037	$ 14,037	Jan-22	Dec-22	Jul-22	Sep-22
10107480	22NICH-INS-Main East Gate Subdivision	$ 26,563	$ 26,563	Jan-22	Dec-22	Jul-22	Dec-22
10107640	22LOND-REP-4"BARE STEELARMORYST	$ 4,648	$ 4,648	Jan-22	Dec-22	Jun-22	Sep-22
10108434	22LOND-EXT-2"PEONWALNUTDR	$ 10,588	$ 10,588	Jan-22	Dec-22	Sep-22	Nov-22
10108595	22 BERA EXT MAIN TO 305 ANGLEWOOD CT	$ 6,991	$ 6,991	Jan-22	Dec-22	Aug-22	Oct-22
10108700	22NICH-EXT-2in mainline@ 113 fox hollow	$ 4,011	$ 4,011	Jan-22	Dec-22	Jul-22	Aug-22
10108711	22LOND-EXT-2"PETOPTON/HWY552	$ 62,944	$ 63,010	Jan-22	Dec-22	Sep-22	Oct-23
10108921	22 MANC EXT MAIN TO SERVE 178 VALLEY LN	$ 8,221	$ 8,221	Jan-22	Dec-22	Aug-22	Nov-22
10108971	22CORB-EXT-2' PE ROBINSON CREEK RD	$ 20,216	$ 20,216	Jan-22	Dec-22	Sep-22	Nov-22
10109732	22 BERA EXT 2" MAIN FOR 1210 RICHMOND RD	$ 5,200	$ 5,200	Jan-22	Dec-22	Aug-22	Oct-22
10109801	22CORB-EXT-2"PE ONSIZEMOORE LN	$ 9,034	$ 9,034	Jan-22	Dec-22	Sep-22	Nov-22
10109802	22-nich 350ft mainline ext @ 51 wichita	$ 5,797	$ 5,797	Jan-22	Dec-22	Aug-22	Sep-22
10109803	22-nich 1250 ft main ext. to 431 e brann	$ 15,268	$ 15,268	Jan-22	Dec-22	Aug-22	Dec-22
10109986	22BARB-TEST-LOW PRESSURE BVILLE SYSTEM	$ 19,841	$ 79,068	Jan-22	Dec-22	Oct-22	May-23
10109987	22Owng-Ext- 2" Pl Main in O'ville	$ 6,641	$ 6,818	Jan-22	Dec-22	Aug-22	Feb-23
10110202	22 BERA EXT 2 " PL TO ARBOR WOODS SUB	$ 12,905	$ 12,905	Jan-22	Dec-22	Sep-22	Oct-22
10110203	22 BERA EX 2""PL MAIN TO BRENTWOOD TR	$ 8,534	$ 8,534	Jan-22	Dec-22	Aug-22	Oct-22
10110817	22Stat-Rep-2" Aldyl-A Main in J'ville	$ 4,235	$ 4,235	Jan-22	Dec-22	Sep-22	Nov-22
10111240	22BARB-RET-207 3RD STREET XING BVILLE	$ 115	$ 115	Jan-22	Dec-22	Sep-22	Nov-22
10111605	22LOND-EXT-2"PEONEHWY552	$ 10,167	$ 10,233	Jan-22	Dec-22	Oct-22	Oct-23
10111606	22CORB-EXT-2"PE OFF5THSTREET	$ 8,241	$ 8,241	Jan-22	Dec-22	Oct-22	Nov-22
10112077	22 BERA Ext 2" main for 1371 Barnes Mill	$ 15,169	$ 16,893	Jan-22	Dec-22	Dec-22	Apr-23

10112114	22WILL-RET1"STEELMAIN8THST	$ 2,961					$ 2,961	Jan-22	Dec-22	Oct-22	Dec-22		
10112469	22Owng-rep-2" bare steel on Smoot Dr.	$ 4,698					$ 4,698	Jan-22	Dec-22	Nov-22	Nov-22		
10113414	22CORB-REP2"ALDAMain-LilyschoolRdLiberty	$ 2,769					$ 2,769	Jan-22	Dec-22	Nov-22	Nov-22		
10113419	22 BERA EXTEND 2" MAIN ALONG ARBOR WOODS	$ 1,803					$ 1,803	Jan-22	Dec-22	Nov-22	Nov-22		
10113845	22BARB-RET-508-03-07 2 " PE HWY 1304	$ 2,088					$ 2,088	Jan-22	Dec-22	Nov-22	Nov-22		
10114118	22MIDD-RET-126-1/2 PARKER LANE-CAPPS	$ 838					$ 1,659	Jan-22	Dec-22	Dec-22	Feb-23		
1601331800	DELTA- VEHICLE SALVAGE	$ (213,955)					$ (206,457)	Jan-22	Dec-22	N/A	N/A		
3760		$ 8,621,171	6,400,000	(2,221,171)	-34.71%	$ 0	$ 18,713,644						
10098220	21BERA-METER-1415 SPEEDWELL RD	$ 90,961					$ 90,961	Jan-22	Dec-22	Apr-22	Dec-22		
10098221	21BERA-METER-1000 FARRISTOWN INDUSTRIAL	$ 11,533					$ 11,533	Jan-22	Dec-22	Jan-22	May-22		
10098707	21BERA-METER-1999 MARE CREEK IN PIKEVILL	$ 9,965					$ 9,965	Jan-22	Dec-22	Jan-22	May-22		
10100669	21Owng -INS- LVM at Summit Polymers	$ 49					$ 5,854	Jan-22	Dec-22	Oct-21	Mar-22		
10100674	21NICH-INST-LVM Meter Set 1600 US 27	$ 1,744					$ 9,604	Jan-22	Dec-22	Jan-22	Jun-22		
10100675	21NICH-INST-LVM Meter Set Asbury College	$ 1,003					$ 9,722	Jan-22	Dec-22	Jan-22	Sep-22		
10100876	21WILL-LVMINS-9999 PENNY LANE-P:61409036	$ 8,994					$ 9,054	Jan-22	Dec-22	Nov-21	Aug-22		
10100877	21BERA-REG STA-UPGRADE MENASHA REG STA	$ 1,296					$ 13,002	Jan-22	Dec-22	Nov-21	Mar-22		
10104191	22-nich-int-reg. station @ short shun	$ 7,129					$ 7,129	Jan-22	Dec-22	May-22	Aug-22		
10113243	22LOND-RET-LVM@225NLaurelRD-PR:61340456	$ 322					$ 322	Jan-22	Dec-22	Nov-22	Dec-22		
164500DG02	Meter Install (Retire) BARBOURVILLE CITY	$ 311					$ 311	Jan-22	Dec-22	N/A	N/A		
164500DG04	Meter Installations (Retire) BELL	$ 70					$ 70	Jan-22	Dec-22	N/A	N/A		
164500DG06	Meter Installations (Retire) CLAY	$ 55					$ 55	Jan-22	Dec-22	N/A	N/A		
164500DG07	Meter Installations (Retire) CLAY CITY	$ 45					$ 45	Jan-22	Dec-22	N/A	N/A		
164500DG08	Meter Install(Retire) CORBIN CITY.WHITLE	$ 383					$ 383	Jan-22	Dec-22	N/A	N/A		
164500DG12	Meter Installations (Retire)KNOX	$ 1,038					$ 1,038	Jan-22	Dec-22	N/A	N/A		
164500DG14	Meter Installations (Retire) LAUREL	$ 288					$ 288	Jan-22	Dec-22	N/A	N/A		
164500DG15	Meter Installations (Retire) LEE	$ 92					$ 92	Jan-22	Dec-22	N/A	N/A		
164500DG16	Meter Installations (Retire) LONDON CITY	$ 106					$ 106	Jan-22	Dec-22	N/A	N/A		
164500DG19	Meter Install (Retire) MIDDLESBORO CITY	$ 170					$ 170	Jan-22	Dec-22	N/A	N/A		
164500DG20	Meter Installations (Retire) MONTGOMERY	$ 233					$ 233	Jan-22	Dec-22	N/A	N/A		
164500DG23	Meter Install (Retire) PINEVILLE CITY	$ 47					$ 47	Jan-22	Dec-22	N/A	N/A		
164500DG24	Meter Installations (Retire) POWELL	$ 91					$ 91	Jan-22	Dec-22	N/A	N/A		
164500DG28	Meter Install (Retire)STANTON CITY	$ 45					$ 45	Jan-22	Dec-22	N/A	N/A		
164500DG29	Meter Installations (Retire) WHITLEY	$ 547					$ 547	Jan-22	Dec-22	N/A	N/A		
164500DG34	Meter Installations (Retire) MENIFEE	$ 61					$ 61	Jan-22	Dec-22	N/A	N/A		
164500DG35	Meter Instal (Retire) CORBINCITY.KNOX	$ 46					$ 46	Jan-22	Dec-22	N/A	N/A		
169700DOMD	Purchase Other Meas Devices/Gauges Delta	$ 27,444					$ 27,444	Jan-22	Dec-22	N/A	N/A		
169700DREG	Purchase Regulators - Delta	$ 308,941					$ 308,941	Jan-22	Dec-22	N/A	N/A		
3780		$ 473,009	50,000	(423,009)	-846.02%	$ 0	$ 507,158					Higher regulator expenditures than budgeted	
3790		$ -	25,000	25,000	100.00%	$ -	$ -					Anticipated projects did not materialize	
2300456	D9200.KNOX - Service Installations (New)	$ 222					$ 222	Jan-22	Dec-22	2/1/2022	3/1/2022		
2300457	D9500.WHITLEY - Service Installations (R	$ 55					$ 55	Jan-22	Dec-22	Feb-22	Mar-22		
2301263	10077471 20BAR-RET-485 KY 1232 MARK SMIT	$ 18					$ 18	Jan-22	Dec-22	8/1/2022	8/1/2022		
10081123	20LOND-SVC-182 LIPEROTE WAY-PR:61319014	$ 4,052					$ 4,911	Jan-22	Dec-22	8/1/2020	5/1/2022		
10085515	20LOND-410 W PINEHILLRDGARAGE-P:61350637	$ 1,997					$ 2,972	Jan-22	Dec-22	12/1/2020	3/1/2022		
10086061	21OWNG-INS-SVC-11 ANNABELL CT	$ 1,244					$ 1,244	Jan-22	Dec-22	10/1/2022	11/1/2022		
10091974	21BERA-REP SVC-131 MARY ST	$ 102					$ 1,271	Jan-22	Dec-22	7/1/2021	5/1/2022		
10093302	21MIDD-RET-25 CAREY LANE- BELL CO.	$ 2,027					$ 2,027	Jan-22	Dec-22	3/1/2022	5/1/2022		
10093409	21BARB-RET-286 VALENTINE HOLLOW RD	$ 145					$ 145	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093410	21BARB-RET-43 BEAUMONT DRIVE.	$ 217					$ 217	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093411	21BARB-RET-20 TRACE BRANCH ROAD	$ 310					$ 310	Jan-22	Dec-22	8/1/2022	10/1/2022		
10093412	21BARB-RET-241 MERIDA LANE- KNOX	$ 542					$ 542	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093414	21BARB-RET-130 BRAD MARTIN LANE	$ 754					$ 754	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093415	21BARB-RET-28 DEARBORN AVE- KNOX CO	$ 361					$ 361	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093417	21BARB-RET-168 CAMPBELL ST. KNOX CO.	$ 217					$ 217	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093418	21BARB-RET-ED HARP LANE- ARTEMUS-KNOX	$ 96					$ 96	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093580	21BARB-RET-137 KELLY LANE- KNOX	$ 217					$ 217	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093581	21BARB-RET-190 HIGGINS BRANCH	$ 193					$ 193	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093582	21BARB-RET-HUGES HILL- KNOX CO.	$ 217					$ 217	Jan-22	Dec-22	8/1/2022	9/1/2022		
10093583	21BARB-RET-175 N. US HWY 25E- CITY	$ 1,272					$ 1,272	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093584	21BARB-RET-1393 S US 25E- MYERS CHEVY	$ 434					$ 434	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093585	21BARB-RET-103 WALNUT STREET- BVILLE	$ 825					$ 825	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093586	21BARB-RET-230 SYCAMORE STREET- CITY	$ 825					$ 825	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093587	21BARB-RET-103 FAULKNER STREET	$ 494					$ 494	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093588	21BARB-RET-106 SECOND STREET- CITY	$ 494					$ 494	Jan-22	Dec-22	7/1/2022	8/1/2022		
10093590	21BARB-RET-3174 KY RT. 6- KNOX CO.	$ 796					$ 796	Jan-22	Dec-22	2/1/2022	3/1/2022		
10093591	21BARB-RET-428 SOUTH MAIN- BVILLE CITY	$ 2,046					$ 2,046	Jan-22	Dec-22	2/1/2022	3/1/2022		

10094147	21LOND-REPSVC-2006NMAINST-PR:61320382	$ 452	$ 452	Jan-22	Dec-22	4/1/2022	7/1/2022
10094148	21LOND-REPSVC-1910NMAINST-PR:61320357	$ 1,687	$ 1,687	Jan-22	Dec-22	4/1/2022	7/1/2022
10094759	21OWNG-INS-SVC-100 SHAWNEE DR	$ 2,362	$ 2,362	Jan-22	Dec-22	5/1/2022	6/1/2022
10095228	21OWNG-INS-SVC-801-BLUESTONE RD	$ 2,687	$ 2,687	Jan-22	Dec-22	5/1/2022	6/1/2022
10096188	21NICH-SERVIC-LINE-NEW 142 Lesley Trail	$ 1,447	$ 4,721	Jan-22	Dec-22	9/1/2021	3/1/2022
10096543	21CORB-SVC-411NLAURELAVEREC2-PR:61397005	$ 2,706	$ 2,706	Jan-22	Dec-22	4/1/2022	6/1/2022
10097801	21STAT-INS 3382 HWY 587	$ 3,779	$ 3,910	Jan-22	Dec-22	12/1/2021	6/1/2022
10097904	21NICH-SERVIC-LINE-NEW 229 Jacob Dr	$ 174	$ 1,497	Jan-22	Dec-22	12/1/2021	3/1/2022
10098138	21BERA-SVC-220 APACHE DR	$ 41	$ 2,702	Jan-22	Dec-22	12/1/2021	3/1/2022
10098326	21CORB-SVC-2391HWY26-PR:61405546	$ 1,684	$ 1,684	Jan-22	Dec-22	3/1/2022	5/1/2022
10098349	21MIDD-REP-25E- CHU-CON INC FRONT OFFICE	$ 652	$ 1,600	Jan-22	Dec-22	10/1/2021	4/1/2022
10098369	21MANC-SVC-46 BOURBON STREET	$ 2,539	$ 2,539	Jan-22	Dec-22	1/1/2022	4/1/2022
10098670	21BERA-SVC-304 SADDLE WOOD CT-CANCEL	$ 27	$ -	Jan-22	Dec-22	12/1/2021	12/1/2023
10098673	21BERA-SVC-192 AVAWAM DR	$ 222	$ 2,267	Jan-22	Dec-22	12/1/2021	3/1/2022
10098911	21STAT-NEW SERV. 1776 WOODY WARE RD	$ 132	$ 1,006	Jan-22	Dec-22	12/1/2021	6/1/2022
10098913	21OWNG-INS-SVC-301 CIRCLE DR	$ 2,051	$ 2,051	Jan-22	Dec-22	1/1/2022	3/1/2022
10098915	21OWNG-INS-SVC-50 CUMBERLAND DR	$ 1,156	$ 1,156	Jan-22	Dec-22	1/1/2022	3/1/2022
10098942	21BARB-REP-117 SHELBY ST. OLD NURSING HM	$ 458	$ 6,461	Jan-22	Dec-22	12/1/2021	3/1/2022
10098952	21STAT INS 130 TURTLE CREEK RD	$ 68	$ 1,133	Jan-22	Dec-22	12/1/2021	3/1/2022
10099016	21BARB-SVC-103 BEECH ST. BVILLE CITY	$ 398	$ 398	Jan-22	Dec-22	2/1/2022	4/1/2022
10099036	21LOND-SVC-1931MALLARDDR-PR:61406045	$ 31	$ 1,113	Jan-22	Dec-22	11/1/2021	3/1/2022
10099037	21LOND-SVC-135ROYALDRIVE-PR:61406046	$ 34	$ 2,811	Jan-22	Dec-22	11/1/2021	3/1/2022
10099079	21BERA-SVC-315 CHRISTMAS RIDGE RD	$ 1,837	$ 1,837	Jan-22	Dec-22	10/1/2022	11/1/2022
10099146	21CORB-SVC-9999CUMBFALLSHWY-PR:61408113	$ 1,361	$ 1,361	Jan-22	Dec-22	5/1/2022	5/1/2022
10099157	21MIDD-SVC-209 NELSON LANE- MBORO	$ 10	$ 1,618	Jan-22	Dec-22	10/1/2021	3/1/2022
10099191	21WILL-SVC-235S5THSTREET-PR:61405026	$ 21	$ 2,949	Jan-22	Dec-22	12/1/2021	3/1/2022
10099196	21LOND-SVC-125BILLSUBROAD-PR:61409048	$ 206	$ 3,996	Jan-22	Dec-22	12/1/2021	3/1/2022
10099210	21MANC-SVC-6477 N. HWY 421	$ 2,103	$ 2,103	Jan-22	Dec-22	1/1/2022	4/1/2022
10099317	21LOND-SVC-1317WLAURELRD-PR:61409050	$ 1,780	$ 1,780	Jan-22	Dec-22	1/1/2022	3/1/2022
10099366	21STAT INS 56 COMMERCE DR.	$ 24	$ 831	Jan-22	Dec-22	12/1/2021	3/1/2022
10099394	21STAT INS 45 ALLEN LN	$ 135	$ 2,104	Jan-22	Dec-22	12/1/2021	3/1/2022
10099403	21BARB-SVC-AVFD CHURCH STREET- ARTEMUS	$ 29	$ 1,198	Jan-22	Dec-22	12/1/2021	3/1/2022
10099408	21BERA-SVC-190 OLD WALLACTON RD	$ 2,251	$ 2,251	Jan-22	Dec-22	1/1/2022	5/1/2022
10099410	21BERA-SVC-1009 DAWSON ST	$ 1,138	$ 1,138	Jan-22	Dec-22	1/1/2022	5/1/2022
10099412	21BERA-SVC-942 SOUTH DOGWOOD DR	$ 2,971	$ 2,971	Jan-22	Dec-22	1/1/2022	5/1/2022
10099442	21MANC-SVC-4606 S. HWY 421	$ 286	$ 4,334	Jan-22	Dec-22	12/1/2021	3/1/2022
10099565	21STAT INS 54 SECOND AVE #B	$ 50	$ 2,354	Jan-22	Dec-22	12/1/2021	3/1/2022
10099598	21CORB-SVC-151OLD25E-PR:	$ 119	$ 2,097	Jan-22	Dec-22	12/1/2021	3/1/2022
10099607	21OWNG-INS-SVC-254 WRIGHT RD	$ 4,617	$ 4,617	Jan-22	Dec-22	1/1/2022	7/1/2022
10099608	21OWNG-INS-SVC-808 DRY CREEK	$ 1,178	$ 1,178	Jan-22	Dec-22	1/1/2022	3/1/2022
10099609	21OWNG-INS-SVC-12 GREYSON DR	$ 2,136	$ 2,136	Jan-22	Dec-22	1/1/2022	3/1/2022
10099610	21OWNG-INS-SVC-588 HICKORY DR	$ 1,970	$ 1,970	Jan-22	Dec-22	10/1/2022	11/1/2022
10099612	21OWNG-INS-SVC-5075 FLEMINGSBURG RD	$ 4,085	$ 4,085	Jan-22	Dec-22	5/1/2022	6/1/2022
10099615	21BARB-REP-89 DANIEL BOONE DRIVE -CITY	$ 1,044	$ 7,624	Jan-22	Dec-22	12/1/2021	3/1/2022
10099646	21BERA-SVC-219 SUPREME CT	$ 2,038	$ 2,038	Jan-22	Dec-22	1/1/2022	5/1/2022
10099647	21BERA-SVC-1148 SLATE LICK RD	$ 5,776	$ 5,776	Jan-22	Dec-22	2/1/2022	3/1/2022
10099666	21NICH-SVC-136 BERNIE TRAIL	$ 1,163	$ 1,163	Jan-22	Dec-22	2/1/2022	3/1/2022
10099667	21NICH-SVC-148 BERNIE TRAIL	$ 1,156	$ 1,156	Jan-22	Dec-22	2/1/2022	3/1/2022
10099676	21LOND-SVC-304E80CHURCHRD-PR:61414001	$ 1,924	$ 1,924	Jan-22	Dec-22	1/1/2022	3/1/2022
10099678	21BERA-SVC-437 MIDDLECREEK WAY	$ 894	$ 1,098	Jan-22	Dec-22	12/1/2021	3/1/2022
10099679	21BERA-SVC-441 MIDDLECREEK WAY	$ 894	$ 1,118	Jan-22	Dec-22	12/1/2021	3/1/2022
10099718	21CORB-SVC-349WHWY312-PR:61414000	$ 894	$ 1,106	Jan-22	Dec-22	12/1/2021	3/1/2022
10099784	21BERA-SVC-123 FARRISTOWN IND. DR	$ 2,642	$ 2,642	Jan-22	Dec-22	3/1/2022	5/1/2022
10099788	21BERA-SVC-163 MASON LAKE RD	$ 6,405	$ 6,405	Jan-22	Dec-22	4/1/2022	5/1/2022
10099843	21CORB-SVC-9051SUSHWY25-PR:61416000	$ 105	$ 4,019	Jan-22	Dec-22	12/1/2021	3/1/2022
10099914	21BARB-RET-3419 HWY 11- ANNA L CARROLL	$ 370	$ 370	Jan-22	Dec-22	1/1/2022	3/1/2022
10099915	21nich-ret svc-107 staton ct	$ 494	$ 494	Jan-22	Dec-22	1/1/2022	3/1/2022
10099916	21nich-ret svc-325 north main st	$ 494	$ 494	Jan-22	Dec-22	1/1/2022	3/1/2022
10099929	21BERA-SVC-115 ST ANNES CT	$ 1,928	$ 1,928	Jan-22	Dec-22	2/1/2022	3/1/2022
10099930	21BERA-SVC-616 FALCON CREST	$ 1,054	$ 1,054	Jan-22	Dec-22	1/1/2022	5/1/2022
10099941	21OWNG-INS-SVC-4400 HWY 801 N	$ 1,062	$ 1,062	Jan-22	Dec-22	1/1/2022	3/1/2022
10100048	21MIDD-RET-1211 N 25TH STREET- MIDDLESBO	$ 1,592	$ 1,592	Jan-22	Dec-22	3/1/2022	4/1/2022
10100057	21BERA-RET SVC-981 KIRKSVILLE RD	$ 988	$ 988	Jan-22	Dec-22	1/1/2022	5/1/2022
10100062	21LOND-SVC-202FAITHASSEMCHRD-PR:61419507	$ 5,350	$ 5,350	Jan-22	Dec-22	1/1/2022	3/1/2022
10100073	21CORB-RETSVC-1107CIRCLEDR-PR:61329758	$ 989	$ 989	Jan-22	Dec-22	2/1/2022	4/1/2022
10100074	21CORB-RETSVC-212BISHOPST-PR:61330813	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10100075	21CORB-RETSVC-119OLDBARSCHRD-PR:61307386	$ 812	$ 812	Jan-22	Dec-22	2/1/2022	4/1/2022
10100078	21CORB-RETSVC-146GREYSTFRMDR-PR:61341945	$ 447	$ 447	Jan-22	Dec-22	3/1/2022	4/1/2022

10100097	21MIDD-RET-801 EXETER AVE- BIGGERSTAFF	$ 807	$ 807	Jan-22	Dec-22	2/1/2022	4/1/2022
10100098	21MIDD-SVC-1632 CUMB. AVE #7	$ 2,962	$ 2,962	Jan-22	Dec-22	2/1/2022	6/1/2022
10100147	21CORB-RETSVC-120EBARBOURST-PR:61325882	$ 1,388	$ 1,388	Jan-22	Dec-22	1/1/2022	4/1/2022
10100148	21CORB-RETSVC-8353KY1232-PR:61332450	$ 271	$ 271	Jan-22	Dec-22	2/1/2022	4/1/2022
10100149	21CORB-RETSVC-280OAKRIDGECHRD-P:61346984	$ 383	$ 383	Jan-22	Dec-22	2/1/2022	4/1/2022
10100151	21CORB-RETSVC-86ASHWOODDR5-PR:61345684	$ 765	$ 765	Jan-22	Dec-22	3/1/2022	4/1/2022
10100153	21CORB-RETSVC-121NORTHLANDR-PR:61337365	$ 905	$ 905	Jan-22	Dec-22	1/1/2022	3/1/2022
10100154	21CORB-RETSVC-40OLDHIGHTOPRD-PR:61309890	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10100155	21CORB-RETSVC-1268GORDONHILL-PR:61328493	$ 271	$ 271	Jan-22	Dec-22	2/1/2022	4/1/2022
10100156	21CORB-RETSVC-1017W4THST-PR:61331174	$ 894	$ 894	Jan-22	Dec-22	1/1/2022	3/1/2022
10100189	21BERA-SVC-2030 PAVILION WAY	$ 1,178	$ 1,178	Jan-22	Dec-22	1/1/2022	5/1/2022
10100192	22WILL-SVC-361CEMETERYRD-PR:61417510	$ 4,428	$ 4,428	Jan-22	Dec-22	1/1/2022	3/1/2022
10100195	22-nich-sev-102 winslow way	$ 1,601	$ 1,601	Jan-22	Dec-22	1/1/2022	3/1/2022
10100196	22-nich-sev-112 white oak dr	$ 883	$ 883	Jan-22	Dec-22	2/1/2022	3/1/2022
10100197	22-nich-sev-132 white oak dr	$ 609	$ 609	Jan-22	Dec-22	2/1/2022	3/1/2022
10100198	22-nich-sev-419 fox hollow	$ 2,053	$ 2,053	Jan-22	Dec-22	3/1/2022	4/1/2022
10100199	22-nich-sev-420 fox hollow	$ 1,157	$ 1,157	Jan-22	Dec-22	3/1/2022	4/1/2022
10100203	21BERA-SVC-1030 ACE DR UNITS 1,2,3,4	$ 1,175	$ 1,175	Jan-22	Dec-22	1/1/2022	5/1/2022
10100204	21BERA-SVC-1030 ACE DR UNITS 5,6,7	$ 1,183	$ 1,183	Jan-22	Dec-22	1/1/2022	5/1/2022
10100276	21MANC-SVC-242 BOWLING STREET	$ 2,237	$ 2,237	Jan-22	Dec-22	1/1/2022	3/1/2022
10100277	21MANC-SVC-471 RAILROAD AVE	$ 620	$ 620	Jan-22	Dec-22	1/1/2022	3/1/2022
10100279	22-nich-sev-109 rogers rest	$ 299	$ 299	Jan-22	Dec-22	2/1/2022	3/1/2022
10100319	21MANC-SVC-1288 FOX HOLLOW RD	$ 1,245	$ 1,245	Jan-22	Dec-22	1/1/2022	3/1/2022
10100356	21MIDD-SVC-278 BUELL RD. JASON RITCHIE	$ 3,805	$ 3,805	Jan-22	Dec-22	2/1/2022	4/1/2022
10100364	21STAT- INS 73 Woodford Ave	$ 999	$ 999	Jan-22	Dec-22	1/1/2022	3/1/2022
10100365	21STAT-INS 176 WOODFORD AVE	$ 1,089	$ 1,089	Jan-22	Dec-22	1/1/2022	3/1/2022
10100384	22BERA-SVC-2004 HIDDEN FALLS TRL	$ 1,483	$ 1,483	Jan-22	Dec-22	2/1/2022	3/1/2022
10100997	22-nich-sev-737 lauren dr	$ 1,067	$ 1,067	Jan-22	Dec-22	1/1/2022	3/1/2022
10100998	22-nich-sev-109 evergreen	$ 1,036	$ 1,036	Jan-22	Dec-22	1/1/2022	3/1/2022
10101139	21CORB-SVC-116JESSONSTREET-PR:61421019	$ 850	$ 850	Jan-22	Dec-22	1/1/2022	3/1/2022
10101140	22-nich-sev-124 swift run cove	$ 1,165	$ 1,165	Jan-22	Dec-22	2/1/2022	3/1/2022
10101141	22-nich-sev-412 mallory meadow	$ 869	$ 869	Jan-22	Dec-22	2/1/2022	3/1/2022
10101142	22-nich-sev- 244 mallory meadow	$ 882	$ 882	Jan-22	Dec-22	2/1/2022	3/1/2022
10101145	22-nich-sev-117 Blackthorne	$ 1,153	$ 1,153	Jan-22	Dec-22	2/1/2022	3/1/2022
10101146	22-nich-sev-270 lancer	$ 3,522	$ 3,522	Jan-22	Dec-22	1/1/2022	3/1/2022
10101147	22-nich-sev-125 lake point	$ 374	$ 374	Jan-22	Dec-22	1/1/2022	3/1/2022
10101148	22-nich-sev-536 hawks nest	$ 812	$ 812	Jan-22	Dec-22	1/1/2022	3/1/2022
10101163	22-nich-sev-128 gainesway	$ 1,188	$ 1,188	Jan-22	Dec-22	2/1/2022	3/1/2022
10101164	22-nich-sev-264 williamsburg	$ 1,179	$ 1,179	Jan-22	Dec-22	2/1/2022	3/1/2022
10101186	22-nich-sev-160 Zakk ct	$ 2,331	$ 2,331	Jan-22	Dec-22	1/1/2022	3/1/2022
10101187	22-nich-sev-600 shelburne way - premis	$ 1,026	$ 1,026	Jan-22	Dec-22	2/1/2022	3/1/2022
10101188	22-nich-sev-104 kirk ln premise61419014	$ 1,031	$ 1,031	Jan-22	Dec-22	1/1/2022	3/1/2022
10101189	22-nich-sev-151 acadamy	$ 2,946	$ 2,946	Jan-22	Dec-22	1/1/2022	3/1/2022
10101190	22-nich-sev-153 acadamy	$ 1,181	$ 1,181	Jan-22	Dec-22	1/1/2022	3/1/2022
10101191	22-nich-sev-155acadamy	$ 142	$ 142	Jan-22	Dec-22	1/1/2022	3/1/2022
10101192	22-nich-sev-157 acadamy	$ 47	$ 47	Jan-22	Dec-22	1/1/2022	3/14/2022
10101200	22-nich-sev-272 bernie trail	$ 1,190	$ 1,190	Jan-22	Dec-22	2/1/2022	3/1/2022
10101201	22-nich-sev-124 northbrook dr	$ 1,079	$ 1,079	Jan-22	Dec-22	2/1/2022	4/1/2022
10101203	22-nich-sev-108 half hill ln	$ 657	$ 657	Jan-22	Dec-22	1/1/2022	3/1/2022
10101204	22-nich-sev-209 shelburne way	$ 1,154	$ 1,154	Jan-22	Dec-22	2/1/2022	3/1/2022
10101205	22-nich-sev-101 wynn dr	$ 902	$ 902	Jan-22	Dec-22	2/1/2022	3/1/2022
10101206	22-nich-sev-100 blackthorne dr	$ 1,228	$ 1,228	Jan-22	Dec-22	1/1/2022	3/1/2022
10101207	22-nich-sev-108 horseshoe	$ 1,065	$ 1,065	Jan-22	Dec-22	2/1/2022	4/1/2022
10101208	22-nich-sev-120 horseshoe	$ 1,299	$ 1,299	Jan-22	Dec-22	2/1/2022	4/1/2022
10101220	22-nich-sev-100 morgan leigh	$ 672	$ 672	Jan-22	Dec-22	1/1/2022	3/1/2022
10101222	22-nich-sev-201 half hill ln	$ 1,173	$ 1,173	Jan-22	Dec-22	1/1/2022	3/1/2022
10101261	22BARB-SVC-607 LICK BRANCH RD. BAKER	$ 2,675	$ 2,675	Jan-22	Dec-22	1/1/2022	4/1/2022
10101283	22-nich-sev-101 #1 bethel harvest drive	$ 1,146	$ 1,146	Jan-22	Dec-22	1/1/2022	3/1/2022
10101284	22-nich-sev-101 #2bethel harvest drive	$ 2,552	$ 3,140	Jan-22	Dec-22	1/1/2022	2/1/2023
10101286	21STAT-RET 647 W MAIN ST	$ 718	$ 718	Jan-22	Dec-22	3/1/2022	4/1/2022
10101362	22BERA-SVC-2030 HIDDEN FALLS TRL	$ 2,259	$ 2,259	Jan-22	Dec-22	3/1/2022	5/1/2022
10101363	22-nich-sev-311 w. college st, wilmore	$ 2,581	$ 2,581	Jan-22	Dec-22	1/1/2022	3/1/2022
10101364	22-nich-sev-1017 williams rd	$ 1,157	$ 1,157	Jan-22	Dec-22	2/1/2022	3/1/2022
10101410	22BERA-SVC-110 LOWER HINES CREEK RD	$ 3,214	$ 3,214	Jan-22	Dec-22	2/1/2022	4/1/2022
10101493	21CORB-SVC-192HIGHTOPRD-PR:61418521	$ 1,767	$ 1,767	Jan-22	Dec-22	2/1/2022	4/1/2022
10101503	21WILL-REPSVC-2585PREWITTBNRD-P:61324473	$ 170	$ 170	Jan-22	Dec-22	1/1/2022	3/1/2022
10101526	22-nich-sev-212 courtney	$ 1,046	$ 1,046	Jan-22	Dec-22	3/1/2022	4/1/2022
10101544	22OWNG-INS-SVC-290 TOWER RD	$ 2,238	$ 2,238	Jan-22	Dec-22	1/1/2022	3/1/2022

10101617	22BARB-SVC-319 CUMBERLAND AVE- SHELTON	$ 5,141	$ 5,141	Jan-22	Dec-22	1/1/2022	4/1/2022
10101623	21STAT INS 291 AIRPORT RD	$ 971	$ 971	Jan-22	Dec-22	1/1/2022	3/1/2022
10101636	22BARB-SVC-1970 EVERGREET RD.- HODGE	$ 1,998	$ 1,998	Jan-22	Dec-22	2/1/2022	3/1/2022
10101637	22BARB-SVC-116 MILLS LOOP ROAD- PAUL M	$ 1,953	$ 1,953	Jan-22	Dec-22	2/1/2022	3/1/2022
10101657	22 BERA SVC 582 AVAWAM	$ 3,125	$ 3,125	Jan-22	Dec-22	2/1/2022	3/1/2022
10101671	22BERA-SVC-124 BARBERRY LN	$ 1,113	$ 1,113	Jan-22	Dec-22	2/1/2022	5/1/2022
10101679	22LOND-RETSVC-1202SMAINST-PR:61322565	$ 362	$ 362	Jan-22	Dec-22	1/1/2022	3/1/2022
10101690	21STAT-RET 26 BREWER LN #5	$ 718	$ 718	Jan-22	Dec-22	3/1/2022	4/1/2022
10101695	22BARB-SVC-3234 DAVIS BEND RD.- MILLER	$ 4,029	$ 4,029	Jan-22	Dec-22	1/1/2022	3/1/2022
10101710	22-nich-sev-100 ross st	$ 2,582	$ 2,582	Jan-22	Dec-22	3/1/2022	5/1/2022
10101712	22-nich-sev-240 malllory meadow	$ 596	$ 596	Jan-22	Dec-22	2/1/2022	3/1/2022
10101732	22CORB-REPSVC-325CITATIONTRL-PR:61332375	$ 917	$ 917	Jan-22	Dec-22	2/1/2022	4/1/2022
10101735	22LOND-RETSVC-717OWENST-PR:61321197	$ 1,083	$ 1,083	Jan-22	Dec-22	2/1/2022	3/1/2022
10101737	22CORB-RETSVC-3915 5THSTRD-PR:61306124	$ 347	$ 347	Jan-22	Dec-22	2/1/2022	4/1/2022
10101739	22CORB-RETSVC-1802CUMFLSHWY-PR:61328188	$ 1,428	$ 1,428	Jan-22	Dec-22	3/1/2022	8/1/2022
10101761	22BARB-SVC-20 KELLY LANE-FISHER	$ 1,610	$ 1,610	Jan-22	Dec-22	1/1/2022	3/1/2022
10101762	22BARB-RET-113 CAMPBELL ST.-JEREMIAH	$ 494	$ 494	Jan-22	Dec-22	1/1/2022	3/1/2022
10101764	22MIDD-REP-190 MOORE HALL RD. CLEAR CRK	$ 3,145	$ 3,145	Jan-22	Dec-22	2/1/2022	4/1/2022
10101769	22-nich-sev-100 southbrook drive	$ 622	$ 622	Jan-22	Dec-22	2/1/2022	3/1/2022
10101770	22-nich-sev-116 southbrook drive	$ 1,159	$ 1,159	Jan-22	Dec-22	2/1/2022	3/1/2022
10101776	22 BERA SVC 424 SMITH LN	$ 9,812	$ 9,812	Jan-22	Dec-22	3/1/2022	5/1/2022
10101781	22CORB-SVC-500BRAMBLEWOODDR-PR:61427001	$ 5,757	$ 5,757	Jan-22	Dec-22	2/1/2022	5/1/2022
10101782	22LOND-SVC-2620ELAURELRD-PR:61425507	$ 2,757	$ 2,757	Jan-22	Dec-22	2/1/2022	4/1/2022
10101785	22 BERA SVC 202 DAVIS ST	$ 1,113	$ 1,113	Jan-22	Dec-22	2/1/2022	5/1/2022
10101787	22STAT-INS 4595 MCCORMICK RD	$ 894	$ 894	Jan-22	Dec-22	3/1/2022	4/1/2022
10101860	22CORB-RETSVC-2427SMAINST-PR:61328469	$ 494	$ 494	Jan-22	Dec-22	2/1/2022	4/1/2022
10101861	22CORB-RETSVC-710MASTERST-PR:61329197	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10101862	22CORB-RETSVC-507CALDWELLST-PR:61329658	$ 718	$ 718	Jan-22	Dec-22	3/1/2022	4/1/2022
10101864	22-nich-sev-113 Rogers Rest ct	$ 2,638	$ 2,638	Jan-22	Dec-22	4/1/2022	5/1/2022
10101889	22BARB-SVC-385 HWY 930- LEDDINGTON	$ 5,975	$ 5,975	Jan-22	Dec-22	2/1/2022	7/1/2022
10101891	22 BERA SVC 145 LYNNE DR	$ 1,126	$ 1,126	Jan-22	Dec-22	4/1/2022	6/1/2022
10101929	22MANC-SVC-35 MIZE BRANCH RD	$ 1,000	$ 1,000	Jan-22	Dec-22	4/1/2022	6/1/2022
10101930	21MANC-SVC-77 MIZE BRANCH RD	$ 670	$ 670	Jan-22	Dec-22	4/1/2022	6/1/2022
10101935	22STAT RET 389 N MAIN ST	$ 47	$ 47	Jan-22	Dec-22	2/1/2022	3/1/2022
10102066	22-nich-sev-109 blackthorne	$ 1,155	$ 1,155	Jan-22	Dec-22	2/1/2022	3/1/2022
10102067	22-nich-sev-105 swift run cove	$ 1,048	$ 1,048	Jan-22	Dec-22	2/1/2022	4/1/2022
10102068	22-nich-sev-121 swift run cove cove	$ 1,537	$ 1,537	Jan-22	Dec-22	3/1/2022	4/1/2022
10102070	22LOND-RETSVC-103SMCWHORTERST-P:61308065	$ 157	$ 157	Jan-22	Dec-22	2/1/2022	3/1/2022
10102099	22-nich-sev-136 white oak	$ 1,146	$ 1,146	Jan-22	Dec-22	2/1/2022	3/1/2022
10102145	22WILL-RETSVC-48EMLYNCEMRD-PR:61322703	$ 812	$ 812	Jan-22	Dec-22	2/1/2022	3/1/2022
10102146	22WILL-CONTSVC-90 NEW ST-PR:61322048	$ 1,721	$ 1,721	Jan-22	Dec-22	4/1/2022	5/1/2022
10102147	22LOND-SVC-3368BARBOURVILLERD-P:61425009	$ 2,337	$ 2,337	Jan-22	Dec-22	2/1/2022	4/1/2022
10102148	22WILL-SVC-53MOUNTAINLANE-PR:61425010	$ 3,146	$ 3,146	Jan-22	Dec-22	2/1/2022	5/1/2022
10102149	22WILL-SVC-154CANECREEKRD-PR:61425011	$ 5,143	$ 5,143	Jan-22	Dec-22	2/1/2022	4/1/2022
10102152	22 BERA SVC 604 FORST OAKS CT	$ 5,592	$ 5,592	Jan-22	Dec-22	3/1/2022	5/1/2022
10102167	22MIDD-SVC-RECOVER TOGETHER- STRIP MALL	$ 6,512	$ 6,512	Jan-22	Dec-22	2/1/2022	6/1/2022
10102168	22MIDD-SVC-527 KY AVE PVILLE CITY	$ 1,448	$ 1,448	Jan-22	Dec-22	2/1/2022	3/1/2022
10102172	22-nich-sev-100 swift run cove	$ 1,069	$ 1,069	Jan-22	Dec-22	2/1/2022	4/1/2022
10102173	22-nich-sev-124 south brook	$ 620	$ 620	Jan-22	Dec-22	2/1/2022	3/1/2022
10102174	22-nich-sev-136 southbrook dr	$ 1,159	$ 1,159	Jan-22	Dec-22	2/1/2022	3/1/2022
10102179	22 BERA SVC 517 FOREST OAKS DR	$ 1,112	$ 1,112	Jan-22	Dec-22	3/1/2022	5/1/2022
10102217	21MANC-SVC-51 OLD US HWY 421	$ 5,301	$ 5,301	Jan-22	Dec-22	4/1/2022	11/1/2022
10102223	22LOND-SVC-253HARNESSRD-PR:61425518	$ 499	$ 499	Jan-22	Dec-22	3/1/2022	5/1/2022
10102227	22CORB-SVC-8512SUSHWY25-PR:61422540	$ 1,515	$ 1,515	Jan-22	Dec-22	2/1/2022	3/1/2022
10102228	22CORB-SVC-858BYRLEYRD-PR:61426089	$ 2,640	$ 2,640	Jan-22	Dec-22	2/1/2022	4/1/2022
10102229	22LOND-SVC-112PEARLSTREET-PR:61426090	$ 1,036	$ 1,036	Jan-22	Dec-22	3/1/2022	4/1/2022
10102266	21MANC-SVC-59 STONE DRIVE #2 (GARAGE)	$ 658	$ 658	Jan-22	Dec-22	3/1/2022	5/1/2022
10102360	22OWNG-INS-SVC-1850 HWY 60	$ 2,949	$ 2,949	Jan-22	Dec-22	2/1/2022	5/1/2022
10102365	22BARB-EXT-724 1/2 MANCHESTER ST.	$ 333	$ 333	Jan-22	Dec-22	2/1/2022	3/1/2022
10102384	22BARB-SVC-175 MINTON FARM RD. KNOX CO.	$ 1,863	$ 1,863	Jan-22	Dec-22	4/1/2022	11/1/2022
10102385	22BARB-RET-33 ELLWOOD DRIVE- KNOX CO.	$ 93	$ 93	Jan-22	Dec-22	2/1/2022	3/1/2022
10102407	22 BERA SVC 529 RANIER DR	$ 1,485	$ 1,485	Jan-22	Dec-22	2/1/2022	3/1/2022
10102408	22 BERA SVC 111 PATRIOT TRAIL	$ 6,600	$ 6,600	Jan-22	Dec-22	4/1/2022	5/1/2022
10102510	21MANC-SVC-38 SHEPHARD DRVE	$ 2,774	$ 2,774	Jan-22	Dec-22	3/1/2022	6/1/2022
10102545	22STAT- INS 147 GREENWAY RD	$ 894	$ 894	Jan-22	Dec-22	3/1/2022	4/1/2022
10102551	22OWNG-INS-SVC-1808 MCCAUSEY RIDGE RD	$ 2,073	$ 2,073	Jan-22	Dec-22	3/1/2022	4/1/2022
10102584	22 BERA SVC 110 SPANISH WELLS CT	$ 3,591	$ 3,591	Jan-22	Dec-22	2/1/2022	4/1/2022
10102602	22-nich-sev-113 blackthorne	$ 1,155	$ 1,155	Jan-22	Dec-22	3/1/2022	4/1/2022

10102603	22-nich-sev-257 blackthorne	$ 1,177	$ 1,177	Jan-22	Dec-22	3/1/2022	4/1/2022
10102615	22-nich-sev-113 westgate	$ 1,121	$ 1,121	Jan-22	Dec-22	3/1/2022	4/1/2022
10102629	22LOND-RETSVC-715GREENST-PR:61308117	$ 1,083	$ 1,083	Jan-22	Dec-22	2/1/2022	3/1/2022
10102643	22OWNG-INS-SVC-128 CHURCH ST	$ 1,302	$ 1,302	Jan-22	Dec-22	3/1/2022	4/1/2022
10102644	22OWNG-INS-SVC-27 CROCKETT LN	$ 1,484	$ 1,484	Jan-22	Dec-22	8/1/2022	9/1/2022
10102645	22OWNG-INS-SVC-65 N MAIN ST	$ 910	$ 910	Jan-22	Dec-22	3/1/2022	4/1/2022
10102687	22-nich-sev-122 grandview trail	$ 4,934	$ 4,934	Jan-22	Dec-22	3/1/2022	5/1/2022
10102743	22 BERA NEW SVC STEVENSON BLDG BC	$ 6,278	$ 6,278	Jan-22	Dec-22	6/1/2022	7/1/2022
10102744	22 BERA SVC 1010 CHERRY CT	$ 2,108	$ 2,108	Jan-22	Dec-22	3/1/2022	5/1/2022
10102764	22 BERA SVC 452 MIDDLE CREEK WAY	$ 944	$ 944	Jan-22	Dec-22	3/1/2022	4/1/2022
10102765	22 BERA SVC 448 MIDDLE CREEK WAY	$ 729	$ 729	Jan-22	Dec-22	3/1/2022	4/1/2022
10102785	21MANC-SVC-102 VALLEY LANE	$ 879	$ 879	Jan-22	Dec-22	4/1/2022	6/1/2022
10102787	21MANC-SVC-110 VALLEY LANE	$ 924	$ 924	Jan-22	Dec-22	4/1/2022	6/1/2022
10102791	NICH-SERVICE LINE RETIRE-1341 short shun	$ 63	$ 63	Jan-22	Dec-22	6/1/2022	7/1/2022
10102792	NICH-SEV- LINE REPLACE1341 short shun	$ 403	$ 403	Jan-22	Dec-22	6/1/2022	7/4/2022
10102815	21MANC-SVC-631 HWY 80	$ 4,936	$ 4,936	Jan-22	Dec-22	4/1/2022	9/1/2022
10102865	22CORB-RETSVC-409ALSIPTRL-PR:61330844	$ 47	$ 47	Jan-22	Dec-22	2/1/2022	3/1/2022
10102867	22CORB-CONTSVC-356HWY6-PR:61337694	$ 1,338	$ 1,338	Jan-22	Dec-22	3/1/2022	4/1/2022
10102868	22LOND-RETSVC-701ALFLANE-PR:61321282	$ 220	$ 220	Jan-22	Dec-22	3/1/2022	4/1/2022
10102869	22CORB-SVC-121FELTSSCHOOLRD-PR:	$ 1,889	$ 1,889	Jan-22	Dec-22	3/1/2022	6/1/2022
10102871	22WILL-REPSVC-26ESTESST-PR:61322177	$ 1,338	$ 1,338	Jan-22	Dec-22	3/1/2022	5/1/2022
10102874	22-nich-sev-117 waller ct	$ 3,873	$ 3,873	Jan-22	Dec-22	4/1/2022	6/1/2022
10102880	22 BERA SVC 213 PINECREST CT	$ 1,355	$ 1,355	Jan-22	Dec-22	3/1/2022	6/1/2022
10103018	22STAT- INS 1900 OLDHAM	$ 2,010	$ 2,010	Jan-22	Dec-22	3/1/2022	4/1/2022
10103063	22BARB-EXT-260 KY 3439- KNOX CO. SMITH	$ 385	$ 385	Jan-22	Dec-22	3/1/2022	4/1/2022
10103088	22 BERA SVC 434 MIDDLE CREEK WAY	$ 844	$ 844	Jan-22	Dec-22	3/1/2022	5/1/2022
10103089	22 BERA SVC 438 MIDDLE CREEK WAY	$ 891	$ 891	Jan-22	Dec-22	3/1/2022	5/1/2022
10103090	22 BERA SVC 442 MIDDLE CREEK WAY	$ 671	$ 671	Jan-22	Dec-22	3/1/2022	4/1/2022
10103091	22 BERA SVC 851 RIDGEWOOD DR	$ 2,302	$ 2,302	Jan-22	Dec-22	3/1/2022	5/1/2022
10103092	22 BERS SVC 101 TUSCANY WAY	$ 2,082	$ 2,082	Jan-22	Dec-22	3/1/2022	5/1/2022
10103109	22LOND-RETSVC-197REDBIRDLN-PR:61324162	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103225	22-nich-sev-104 morgan leigh	$ 2,388	$ 2,388	Jan-22	Dec-22	3/1/2022	5/1/2022
10103226	22-nich-sev-412 fox hollow	$ 650	$ 650	Jan-22	Dec-22	3/1/2022	4/1/2022
10103227	22-nich-sev-148 southbrook dr	$ 1,158	$ 1,158	Jan-22	Dec-22	3/1/2022	4/1/2022
10103228	22-nich-sev-142 southbrook dr	$ 2,227	$ 2,227	Jan-22	Dec-22	3/1/2022	4/1/2022
10103229	22-nich-sev-112 horseshoe	$ 1,166	$ 1,166	Jan-22	Dec-22	3/1/2022	4/1/2022
10103264	22STAT- RET 3029 ESTES CT	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103265	22STAT- 4822 CAMARGO LEEVE RD	$ 941	$ 941	Jan-22	Dec-22	3/1/2022	4/1/2022
10103266	22STAT- RET 6870 CAMARGO LEEVE RD #2	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103267	22STAT- RET 6870 CAMARGO LEEVE RD #B	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103268	22STAT- RET 6870 CAMARGO LEEVE RD #C	$ 894	$ 894	Jan-22	Dec-22	3/1/2022	4/1/2022
10103269	22STAT- RET 14 VINE ST	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103270	22STAT- RET 231 HALLS BRANCH RD	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103280	22STAT-INS 2779 HWY 11S	$ 2,389	$ 2,389	Jan-22	Dec-22	3/1/2022	5/1/2022
10103281	22STAT- RET 906 E COLLEGE AVE	$ 1,449	$ 1,449	Jan-22	Dec-22	7/1/2022	8/1/2022
10103283	22STAT- RET 145 MILL KNOB RD	$ 271	$ 271	Jan-22	Dec-22	3/1/2022	4/1/2022
10103284	22STAT- RET 1600 N BEND RD	$ 271	$ 271	Jan-22	Dec-22	3/1/2022	4/1/2022
10103285	22STAT- RET 131 HOLIDAY HILLS RD	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103286	22STAT- RET 125 KINGS RD	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103287	22STAT- RET 140 SKINNER BRANCH RD	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103289	22LOND-RETSVC-3636SOMERSETRD-PR:61341480	$ 157	$ 157	Jan-22	Dec-22	3/1/2022	4/1/2022
10103292	22-nich-sev-208 angliana	$ 9,675	$ 9,675	Jan-22	Dec-22	4/1/2022	5/1/2022
10103311	22-nich-sev-118 lake pointe	$ 660	$ 660	Jan-22	Dec-22	3/1/2022	4/1/2022
10103312	22-nich-sev-120 lake pointe	$ 1,060	$ 1,060	Jan-22	Dec-22	3/1/2022	4/1/2022
10103340	22CORB-RETSVC-410BVILLESTR-PR:61330550	$ 839	$ 839	Jan-22	Dec-22	3/1/2022	8/1/2022
10103365	22WILL-SVC-9999BLVDOFCHAMPS-PR:61429500	$ 1,625	$ 1,862	Jan-22	Dec-22	3/1/2022	2/1/2023
10103385	22-nich-sev-213 lost creek dr	$ 2,506	$ 2,506	Jan-22	Dec-22	3/1/2022	6/1/2022
10103391	22MIDD-SVC-111 LONGWOOD RD.- MBORO CITY	$ 2,002	$ 2,002	Jan-22	Dec-22	4/1/2022	5/1/2022
10103392	22MIDD-SVC-125 ELLENWOOD-MBORO CITY	$ 2,388	$ 2,388	Jan-22	Dec-22	3/1/2022	6/1/2022
10103393	22MIDD-RET-307 S. 38TH STREET-MBORO CITY	$ 531	$ 531	Jan-22	Dec-22	3/1/2022	4/1/2022
10103394	22MIDD-RET-815 CHESTER AVE- HAMLET	$ 535	$ 535	Jan-22	Dec-22	4/1/2022	5/1/2022
10103395	22STAT RET 2060 ROBIN LN	$ 494	$ 494	Jan-22	Dec-22	3/1/2022	4/1/2022
10103396	22CORB-RETSVC-486SKY1629-PR:61332998	$ 1,036	$ 1,036	Jan-22	Dec-22	3/1/2022	4/1/2022
10103420	22CORB-SVC-360CUMBGAPPKWY-PR:61426602	$ 1,346	$ 1,346	Jan-22	Dec-22	5/1/2022	6/1/2022
10103421	22WILL-SVC-1508MAINSTREET-PR:61426603	$ 483	$ 483	Jan-22	Dec-22	3/1/2022	5/1/2022
10103422	22CORB-REPSVC-3655KY1232-PR:61331375	$ 1,332	$ 1,332	Jan-22	Dec-22	3/1/2022	7/1/2022
10103423	22CORB-REPSVC-61FARRISHILLRD-PR:61331402	$ 1,294	$ 1,294	Jan-22	Dec-22	3/1/2022	6/1/2022
10103424	22CORB-REPSVC-168FARRISHILLRD-P:61331441	$ 267	$ 267	Jan-22	Dec-22	6/1/2022	6/1/2022

10103425	22CORB-REPSVC-236FARRISHILLRD-P:61331425	$ 268	$ 268	Jan-22	Dec-22	3/1/2022	6/1/2022
10103444	22STAT- REP SERV. 86 NAPIER LN.	$ 2,451	$ 2,451	Jan-22	Dec-22	3/1/2022	4/1/2022
10103452	22 BERA SVC 468 MIDDLE CREEK WAY	$ 906	$ 906	Jan-22	Dec-22	3/1/2022	7/1/2022
10103453	22 BERA SVC 472 MIDDLE CREEK WAY	$ 925	$ 925	Jan-22	Dec-22	3/1/2022	4/1/2022
10103454	22 BERA SVC 464 MIDDLE CREEK WAY	$ 2,560	$ 2,560	Jan-22	Dec-22	3/1/2022	4/1/2022
10103455	22 BERA SVC 2017 HIDDEN FALLS TRAIL	$ 2,264	$ 2,264	Jan-22	Dec-22	3/1/2022	5/1/2022
10103490	22 BERA SVC 200 QUAIL WEST DR	$ 1,278	$ 1,278	Jan-22	Dec-22	6/1/2022	7/1/2022
10103491	22 BERA SVC 154 PATRIOT TRL	$ 1,489	$ 1,489	Jan-22	Dec-22	3/1/2022	5/1/2022
10103492	22 BERA SVC 111 SPANISH WELLS CT	$ 4,795	$ 4,795	Jan-22	Dec-22	4/1/2022	5/1/2022
10103531	22OWNG-INS-SVC-72 SPRINGVIEW CT.	$ 1,993	$ 1,993	Jan-22	Dec-22	6/1/2022	8/1/2022
10103545	22-nich-sev-140 swift run cove	$ 3,638	$ 3,638	Jan-22	Dec-22	5/1/2022	7/1/2022
10103591	22CORB-RETSVC-336MILLCREEKRD-PR:61307670	$ 1,036	$ 1,036	Jan-22	Dec-22	3/1/2022	4/1/2022
10103595	22CORB-RETSVC-634SKY233-PR:61350599	$ 542	$ 542	Jan-22	Dec-22	3/1/2022	4/1/2022
10103651	22BERA-SVC 183 LORRAINE CT	$ 1,127	$ 1,127	Jan-22	Dec-22	4/1/2022	5/1/2022
10103652	22BERA-SVC 3100 GOLDEN;EAF BLVD	$ 5,100	$ 5,100	Jan-22	Dec-22	10/1/2022	11/1/2022
10103671	22MANC-SVC-446 CHARLIE SIZEMORE RD	$ 4,009	$ 4,009	Jan-22	Dec-22	3/1/2022	6/1/2022
10103688	22BARB-SVC-49 COCONUT DRIVE, BVILLE CITY	$ 1,794	$ 1,794	Jan-22	Dec-22	4/1/2022	6/1/2022
10103698	22STAT-SVC 221 TUG BRANCH RD	$ 1,557	$ 1,557	Jan-22	Dec-22	3/1/2022	5/1/2022
10103774	22LOND-RETSVC-3748KEAVYRD-PR:61336301	$ 894	$ 894	Jan-22	Dec-22	3/1/2022	4/1/2022
10103794	22-nich-sev-124 white oak	$ 1,361	$ 1,361	Jan-22	Dec-22	3/1/2022	6/1/2022
10103795	22-nich-sev-240 walden way	$ 2,484	$ 2,484	Jan-22	Dec-22	4/1/2022	6/1/2022
10103796	22-nich-sev-108 brannon meadow way	$ 9,540	$ 9,540	Jan-22	Dec-22	4/1/2022	5/1/2022
10103797	12-nich-sev-100 brannon meadow way	$ 1,146	$ 1,146	Jan-22	Dec-22	3/1/2022	5/1/2022
10103798	22-nich-sev-104 brannon meadow way	$ 1,152	$ 1,152	Jan-22	Dec-22	3/1/2022	5/1/2022
10103803	22OWNG-RET-SVC-3053 HWY HWY 60	$ 104	$ 104	Jan-22	Dec-22	3/1/2022	4/1/2022
10103847	22CORB-RETSVC-9FAIRVIEWST-PR:61329536	$ 542	$ 542	Jan-22	Dec-22	3/1/2022	4/1/2022
10103848	22CORB-RETSVC-310MALCOLMST-PR:61328276	$ 542	$ 542	Jan-22	Dec-22	3/1/2022	4/1/2022
10103851	22WILL-RETSVC-354N11THST-PR:61320208	$ 542	$ 542	Jan-22	Dec-22	3/1/2022	4/1/2022
10103875	22-nich-sev-156 southbrook dr	$ 9,376	$ 9,376	Jan-22	Dec-22	4/1/2022	5/1/2022
10103933	22CORB-SVC-426BUFFALOBR(HSE)-PR:61427533	$ 3,622	$ 3,622	Jan-22	Dec-22	5/1/2022	6/1/2022
10103934	22CORB-RETSVC-165CLAYAVE-PR:61319354	$ 566	$ 566	Jan-22	Dec-22	5/1/2022	6/1/2022
10103935	22CORB-RETSVC-138CLAYAVE-PR:61328396	$ 566	$ 566	Jan-22	Dec-22	5/1/2022	6/1/2022
10103936	22CORB-RETSVC-112OAKGRCH-PR:61346649	$ 470	$ 470	Jan-22	Dec-22	4/1/2022	5/1/2022
10103937	22CORB-RETSVC-290HICKORYHILL-PR:61344672	$ 566	$ 566	Jan-22	Dec-22	5/1/2022	6/1/2022
10103938	22CORB-RETSVC-318HICKORYHILLS-P:61344685	$ 470	$ 470	Jan-22	Dec-22	4/1/2022	5/1/2022
10103939	22CORB-RETSVC-275IKEMONHOLLRD-P:61343796	$ 470	$ 470	Jan-22	Dec-22	4/1/2022	5/1/2022
10103971	22 BERA SVC 3014 LANDSTAR DR	$ 1,310	$ 1,310	Jan-22	Dec-22	5/1/2022	6/1/2022
10104020	22CORB-RETSVC-457SCUFFLETRD-PR:61336537	$ 470	$ 470	Jan-22	Dec-22	4/1/2022	5/1/2022
10104022	22CORB-RETSVC-1240CUMFALLSHWY-P:61329067	$ 566	$ 566	Jan-22	Dec-22	5/1/2022	6/1/2022
10104023	22CORB-RETSVC-1415CUFALLHWL8-PR:61307837	$ 535	$ 535	Jan-22	Dec-22	4/1/2022	5/1/2022
10104024	22CORB-RETSVC-803BEATTYAVE-PR:61309961	$ 753	$ 753	Jan-22	Dec-22	6/1/2022	7/1/2022
10104025	22CORB-RETSVC-801 1/2BEATTY-PR:61346699	$ 1,108	$ 1,108	Jan-22	Dec-22	8/14/2022	9/1/2022
10104026	22CORB-RETSVC-407CHRISTIANST-PR:61330544	$ 566	$ 566	Jan-22	Dec-22	5/1/2022	6/1/2022
10104040	22BERAS SVC 1696 MENELAUS RD	$ 1,280	$ 1,280	Jan-22	Dec-22	4/1/2022	5/1/2022
10104054	22-nich-sev-130 southbrook dr	$ 9,469	$ 9,469	Jan-22	Dec-22	4/1/2022	5/1/2022
10104055	22-nich-sev-108 southbrook dr	$ 9,469	$ 9,469	Jan-22	Dec-22	4/1/2022	5/1/2022
10104062	22CORB-SVC-85VINEVIEWDR-PR:61429504	$ 3,469	$ 3,469	Jan-22	Dec-22	3/1/2022	8/1/2022
10104084	22MANC-SVC-220 POPULAR LANE	$ 2,479	$ 2,479	Jan-22	Dec-22	3/1/2022	5/1/2022
10104085	22MANC-SVC-45 HOMESTEAD	$ 872	$ 872	Jan-22	Dec-22	3/1/2022	4/1/2022
10104086	22MANC-RET-8387 N. HWY 421	$ 872	$ 872	Jan-22	Dec-22	3/1/2022	4/1/2022
10104120	22 BERA REP SVC 128 CHERRY RD	$ 877	$ 877	Jan-22	Dec-22	3/1/2022	6/1/2022
10104123	22-nich-sev-1008 williams rd	$ 1,727	$ 1,727	Jan-22	Dec-22	4/1/2022	5/1/2022
10104124	12-nich-sev-1036 williams	$ 1,258	$ 1,258	Jan-22	Dec-22	4/1/2022	5/1/2022
10104166	22 BERA REPLACE SVC 101 PRINCE ROYAL DR	$ 3,173	$ 3,173	Jan-22	Dec-22	3/1/2022	6/1/2022
10104200	22LOND-RETSVC-1255SMAINSTREET-P:61322918	$ 142	$ 142	Jan-22	Dec-22	3/1/2022	4/1/2022
10104268	22WILL-RETSVC-1368HWY26-PR:61322535	$ 223	$ 223	Jan-22	Dec-22	3/1/2022	5/1/2022
10104295	22OWNG-INS-SVC-30 WOODLOCK	$ 2,292	$ 2,292	Jan-22	Dec-22	4/1/2022	7/1/2022
10104296	22OWNG-REP-SVC-635 SARDIS RD	$ 1,842	$ 1,842	Jan-22	Dec-22	6/1/2022	9/1/2022
10104299	22OWNG-REP-SVC-665 SARDIS RD	$ 5,250	$ 5,250	Jan-22	Dec-22	6/1/2022	9/1/2022
10104315	22 BERA SVC 186 UPPER HINES CREEK	$ 12,133	$ 12,133	Jan-22	Dec-22	12/1/2022	12/1/2022
10104316	22 BERA SVC 3011 LANDSTAR DR	$ 1,276	$ 1,276	Jan-22	Dec-22	6/1/2022	7/1/2022
10104317	22 BERA SVC 3009 LANDSTAR DR	$ 1,911	$ 1,911	Jan-22	Dec-22	6/1/2022	7/14/2022
10104318	22 BERA SVC 3007 LANDSTAR DR	$ 1,113	$ 1,113	Jan-22	Dec-22	4/1/2022	5/1/2022
10104322	22STAT-REPSVC 511 ADAMS RIDGE RD	$ 2,096	$ 2,096	Jan-22	Dec-22	8/1/2022	9/1/2022
10104323	22STAT- REPSVC 150 ADAMS RIDGE RD	$ 359	$ 359	Jan-22	Dec-22	4/1/2022	6/1/2022
10104324	22STAT- REPSVC 199 ADAMS RIDGE RD	$ 565	$ 565	Jan-22	Dec-22	8/1/2022	9/1/2022
10104325	22STAT-REPSVC 525 ADAMS RIDGE RD	$ 136	$ -	Jan-22	Dec-22	8/1/2022	12/1/2023
10104326	22STAT- REPSVC 220 ADAMS RIDGE RD	$ 707	$ 707	Jan-22	Dec-22	8/1/2022	9/1/2022

10104327	22STAT-REPSVC 583 ADAMS RIDGE RD	$ 1,654	$ 1,654	Jan-22	Dec-22	8/1/2022	10/1/2022
10104329	22STAT- REPSVC 348 ADAMS RIDGE RD	$ 1,028	$ 1,028	Jan-22	Dec-22	8/14/2022	9/1/2022
10104330	22STAT-REPSVC 617 ADAMS RIDGE RD	$ 1,086	$ 1,086	Jan-22	Dec-22	8/1/2022	9/1/2022
10104333	22STAT-REPSVC 639 ADAMS RIDGE RD	$ 452	$ 452	Jan-22	Dec-22	8/4/2022	9/1/2022
10104335	22STAT-REPSVC 665 ADAMS RIDGE RD	$ 1,230	$ 1,230	Jan-22	Dec-22	8/4/2022	9/1/2022
10104336	22STAT- REPSVC 386 ADAMS RIDGE RD	$ 928	$ 928	Jan-22	Dec-22	8/1/2022	9/1/2022
10104337	22STAT-REPSVC 622 ADAMS RIDGE RD	$ 1,106	$ 1,106	Jan-22	Dec-22	8/1/2022	9/1/2022
10104338	22STAT-REPSVCE 618 ADAMS RIDGE RD	$ 2,034	$ 2,034	Jan-22	Dec-22	8/1/2022	9/1/2022
10104339	22STAT- REPSVC 411 ADAMS RIDGE RD	$ 1,331	$ 1,331	Jan-22	Dec-22	8/1/2022	9/1/2022
10104380	22STAT- REPSVC 436 ADAMS RIDGE RD	$ 923	$ 923	Jan-22	Dec-22	8/1/2022	9/1/2022
10104381	22STAT-REPSVC 36 E. ADAMS RIDGE	$ 1,053	$ 1,053	Jan-22	Dec-22	8/4/2022	9/1/2022
10104382	22STAT- REPSVC 515 ADAMS RIDGE RD	$ 1,615	$ 1,615	Jan-22	Dec-22	8/1/2022	9/1/2022
10104383	22STAT-REPSVC 76 E.ADAMS RIDGE RD	$ 920	$ 920	Jan-22	Dec-22	8/1/2022	9/1/2022
10104385	22STAT-REP SVC 79 E.ADAMS RIDGE RD	$ 2,046	$ 2,046	Jan-22	Dec-22	8/14/2022	9/1/2022
10104386	22STAT- REPSVC 92 E.ADAMS RIDGE RD	$ 1,075	$ 1,075	Jan-22	Dec-22	8/1/2022	9/1/2022
10104395	22-nich-sev-6125 grey oak lane	$ 1,258	$ 1,258	Jan-22	Dec-22	4/1/2022	5/1/2022
10104396	22-nich-sev-6129 grey oak ln	$ 1,256	$ 1,256	Jan-22	Dec-22	4/1/2022	5/1/2022
10104397	22-nich-sev-6133 grey oak ln	$ 1,258	$ 1,258	Jan-22	Dec-22	4/1/2022	5/1/2022
10104422	22-nich-sev-300 southside way	$ 2,198	$ 2,198	Jan-22	Dec-22	5/1/2022	6/1/2022
10104423	22-nich-sev-108 kirk dr	$ 2,320	$ 2,320	Jan-22	Dec-22	5/1/2022	6/1/2022
10104441	22BARB-SVC-BARBOURVILLE TOURISM-HIGH ST.	$ 2,227	$ 2,227	Jan-22	Dec-22	4/1/2022	6/1/2022
10104442	22BARB-SVC-DOLLAR GEN. ARTEMUS HWY 225	$ 2,346	$ 2,346	Jan-22	Dec-22	4/1/2022	6/1/2022
10104443	22BARB-SVC-DOLLAR GEN. KY 1530 & HWY 11	$ 2,450	$ 2,450	Jan-22	Dec-22	4/1/2022	5/1/2022
10104470	22OWNG-INS-SVC-3930 VETERANS MEMORIAL HW	$ 3,601	$ 3,601	Jan-22	Dec-22	5/1/2022	6/1/2022
10104516	22OWNG-REP-SVC-190 MAIN ST	$ 101	$ 101	Jan-22	Dec-22	8/1/2022	9/1/2022
10104517	22OWNG-REP-SVC-420 N MAIN	$ 5,178	$ 5,178	Jan-22	Dec-22	8/4/2022	10/1/2022
10104540	22 BERA SVC 3005 LAND STAR DR	$ 1,222	$ 1,222	Jan-22	Dec-22	5/1/2022	6/1/2022
10104541	22 BERA SVC 2013 PARTRIDGE WAY	$ 1,263	$ 1,263	Jan-22	Dec-22	6/1/2022	7/1/2022
10104542	22 BERA SVC 2015 PARTRIDGE WAY	$ 1,276	$ 1,276	Jan-22	Dec-22	5/1/2022	6/1/2022
10104543	22 BERA SVC 2017 PARTRIDGE WAY	$ 1,259	$ 1,259	Jan-22	Dec-22	5/1/2022	6/1/2022
10104544	22 BERA SVC 3013 LANDSTAR DR	$ 1,498	$ 1,498	Jan-22	Dec-22	4/1/2022	5/1/2022
10104545	22 BERA SVC 3012 LANDSTAR DR	$ 1,148	$ 1,148	Jan-22	Dec-22	4/1/2022	5/1/2022
10104546	22 BERA SVC 192 BANYANS BLVD	$ 1,241	$ 1,241	Jan-22	Dec-22	4/1/2022	5/1/2022
10104548	22MANC-SVC-2996 MAULDEN BRANCH RD	$ 2,964	$ 2,964	Jan-22	Dec-22	4/1/2022	9/1/2022
10104561	22OWNG-REP-SVC-440 N MAIN ST	$ 2,693	$ 2,789	Jan-22	Dec-22	6/1/2022	2/1/2023
10104562	22OWNG-REP-SVC-488 N MAIN ST	$ 5,238	$ 5,238	Jan-22	Dec-22	6/1/2022	9/1/2022
10104563	22OWNG-REP-SVC-516 N MAIN ST	$ 156	$ 156	Jan-22	Dec-22	8/1/2022	9/1/2022
10104640	22OWNG-REP-SVC-685 SARDIS RD	$ 128	$ 128	Jan-22	Dec-22	8/1/2022	9/1/2022
10104641	22OWNG-REP-SVC-701 SARDIS RD	$ 3,747	$ 3,747	Jan-22	Dec-22	6/1/2022	9/1/2022
10104642	22-nich-sev-170 acadamy	$ 519	$ 519	Jan-22	Dec-22	4/1/2022	6/1/2022
10104643	22 BERA SVC 514 SAPHIRE DR	$ 1,061	$ 1,061	Jan-22	Dec-22	4/1/2022	5/1/2022
10104644	22-nich-sev-172 acadamy	$ 519	$ 519	Jan-22	Dec-22	4/1/2022	6/1/2022
10104645	22OWNG-REP-SVC-724 SARDIS RD	$ 168	$ 168	Jan-22	Dec-22	8/1/2022	9/1/2022
10104646	22 BERA SVC 518 SAPHIRE DR	$ 695	$ 695	Jan-22	Dec-22	4/1/2022	5/1/2022
10104647	22OWNG-REP-SVC-787 SARDIS RD	$ 3,296	$ -	Jan-22	Dec-22	6/1/2022	12/1/2023
10104648	22 BERA SVC 522 SAPHIRE DR	$ 927	$ 927	Jan-22	Dec-22	4/1/2022	5/1/2022
10104649	22OWNG-REP-SVC-830 SARDIS RD	$ 1,860	$ 1,860	Jan-22	Dec-22	6/1/2022	9/1/2022
10104650	????????????	$ 1,104	$ 1,104	Jan-22	Dec-22	4/1/2022	6/1/2022
10104651	22OWNG-REP-SVC-866 SARDIS RD	$ 3,621	$ 3,621	Jan-22	Dec-22	8/1/2022	9/1/2022
10104652	22 BERA SVC 505 SAPHIRE DR	$ 1,069	$ 1,069	Jan-22	Dec-22	4/1/2022	6/1/2022
10104653	22OWNG-REP-SVC-1282 SARDIS RD	$ 5,228	$ 5,228	Jan-22	Dec-22	6/1/2022	9/1/2022
10104655	22OWNG-REP-SVC-388 WOLF RUN RD	$ 6,707	$ 6,707	Jan-22	Dec-22	3/1/2022	9/1/2022
10104680	22-nich-sev-166 acadamy	$ 943	$ 943	Jan-22	Dec-22	4/1/2022	6/1/2022
10104681	22-nich-sev-168 acadamy	$ 1,002	$ 1,002	Jan-22	Dec-22	4/1/2022	6/1/2022
10104713	22-nich-sev-6109 grey oak lane	$ 1,895	$ 1,895	Jan-22	Dec-22	4/1/2022	6/1/2022
10104714	12-nich-sev-705 harlan	$ 4,476	$ 4,476	Jan-22	Dec-22	5/1/2022	7/1/2022
10104735	22LOND-SVC-48CARIBOUDR-PR:61429505	$ 2,347	$ 2,347	Jan-22	Dec-22	4/1/2022	7/1/2022
10104736	22CORB-SVC-671TIMBERRIDGEWAY-PR:61429513	$ 2,091	$ 2,091	Jan-22	Dec-22	5/1/2022	6/1/2022
10104739	22LOND-SVC-1349SLAURELRD#1-PR:61428108	$ 3,273	$ 3,273	Jan-22	Dec-22	5/1/2022	7/1/2022
10104741	22LOND-SVC-9185ELAURELRD-PR:61431504	$ 1,250	$ 1,250	Jan-22	Dec-22	5/1/2022	7/1/2022
10104801	22WILL-SVC-276MTVIEWRD-PR:61432501	$ 1,818	$ 1,818	Jan-22	Dec-22	4/1/2022	7/1/2022
10104814	STAT-SERVICE LINE REPLACE 35 2nd ST.	$ 1,379	$ 1,379	Jan-22	Dec-22	5/1/2022	7/1/2022
10104821	22BARB-RET-622 COALPORT ROAD- KNOX CO.	$ 193	$ 193	Jan-22	Dec-22	4/1/2022	5/1/2022
10104822	22BARB-SVC-66 EDGEWOOD ROAD - KNOX CO.	$ 4,049	$ 4,394	Jan-22	Dec-22	4/1/2022	9/1/2023
10104823	22-nich-sev-545 brannon meadow way	$ 1,254	$ 1,254	Jan-22	Dec-22	5/1/2022	6/1/2022
10104824	22-nich-sev-1009 williams rd	$ 1,254	$ 1,254	Jan-22	Dec-22	5/1/2022	6/1/2022
10104825	22-nich-sev-1013 williams rd	$ 1,253	$ 1,253	Jan-22	Dec-22	5/1/2022	6/1/2022
10104840	22 BERA SVC 1012 EAGLE POINT DR	$ 1,758	$ 1,758	Jan-22	Dec-22	4/1/2022	6/1/2022

10104857	22WILL-SVC-881WOLFCRKRD-PR:61434000	$ 5,591	$ 5,591	Jan-22	Dec-22	5/1/2022	7/1/2022
10104930	22OWNG-INS-SVC-86 WOODLOCK DR	$ 2,392	$ 2,392	Jan-22	Dec-22	5/1/2022	7/1/2022
10104970	22-nich-sev-6105 grey oak ln	$ 1,253	$ 1,253	Jan-22	Dec-22	4/1/2022	6/1/2022
10104971	22-nich-sev-6113 grey oak ln	$ 1,275	$ 1,275	Jan-22	Dec-22	4/1/2022	6/1/2022
10104972	22-nich-sev-6121 grey oak ln	$ 1,253	$ 1,253	Jan-22	Dec-22	4/1/2022	6/1/2022
10104988	22-nich-sev-6117 grey oak ln	$ 1,262	$ 1,262	Jan-22	Dec-22	4/1/2022	6/1/2022
10104989	22OWNG-REP-SVC-398 MAIN ST	$ 4,204	$ 4,204	Jan-22	Dec-22	5/1/2022	7/1/2022
10105001	22-nich-sev-209 half hill dr	$ 2,386	$ 2,386	Jan-22	Dec-22	5/1/2022	6/1/2022
10105013	22STAT REPSVC 1622 OLDHAM RD	$ 214	$ 888	Jan-22	Dec-22	11/1/2022	3/1/2023
10105016	22STAT REPSVC 1769 OLDHAM RD	$ 202	$ 877	Jan-22	Dec-22	11/1/2022	3/1/2023
10105089	22 BERA SVC 251 PATRIOT TRAIL	$ 687	$ 687	Jan-22	Dec-22	4/1/2022	6/1/2022
10105090	22 BERA SVC 115 PATRIOT TRAIL	$ 2,207	$ 2,207	Jan-22	Dec-22	4/1/2022	5/1/2022
10105091	22 BERA SVC 793 SCAFFOLD CANE RD	$ 1,302	$ 1,302	Jan-22	Dec-22	5/1/2022	6/1/2022
10105092	22 BERA SVC 112 TUSCANY WAY	$ 4,622	$ 4,622	Jan-22	Dec-22	4/4/2022	7/1/2022
10105093	22 BERA SVC 1300 GUYNN RD	$ 2,169	$ 2,169	Jan-22	Dec-22	4/1/2022	7/1/2022
10105114	22corb-retsvc-153whinkle-pr:61330559	$ 518	$ 518	Jan-22	Dec-22	5/1/2022	6/1/2022
10105115	22CORB-RETSVC-694NKY830-PR:61329378	$ 425	$ 425	Jan-22	Dec-22	6/1/2022	7/1/2022
10105139	22PINEVILLE-MIDD-REP-112 W KY AVE	$ 4,600	$ 4,600	Jan-22	Dec-22	4/1/2022	6/1/2022
10105156	22-nich-sev-553 brannon meadow way	$ 2,380	$ 2,380	Jan-22	Dec-22	5/1/2022	6/1/2022
10105165	22STAT-SVC 324 TUG BRANCH RD	$ 993	$ 993	Jan-22	Dec-22	8/1/2022	10/1/2022
10105166	22-nich-retire service	$ 2,447	$ 2,447	Jan-22	Dec-22	5/1/2022	7/1/2022
10105184	22 BERA SVC 135 PATRIOT TRAIL	$ 1,132	$ 1,132	Jan-22	Dec-22	6/1/2022	7/1/2022
10105185	22 BERA SVC 131 PATRIOT TRAIL	$ 1,177	$ 1,177	Jan-22	Dec-22	4/1/2022	6/1/2022
10105186	22 BERA SVC 127 PATRIOT TRAIL	$ 711	$ 711	Jan-22	Dec-22	4/1/2022	6/1/2022
10105191	22 BERA SVC 123 PATRIOT TRAIL	$ 1,290	$ 1,290	Jan-22	Dec-22	5/1/2022	7/1/2022
10105215	22-nich-sev-200 witts ln	$ 1,261	$ 1,261	Jan-22	Dec-22	5/14/2022	6/1/2022
10105216	22-nich-sev-4544 mandeville way	$ 1,650	$ 1,650	Jan-22	Dec-22	5/1/2022	6/1/2022
10105230	22 BERA SVC 178 MT VIEW DR	$ 2,020	$ 2,020	Jan-22	Dec-22	6/1/2022	7/1/2022
10105266	22CORB-SVC-1914EAR.ST-PRE:61436020	$ 2,408	$ 2,408	Jan-22	Dec-22	4/1/2022	6/1/2022
10105334	22BARB-RET-206 BARGO HILL-KNOX COUNTY	$ 97	$ 97	Jan-22	Dec-22	4/1/2022	5/1/2022
10105358	22 BERA SVC 164 AVAWAM DR	$ 3,397	$ 3,753	Jan-22	Dec-22	6/1/2022	7/4/2023
10105463	22-nich-sev-125 golden burley	$ 1,238	$ 1,238	Jan-22	Dec-22	5/1/2022	6/1/2022
10105466	22OWNG-RET-SVC-81 MAIN ST	$ 107	$ 107	Jan-22	Dec-22	4/1/2022	5/1/2022
10105470	22BARB-RET-13 MESSER LANE- KNOX COUNTY	$ 518	$ 518	Jan-22	Dec-22	5/1/2022	6/1/2022
10105480	22MIDD-SVC-1 COUNTRY CLUB VIEW ROAD	$ 1,781	$ 1,781	Jan-22	Dec-22	6/1/2022	7/1/2022
10105481	22OWNG-RET-SVC-2300 HWY 801 N	$ 107	$ 107	Jan-22	Dec-22	4/1/2022	5/1/2022
10105489	22CORB-SVC-14 HICKORY HILLS-PR#61436500	$ 1,265	$ 1,265	Jan-22	Dec-22	9/1/2022	11/1/2022
10105490	22lond-SVC-76COMBSCIR-PR:61436501	$ 1,652	$ 1,652	Jan-22	Dec-22	9/1/2022	11/11/2022
10105491	22LOND-SVC-99LAURELLN-PREM#61436502	$ 2,920	$ 2,920	Jan-22	Dec-22	8/1/2022	10/1/2022
10105529	22MIDD-SVC-306 S. 22ND STREET- MBORO	$ 1,242	$ 1,242	Jan-22	Dec-22	5/1/2022	7/1/2022
10105530	22MIDD-SVC-705 W. CHESTER AVE MBORO CITY	$ 2,370	$ 2,370	Jan-22	Dec-22	5/1/2022	8/1/2022
10105531	22MIDD-RET-402 VA AVE PINEVILLE KY	$ 518	$ 518	Jan-22	Dec-22	5/1/2022	7/1/2022
10105532	22MIDD-RET-1142 HWY 66 PVILLE- BELL CO.	$ 684	$ 684	Jan-22	Dec-22	6/1/2022	7/1/2022
10105550	22STAT-SVC 775 HWY 11 S	$ 1,213	$ 1,213	Jan-22	Dec-22	6/1/2022	8/1/2022
10105551	22STAT-SVC 568 POSSUM HOLLOW RD #B	$ 1,106	$ 1,106	Jan-22	Dec-22	6/14/2022	7/1/2022
10105559	22WILL-SVC-6765HWY26PREM:61434032	$ 1,198	$ 1,198	Jan-22	Dec-22	5/1/2022	6/1/2022
10105560	22LOND-SVC-616BEECHWOODDR-PR:61436503	$ 186	$ 186	Jan-22	Dec-22	10/1/2022	11/1/2022
10105604	04/29/22ETSVC-31COWBELLLNPREM#61321284	$ 48	$ 48	Jan-22	Dec-22	5/1/2022	6/1/2022
10105619	22STAT-REPSVC 4014 LITTLE JOE ST	$ 4,643	$ 4,643	Jan-22	Dec-22	10/1/2022	12/1/2022
10105627	22OWNG-RET-SVC-428 DRY CREEK RD	$ 216	$ 216	Jan-22	Dec-22	5/1/2022	6/1/2022
10105665	22STAT-SVC 8737 WINCHESTER RD	$ 4,191	$ 4,191	Jan-22	Dec-22	6/1/2022	8/1/2022
10105680	22WILL-SVC-844NHWY25PREM#61435012	$ 2,276	$ 2,276	Jan-22	Dec-22	6/1/2022	7/1/2022
10105702	22STAT REPSVC 3742 CAMARGO HEIGHTS	$ 118	$ 118	Jan-22	Dec-22	8/1/2022	9/1/2022
10105703	22STAT REPSVC 3748 CAMARGO HEIGHTS	$ 110	$ 110	Jan-22	Dec-22	8/4/2022	9/1/2022
10105706	22STAT REPSVC 3754 CAMARGO HEIGHTS	$ 118	$ 118	Jan-22	Dec-22	8/4/2022	9/1/2022
10105707	22STAT REPSVC 3760 CAMARGO HEIGHTS	$ 117	$ 117	Jan-22	Dec-22	8/1/2022	9/1/2022
10105708	22STAT REPSVC 3761CAMARGO HEIGHTS	$ 138	$ -	Jan-22	Dec-22	7/1/2022	11/1/2023
10105709	22STAT REPSVC 3766 CAMARGO HEIGHTS	$ 128	$ 128	Jan-22	Dec-22	8/4/2022	9/1/2022
10105710	22STAT REPSVC 1110 VALLEY VIEW	$ 173	$ 623	Jan-22	Dec-22	11/1/2022	3/1/2023
10105711	22STAT REPSVC 1099 VALLEY VIEW	$ 131	$ 581	Jan-22	Dec-22	11/1/2022	3/1/2023
10105713	22STAT REPSVC 1124 VALLEY VIEW	$ 146	$ 595	Jan-22	Dec-22	11/1/2022	3/1/2023
10105714	22STAT REPSVC 1137 VALLEY VIEW	$ 173	$ 750	Jan-22	Dec-22	6/1/2022	4/1/2023
10105715	22STAT REPSVC 1138 VALLEY VIEW	$ 146	$ 595	Jan-22	Dec-22	11/1/2022	3/1/2023
10105716	22STAT REPSVC 1156 VALLEY VIEW	$ 150	$ 600	Jan-22	Dec-22	11/1/2022	3/1/2023
10105717	22STAT REPSVC 1175 VALLEY VIEW	$ 640	$ 1,090	Jan-22	Dec-22	7/1/2022	3/1/2023
10105719	22STAT REPSVC 1204 VALLEY VIEW	$ 146	$ 595	Jan-22	Dec-22	11/1/2022	3/1/2023
10105720	22MIDD-INS-CURBVALVE 125 TWIN ACRES	$ 2,242	$ 2,242	Jan-22	Dec-22	5/1/2022	7/1/2022
10105721	22BARB-EXT-717 PITZER ST. CONTINUATION	$ 1,860	$ 1,860	Jan-22	Dec-22	5/1/2022	7/4/2022

10105741	22STAT-REPSVC 2561 CARTWRIGHT RD	$ 158	$ 1,058	Jan-22	Dec-22	11/1/2022	3/1/2023
10105742	22STAT-REPSVC 2566 CARTWRIGHT RD	$ 85	$ 760	Jan-22	Dec-22	11/1/2022	3/1/2023
10105747	22STAT-REPSVC 2600 CARTWRIGHT RD #8	$ 160	$ 1,509	Jan-22	Dec-22	11/122	3/1/2023
10105749	22STAT-REPSVC 4412 ELL ST	$ 163	$ 838	Jan-22	Dec-22	11/1/2022	3/1/2023
10105751	22STAT-REPSVC 3034 ESTES CT	$ 153	$ 603	Jan-22	Dec-22	11/1/2022	3/1/2023
10105752	22STAT-REPSVC 3033 ESTES CT	$ 2,130	$ 2,130	Jan-22	Dec-22	10/1/2022	12/1/2022
10105762	22 BERA SVC 2024 HIDEN FALLS TRAIL	$ 1,220	$ 1,220	Jan-22	Dec-22	6/1/2022	7/1/2022
10105763	22 BERA SVC 1007 BURNELL DR	$ 1,274	$ 1,274	Jan-22	Dec-22	6/1/2022	8/1/2022
10105764	22 BERA SVC 232 AVAWAM DR	$ 2,265	$ 2,265	Jan-22	Dec-22	6/1/2022	7/1/2022
10105767	22 BERA SVC 2022 HIDDEN FALLS TRAIL	$ 1,220	$ 1,220	Jan-22	Dec-22	6/1/2022	7/1/2022
10105782	22STAT REPSVC 1224 VALLEY VIEW DR	$ 166	$ 616	Jan-22	Dec-22	11/1/2022	3/1/2023
10105783	22STAT REPSVC 1245 VALLEY VIEW DR	$ 427	$ 877	Jan-22	Dec-22	11/1/2022	3/1/2023
10105785	22STAT REPSVC 3804 VALLEY VIEW DR	$ 161	$ 836	Jan-22	Dec-22	11/1/2022	3/1/2023
10105805	22 BERA SVC 316 WALKER BRANCH	$ 2,849	$ 2,849	Jan-22	Dec-22	6/1/2022	7/1/2022
10105806	22 BERA SVC 119 GENERAL NELSON	$ 1,135	$ 1,135	Jan-22	Dec-22	6/1/2022	7/1/2022
10105820	12-nich-retire service 405 N Main st	$ 1,132	$ 1,132	Jan-22	Dec-22	5/4/2022	6/1/2022
10105821	22-nich-retire service 321 N. main st.	$ 849	$ 849	Jan-22	Dec-22	5/1/2022	6/1/2022
10105822	22-nich-retire service 319 N main st	$ 1,061	$ 1,061	Jan-22	Dec-22	5/1/2022	6/1/2022
10105833	22WILL-REPSVC-130 1ST PREM#61324280	$ 3,462	$ 3,462	Jan-22	Dec-22	5/1/2022	7/1/2022
10105834	22LOND-SVC-475 RUDY BEAR RD PREM#6144000	$ 4,860	$ 4,860	Jan-22	Dec-22	9/1/2022	11/1/2022
10105835	22CORB-SVC-189HORSE CREEK RD PREM#614400	$ 3,739	$ 3,739	Jan-22	Dec-22	8/1/2022	10/1/2022
10105843	22 BERA SVC 424 PEPPER DR	$ 1,137	$ 1,137	Jan-22	Dec-22	5/1/2022	7/1/2022
10105845	22corb-repsvc-813PhilLN-PR:61329611	$ 225	$ 22,464	Jan-22	Dec-22	5/1/2022	7/1/2022
10105846	22CORB-SVC-167PRIVETTDR-PREM#61438008	$ 2,799	$ 2,799	Jan-22	Dec-22	6/1/2022	8/1/2022
10105847	22LOND-SVC-118NOLA LN PREM#61438010	$ 2,735	$ 2,735	Jan-22	Dec-22	6/1/2022	9/1/2022
10105848	22LOND-SVC-153CROWNPT-PR:61438009	$ 1,070	$ 1,070	Jan-22	Dec-22	6/1/2022	8/1/2022
10105857	22 BERA SVC 103 MAHOGANY DR	$ 4,641	$ 4,641	Jan-22	Dec-22	6/1/2022	10/1/2022
10105862	22 BERA SVC 1502 CHARDONEY WAY	$ 2,240	$ 2,240	Jan-22	Dec-22	8/1/2022	9/1/2022
10105911	22OWNG-REP-SVC-49 DOYLE DR.	$ 1,239	$ 1,239	Jan-22	Dec-22	5/1/2022	6/1/2022
10105960	22MIDD-SVC-310 S. 22ND ST MBORO CITY	$ 1,221	$ 1,221	Jan-22	Dec-22	5/1/2022	7/1/2022
10106017	22OWNG-RET-SVC-489 MAIN ST	$ 60	$ 60	Jan-22	Dec-22	5/1/2022	6/1/2022
10106018	22corb-repsvc-151ohlerlnprem#61331684	$ 4,208	$ 4,208	Jan-22	Dec-22	5/14/2022	6/1/2022
10106020	22CORB-REPSVC-1402MADISONST-PR:61342118	$ 2,816	$ 2,816	Jan-22	Dec-22	7/1/2022	9/1/2022
10106042	22 BERA SVC 3247 OLD KY HWY 52	$ 1,077	$ 1,077	Jan-22	Dec-22	6/1/2022	7/1/2022
10106090	22MIDD-RET-811 ALABAMA AVE PVILLE	$ 518	$ 518	Jan-22	Dec-22	5/14/2022	7/1/2022
10106091	22MIDD-RET-HWY 66 PAD 32-PVILLE BELL CO.	$ 1,957	$ 1,957	Jan-22	Dec-22	6/1/2022	7/1/2022
10106092	22MIDD-RET-OLD STRAIGHT CREEK SCHOOL	$ 1,704	$ 1,704	Jan-22	Dec-22	6/1/2022	8/1/2022
10106139	22CORB-REPSVC-100 KEITH DRPREM#61330737	$ 365	$ 365	Jan-22	Dec-22	5/1/2022	7/1/2022
10106162	22-nich-sev-1220 Brannon Rd	$ 11,821	$ 11,821	Jan-22	Dec-22	5/1/2022	10/1/2022
10106169	22-nich-sev-700 shelburne way	$ 373	$ 373	Jan-22	Dec-22	6/1/2022	7/1/2022
10106177	22OWNG-INS-SVC-166 SOUTH LN	$ 432	$ 432	Jan-22	Dec-22	5/1/2022	6/1/2022
10106187	22OWNG-RET-SVC-6380 HWY 60	$ 823	$ 823	Jan-22	Dec-22	5/1/2022	6/1/2022
10106239	22BARB-REP-357 CATRON AVE BVILLE CITY	$ 2,294	$ 2,294	Jan-22	Dec-22	5/1/2022	7/1/2022
10106254	22-nich-sev-208 two oaks dr	$ 4,311	$ 4,311	Jan-22	Dec-22	5/1/2022	8/1/2022
10106305	22STAT REPSVC 3811 WOODLAND	$ 114	$ 1,014	Jan-22	Dec-22	11/1/2022	3/1/2023
10106306	22STAT REPSVC 3810 WOODLAND	$ 147	$ 822	Jan-22	Dec-22	11/122	3/1/2023
10106309	22STAT REPSVC 2129 GATEWAY	$ 123	$ 798	Jan-22	Dec-22	11/1/2022	3/1/2023
10106310	22STAT REPSVC 2122 GATEWAY	$ 131	$ 806	Jan-22	Dec-22	11/1/2022	3/14/2023
10106311	22STAT REPSVC 2128 GATEWAY	$ 118	$ 793	Jan-22	Dec-22	11/1/2022	3/1/2023
10106314	22STAT REPSVC 2146 GATEWAY	$ 138	$ 813	Jan-22	Dec-22	11/1/2022	3/1/2023
10106316	22STAT REPSVC 2150 GATEWAY	$ 117	$ 792	Jan-22	Dec-22	11/1/2022	3/1/2023
10106317	22STAT REPSVC 2151 GATEWAY	$ 142	$ 816	Jan-22	Dec-22	11/1/2022	3/1/2023
10106318	22STAT REPSVC 2119 ROBIN LN	$ 983	$ 893	Jan-22	Dec-22	10/1/2022	12/1/2022
10106333	22 BERA SVC 773 WALNUT MEADOW RD	$ 2,261	$ 2,262	Jan-22	Dec-22	6/1/2022	7/1/2022
10106354	22-nich-sev-108 swift run cove	$ 1,827	$ 1,827	Jan-22	Dec-22	6/1/2022	7/1/2022
10106355	22-nich-sev-6137 grey oak dr	$ 1,252	$ 1,252	Jan-22	Dec-22	6/1/2022	7/1/2022
10106361	22-nich-sev-200 elam dr	$ 333	$ 333	Jan-22	Dec-22	6/1/2022	7/1/2022
10106363	22-nich-sev-204 elam dr	$ 362	$ 362	Jan-22	Dec-22	6/1/2022	7/1/2022
10106371	22CORB-RETSVC-424 MOORE HILL AVE PREM#61	$ 518	$ 518	Jan-22	Dec-22	6/1/2022	7/1/2022
10106390	22CORB-SVC-57SUNFIRELN PREM#61438024	$ 2,506	$ 2,506	Jan-22	Dec-22	7/1/2022	8/1/2022
10106401	22STAT REPSVC 4038 CAMARGO RD	$ 1,957	$ 1,957	Jan-22	Dec-22	10/11/2022	12/1/2022
10106402	22STAT REPSVC 4046 CAMARGO RD	$ 1,563	$ 1,563	Jan-22	Dec-22	10/1/2022	12/1/2022
10106403	22STAT REPSVC 4052 CAMARGO RD	$ 1,881	$ 1,881	Jan-22	Dec-22	10/1/2022	12/1/2022
10106410	22OWNG-INS-SVC-102 WOODLOCK DR	$ 1,199	$ 1,199	Jan-22	Dec-22	8/4/2022	9/1/2022
10106420	22STAT-REPSVC 4212 ROSE AVE	$ 172	$ 621	Jan-22	Dec-22	11/1/2022	3/1/2023
10106425	22STAT-REPSVC 3993 MCCORMICK RD	$ 161	$ 611	Jan-22	Dec-22	11/1/2022	3/1/2023
10106426	22STAT-REPSVC 4061 MCCORMICK RD	$ 214	$ 663	Jan-22	Dec-22	11/1/2022	3/1/2023
10106427	22STAT-REPSVC 4155 MCCORMICK RD	$ 168	$ 617	Jan-22	Dec-22	11/1/2022	3/1/2023

10106428	22STAT-REPSVC 4304 MCCORMICK RD	$ 187	$ 636	Jan-22	Dec-22	11/1/2022	3/1/2023
10106513	22MIDD-RET-308 S PETERSBORO AVE-MBORO	$ 542	$ 542	Jan-22	Dec-22	6/1/2022	7/1/2022
10106542	22OWNG-INS-SVC-1625 EAGLE DR	$ 2,269	$ 2,269	Jan-22	Dec-22	6/1/2022	8/1/2022
10106559	22OWNG-RET-SVC-158 OLD RIVER RD	$ 939	$ 939	Jan-22	Dec-22	6/1/2022	7/1/2022
10106647	22CORB-REPSVC-1230FORESTCIR PR#61330671	$ 1,772	$ 1,772	Jan-22	Dec-22	6/1/2022	8/1/2022
10106671	22CORB-SVC-1901 1/2-PREM#61440511	$ 2,957	$ 2,957	Jan-22	Dec-22	6/1/2022	7/1/2022
10106683	22LOND-SVC-550WLAURELRDPR#61441013	$ 1,878	$ 1,878	Jan-22	Dec-22	6/1/2022	7/1/2022
10106702	22CORB-RETSVC-1203MCKINLEYPR#61330801	$ 2,264	$ 2,264	Jan-22	Dec-22	7/1/2022	8/1/2022
10106703	22CORB-RETSVC-242FELTSSCH.RD-PR#61309939	$ 283	$ 283	Jan-22	Dec-22	6/1/2022	7/1/2022
10106713	22STAT-SVC	$ 2,893	$ 2,893	Jan-22	Dec-22	6/1/2022	8/1/2022
10106717	22 BERA SVC 1024 GOLDENLEAF #1#2	$ 644	$ 644	Jan-22	Dec-22	6/1/2022	7/1/2022
10106718	22 BERA SVC 1024 GOLDENLEAF #3 AND #4	$ 649	$ 649	Jan-22	Dec-22	6/1/2022	7/1/2022
10106719	22 BERA SVC 1024 GOLDENLEAF # 5	$ 2,003	$ 2,003	Jan-22	Dec-22	6/1/2022	7/1/2022
10106723	22CORB-SVC-248FELTS SCH RDPR#61441012	$ 1,251	$ 1,251	Jan-22	Dec-22	6/1/2022	7/4/2022
10106724	22LOND-SVC-516CARIBU DR PR#61441014	$ 810	$ 810	Jan-22	Dec-22	6/1/2022	7/1/2022
10106824	22MIDD-SVC-1476 HWY 190 PINEVILLE KY	$ 1,331	$ 1,331	Jan-22	Dec-22	6/1/2022	8/1/2022
10106840	22 BERA SVC 1028 GOLDENLEAF #1 #2	$ 640	$ 640	Jan-22	Dec-22	6/1/2022	7/1/2022
10106841	22 BERA SVC 1028 GOLDENLEAF # 3# 4	$ 648	$ 648	Jan-22	Dec-22	6/1/2022	7/1/2022
10106842	22 BERA SVC 1028 GOLDENLEAF # 5	$ 753	$ 753	Jan-22	Dec-22	6/1/2022	7/1/2022
10106843	22 BERA SVC 1032 GOLDENLEAF #1 #2	$ 637	$ 637	Jan-22	Dec-22	6/1/2022	7/1/2022
10106844	22 BERA SVC 1032 GOLDENLEAF # 3 #4	$ 808	$ 8,071	Jan-22	Dec-22	6/1/2022	7/1/2022
10106845	22 BERA SVC 1040 GOLDENLEAF #1 #2	$ 1,675	$ 1,675	Jan-22	Dec-22	6/1/2022	7/1/2022
10106846	22 BERASVC 1040 GOLDENLEAF #3 #4	$ 1,050	$ 1,050	Jan-22	Dec-22	6/1/2022	7/1/2022
10106847	22 BERA SVC 1040 GOLDENLEAF #5	$ 1,344	$ 1,344	Jan-22	Dec-22	6/1/2022	7/1/2022
10106926	22 BERA SVC 1601 FARRISTOWN RD	$ 1,708	$ 1,708	Jan-22	Dec-22	7/14/2022	9/1/2022
10106950	22 BERA SVC 1415 SPEEDWELL RD	$ 16,727	$ 16,727	Jan-22	Dec-22	6/1/2022	8/1/2022
10106984	22OWNG-RET-SVC-190 RAMEY RIDGE RD	$ 1,223	$ 1,223	Jan-22	Dec-22	8/1/2022	9/1/2022
10106985	22OWNG-INS-SVC-25 PRIMROSE DR	$ 1,203	$ 1,203	Jan-22	Dec-22	8/1/2022	10/1/2022
10107035	22WILL-SVC-761WOLFE CRK RD PREM#61443503	$ 2,400	$ 2,400	Jan-22	Dec-22	6/1/2022	8/1/2022
10107036	22CORB-SVC-1222 1/2 FOREST CIR PR#614382	$ 2,453	$ 2,453	Jan-22	Dec-22	8/1/2022	9/1/2022
10107037	22LOND-SVC-433 CROOCKED CRK PREM#6144350	$ 2,487	$ 2,487	Jan-22	Dec-22	6/1/2022	8/1/2022
10107039	22WILL-RETSVC-68 SHELBYHURSTRDPREM#61325	$ 518	$ 518	Jan-22	Dec-22	6/1/2022	7/1/2022
10107048	22-nich-sev-6145 grey oak ln	$ 2,556	$ 2,556	Jan-22	Dec-22	7/14/2022	9/1/2022
10107049	22-nich-sev-126 lake point dr	$ 1,823	$ 1,823	Jan-22	Dec-22	6/1/2022	7/1/2022
10107050	22-nich-sev-128 lake point dr	$ 2,429	$ 2,429	Jan-22	Dec-22	6/1/2022	7/1/2022
10107051	22-nich-sev-102 jessamine ave	$ 9,856	$ 9,856	Jan-22	Dec-22	6/1/2022	8/1/2022
10107052	22-nich-sev-108 peaceful landing	$ 2,265	$ 2,265	Jan-22	Dec-22	6/1/2022	7/1/2022
10107071	22-nich-sev-6141 grey oak lane	$ 1,255	$ 1,255	Jan-22	Dec-22	6/1/2022	7/1/2022
10107085	22OWNG-REP-SVC-1904 SARDIS RD	$ 205	$ 205	Jan-22	Dec-22	8/1/2022	9/1/2022
10107087	22OWNG-REP-SVC-2088 SARDIS RD	$ 274	$ 274	Jan-22	Dec-22	8/1/2022	9/1/2022
10107088	22OWNG-REP-SVC-2240 SARDIS RD	$ 422	$ 422	Jan-22	Dec-22	8/1/2022	12/1/2022
10107093	22OWNG-REP-SVC-930 CROCKETT LN	$ 3,573	$ 3,573	Jan-22	Dec-22	7/1/2022	10/1/2022
10107095	22OWNG-REP-SVC-1182 CROCKETT LN	$ 3,550	$ 3,550	Jan-22	Dec-22	7/14/2022	10/1/2022
10107115	22 BERA SVC 413 BOONE ST	$ 1,240	$ 1,240	Jan-22	Dec-22	6/1/2022	7/1/2022
10107133	22 BERA SVC 109 RICE CT	$ 3,524	$ 3,524	Jan-22	Dec-22	7/1/2022	8/1/2022
10107148	22OWNG-REP-SVC-3862 SARDIS RD	$ 1,848	$ 1,848	Jan-22	Dec-22	8/1/2022	10/1/2022
10107150	22OWNG-REP-SVC-4158 SARDIS RD	$ 3,755	$ 3,755	Jan-22	Dec-22	8/1/2022	10/1/2022
10107151	22OWNG-REP-SVC-4238 SARDIS RD	$ 1,977	$ 1,977	Jan-22	Dec-22	8/4/2022	10/1/2022
10107155	22OWNG-REP-SVC-4676 SARDIS RD	$ 19,380	$ 19,380	Jan-22	Dec-22	6/1/2022	9/1/2022
10107156	22OWNG-REP-SVC-4742 SARDIS RD	$ 213	$ 213	Jan-22	Dec-22	9/1/2022	10/1/2022
10107166	22OWNG-REP-SVC-51204 HWY 62	$ 1,470	$ 1,470	Jan-22	Dec-22	8/1/2022	10/1/2022
10107167	22OWNG-REP-SVC-41203 HWY 62	$ 1,270	$ 1,270	Jan-22	Dec-22	8/1/2022	9/1/2022
10107168	22OWNG-REP-SVC-41199 HWY 62	$ 1,105	$ 1,105	Jan-22	Dec-22	8/1/2022	10/1/2022
10107169	22OWNG-REP-SVC-4003 JOHNSON LN	$ 1,903	$ 1,903	Jan-22	Dec-22	7/1/2022	10/1/2022
10107170	22OWNG-REP-SVC-41183 HWY 62	$ 1,769	$ 1,769	Jan-22	Dec-22	8/1/2022	10/1/2022
10107172	22OWNG-REP-SVC-41159 HWY 62	$ 219	$ 219	Jan-22	Dec-22	9/1/2022	10/1/2022
10107173	22OWNG-REP-SVC-41063 HWY 62	$ 3,402	$ 3,402	Jan-22	Dec-22	6/1/2022	10/1/2022
10107174	22OWNG-REP-SVC-41137 HWY 62	$ 3,583	$ 3,583	Jan-22	Dec-22	8/1/2022	10/1/2022
10107175	22OWNG-REP-SVC-41135 HWY 62	$ 1,918	$ 1,918	Jan-22	Dec-22	7/1/2022	9/1/2022
10107176	22OWNG-REP-SVC-5007 FIVE LICK HL RD	$ 3,560	$ 3,560	Jan-22	Dec-22	8/1/2022	10/1/2022
10107177	22OWNG-REP-SVC-5004 FIVE LICK HL RD	$ 262	$ 262	Jan-22	Dec-22	9/1/2022	10/1/2022
10107179	22-nich-sev-1705 jessamine station road	$ 2,569	$ 2,569	Jan-22	Dec-22	6/1/2022	7/1/2022
10107185	22OWNG-REP-SVC-51186 HWY 62	$ 1,811	$ 1,811	Jan-22	Dec-22	8/1/2022	10/1/2022
10107186	22OWNG-REP-SVC-51180 HWY 62	$ 1,827	$ 1,827	Jan-22	Dec-22	8/1/2022	10/1/2022
10107187	22OWNG-REP-SVC-51178 HWY 62	$ 1,603	$ 1,603	Jan-22	Dec-22	8/1/2022	9/1/2022
10107188	22OWNG-REP-SVC-51170 HWY 62	$ 1,481	$ 1,481	Jan-22	Dec-22	8/1/2022	10/1/2022
10107189	22OWNG-REP-SVC-51168 HWY 62	$ 1,104	$ 1,104	Jan-22	Dec-22	8/1/2022	10/1/2022
10107192	22OWNG-REP-SVC-51138 HWY 62	$ 1,926	$ 1,926	Jan-22	Dec-22	8/1/2022	10/1/2022

10107193	22OWNG-REP-SVC-51068 HWY 62	$ 3,565	$ 3,565	Jan-22	Dec-22	8/1/2022	10/1/2022
10107196	22OWNG-REP-SVC-41049 HWY 62	$ 3,890	$ 3,890	Jan-22	Dec-22	7/1/2022	10/1/2022
10107198	22OWNG-REP-SVC-4027 MORAN ST	$ 176	$ 176	Jan-22	Dec-22	9/1/2022	10/1/2022
10107214	22 BERA REP SVC 5126 WALNUT MEADOW RD	$ 1,423	$ 1,423	Jan-22	Dec-22	6/1/2022	7/1/2022
10107241	22STAT SVC 2133 MURPHY ST	$ 1,150	$ 1,150	Jan-22	Dec-22	6/1/2022	7/1/2022
10107266	22OWNG-REP-SVC-590 SLATE AVE	$ 1,086	$ 1,086	Jan-22	Dec-22	6/1/2022	8/1/2022
10107267	22OWNG-REP-SVC-632 SLATE AVE	$ 892	$ 892	Jan-22	Dec-22	6/1/2022	8/1/2022
10107268	22OWNG-REP-SVC-664 SLATE AVE	$ 1,563	$ 1,563	Jan-22	Dec-22	6/1/2022	8/1/2022
10107274	22 BERA SVC 1031 VINEYARD WAY	$ 1,199	$ 1,199	Jan-22	Dec-22	7/1/2022	9/1/2022
10107275	22 BERA SVC 1029 VINEYARD WAY	$ 2,046	$ 2,046	Jan-22	Dec-22	7/1/2022	9/1/2022
10107283	22CORB-SVC-264WCUMBPKYPREM#61443553	$ 1,408	$ 1,408	Jan-22	Dec-22	6/1/2022	8/1/2022
10107292	22 BERA SVC 2014 PARTRIDGE WAY LOT 97	$ 3,569	$ 3,569	Jan-22	Dec-22	7/1/2022	8/1/2022
10107293	22 BERA SVC 2016 PARTRIDGE TRL LOT 98	$ 1,307	$ 1,307	Jan-22	Dec-22	7/1/2022	8/1/2022
10107294	22 BERA SVC 200 PATRIOT TRAIL LOT # 40	$ 2,244	$ 2,244	Jan-22	Dec-22	7/1/2022	8/1/2022
10107300	22OWNG-REP-SVC-51094 hwy 62	$ 1,941	$ 1,941	Jan-22	Dec-22	8/1/2022	10/1/2022
10107301	22OWNG-REP-SVC-41175 HWY 62	$ 3,597	$ 3,597	Jan-22	Dec-22	7/1/2022	10/1/2022
10107302	22OWNG-REP-SVC-41171 HWY 62	$ 1,305	$ 1,305	Jan-22	Dec-22	8/1/2022	10/1/2022
10107306	22OWNG-REP-SVC-4008 MORAN ST	$ 1,853	$ 1,853	Jan-22	Dec-22	8/1/2022	10/1/2022
10107307	22OWNG-REP-SVC-4012 MORAN ST	$ 1,884	$ 1,884	Jan-22	Dec-22	8/1/2022	10/1/2022
10107340	22BARB-104 CENTER STREET- MILLER	$ 1,124	$ 1,124	Jan-22	Dec-22	7/1/2022	8/1/2022
10107344	22STAT REPSVC 10280 MAIN ST	$ 1,761	$ 1,761	Jan-22	Dec-22	7/1/2022	8/1/2022
10107354	22CORB-SVC-323FRED BARNETTRDPREM#6144650	$ 4,507	$ 4,507	Jan-22	Dec-22	7/1/2022	9/1/2022
10107477	22 BERA SVC 155 AVAWAM DR	$ 1,277	$ 1,277	Jan-22	Dec-22	6/1/2022	7/1/2022
10107478	22LOND-REPSVC-1410W5TH ST PREM#61322516	$ 1,693	$ 1,693	Jan-22	Dec-22	6/1/2022	7/1/2022
10107481	WILL-SERVICE LINE NEW	$ 1,734	$ 1,734	Jan-22	Dec-22	6/1/2022	9/1/2022
10107531	22 BERA SVC 529 SAPHIRE LOT 96	$ 687	$ 687	Jan-22	Dec-22	7/1/2022	8/1/2022
10107532	22 BERA SVC 517 SAPHIRE DR LOT99	$ 917	$ 917	Jan-22	Dec-22	7/1/2022	8/1/2022
10107534	22 BERA SVC 513 SAPHIRE DR LOT # 100	$ 936	$ 936	Jan-22	Dec-22	7/1/2022	8/1/2022
10107535	22 BERA SVC 525 SAPHIRE DR LOT # 97	$ 1,953	$ 1,953	Jan-22	Dec-22	7/1/2022	8/1/2022
10107536	22 BERA SVC 521 SAPHIRE DR LOT # 98	$ 1,257	$ 1,257	Jan-22	Dec-22	7/1/2022	8/1/2022
10107537	22 BERA RETIRE SVC 119 WOODS LN	$ 849	$ 849	Jan-22	Dec-22	7/1/2022	8/1/2022
10107540	22 BERA SVC 172 BANYANS BLVD	$ 1,371	$ 1,371	Jan-22	Dec-22	6/1/2022	8/1/2022
10107541	22 BERA SVC 3001 LANDSTAR DR	$ 1,279	$ 1,279	Jan-22	Dec-22	7/1/2022	8/1/2022
10107542	22 BERA SVC 3003 LANDSTER DR	$ 1,276	$ 1,276	Jan-22	Dec-22	7/1/2022	8/1/2022
10107967	22STAT- REPSEV 424 FURNACE RD	$ 812	$ 812	Jan-22	Dec-22	7/1/2022	9/1/2022
10107968	22STAT-REPSEV 60 MARTIN ST	$ 1,197	$ 1,197	Jan-22	Dec-22	7/1/2022	8/1/2022
10107971	22CORB-SVC-540ALSIP TRL PREM#61448500	$ 2,741	$ 2,741	Jan-22	Dec-22	8/1/2022	10/1/2022
10107972	22LOND-SVC-213 E 4TH ST PREM#61448502	$ 1,163	$ 1,163	Jan-22	Dec-22	7/1/2022	8/1/2022
10107975	22LOND-SVC-604RIDGEVEIWDRPREM#61448501	$ 570	$ 570	Jan-22	Dec-22	9/1/2022	11/1/2022
10108014	22-nich-sev-2331 Jessamine Sta R	$ 2,342	$ 2,342	Jan-22	Dec-22	7/1/2022	8/1/2022
10108073	22-nich-sev-100 half hill lane	$ 1,323	$ 1,323	Jan-22	Dec-22	7/1/2022	8/1/2022
10108074	22-nich-sev-109 watkins lane	$ 1,858	$ 1,858	Jan-22	Dec-22	7/1/2022	8/1/2022
10108081	22-nich-sev-6149 grey oak lane	$ 2,511	$ 2,511	Jan-22	Dec-22	7/4/2022	9/1/2022
10108082	22-nich-sev-6153 grey oak lane	$ 2,396	$ 2,396	Jan-22	Dec-22	7/1/2022	8/1/2022
10108216	22 BERA SVC 812 STONE RIDGE DR	$ 1,227	$ 1,227	Jan-22	Dec-22	7/1/2022	8/1/2022
10108243	22CORB-SVC-832 B OAKLAWN PREM#61451002	$ 2,470	$ 2,470	Jan-22	Dec-22	7/1/2022	9/1/2022
10108314	22 BERA SVC 4017 HOLLYHOCK LOT 58	$ 923	$ 923	Jan-22	Dec-22	9/1/2022	10/1/2022
10108315	22 BERA SVC 4019 HOLLYHOCK LOT 57	$ 1,011	$ 1,011	Jan-22	Dec-22	8/1/2022	9/1/2022
10108316	22 BERA 4013 HOLLYHOCK LOT 60	$ 720	$ 720	Jan-22	Dec-22	8/1/2022	9/1/2022
10108318	22 BERA SVC 4009 HOLLYHOCK LOT 62	$ 2,220	$ 2,220	Jan-22	Dec-22	8/1/2022	9/1/2022
10108319	22CORB-REPSVC-142LOISENGLEDRPREM#6132810	$ 2,597	$ 2,597	Jan-22	Dec-22	9/1/2022	11/1/2022
10108340	22 BERA SVC 537 SAPHIRE DR LOT 94	$ 322	$ 322	Jan-22	Dec-22	7/1/2022	9/1/2022
10108341	22 BERA SVC 533 SAPHIRE DR LOT 95	$ 2,197	$ 2,197	Jan-22	Dec-22	7/14/2022	9/1/2022
10108343	22 BERA SVC 315 CHESTNUT ST	$ 2,802	$ 2,989	Jan-22	Dec-22	8/1/2022	2/1/2023
10108344	22 BERA SVC 1012 RUBRUM WAY	$ 2,412	$ 2,412	Jan-22	Dec-22	7/1/2022	9/1/2022
10108351	22-nich-sev-188 acadamy	$ 1,415	$ 1,415	Jan-22	Dec-22	7/1/2022	9/1/2022
10108352	22-nich-sev-182 acadamy	$ 1,581	$ 1,581	Jan-22	Dec-22	7/1/2022	9/1/2022
10108353	22-nich-sev-184 acadamy	$ 1,624	$ 1,624	Jan-22	Dec-22	7/1/2022	8/1/2022
10108354	22-nich-sev-186 acadamy	$ 1,415	$ 1,415	Jan-22	Dec-22	7/1/2022	8/1/2022
10108355	22-nich-sev-101 half hill ln	$ 1,707	$ 1,707	Jan-22	Dec-22	8/1/2022	9/1/2022
10108363	22STAT-SVC - 69 SUNSET DR	$ 978	$ 978	Jan-22	Dec-22	8/1/2022	9/1/2022
10108366	22MANC-REP-SVC-6261 N. HWY 421	$ 240	$ 240	Jan-22	Dec-22	8/1/2022	9/1/2022
10108367	22MANC-REP-SVC-6275 N. HWY 421	$ 254	$ 254	Jan-22	Dec-22	8/1/2022	9/1/2022
10108368	22MANC-REP-SVC-6512 N. HWY 421	$ 2,723	$ 2,723	Jan-22	Dec-22	8/1/2022	9/1/2022
10108382	22 BERA SVC 1036 VINEYARD WAY LOT 54	$ 2,455	$ 2,455	Jan-22	Dec-22	7/1/2022	9/1/2022
10108389	22 BERA SVC 909 CABERNET DR LOT 19	$ 1,261	$ 1,261	Jan-22	Dec-22	7/4/2022	8/1/2022
10108390	22 BERA SVC 109 PLAZA DR	$ 2,983	$ 2,983	Jan-22	Dec-22	8/1/2022	9/1/2022
10108391	22 BERA SVC 198 COPE LN	$ 2,130	$ 2,130	Jan-22	Dec-22	9/1/2022	10/1/2022

10108448	22-nich-sev-105 fox hollow trail	$ 1,258	$ 1,258	Jan-22	Dec-22	7/1/2022	8/1/2022
10108477	22STAT-CONT 1665 HWY 11 S	$ 2,473	$ 2,473	Jan-22	Dec-22	7/1/2022	11/1/2022
10108482	22 BERA SVC 405 SMITH LANE	$ 4,446	$ 4,446	Jan-22	Dec-22	9/1/2022	10/1/2022
10108483	22 BERA SVC 115 BOONE ST	$ 800	$ 800	Jan-22	Dec-22	8/1/2022	9/1/2022
10108484	22 BERA SVC 2012 PARTRIDGE WAY	$ 1,427	$ 1,427	Jan-22	Dec-22	8/1/2022	9/1/2022
10108485	22 BERA SVC 2010 PARTRIDGE WAY LOT 95	$ 3,375	$ 3,375	Jan-22	Dec-22	8/1/2022	9/1/2022
10108486	22 BERA SVC 2022 PARTRIDGE WAY LOT 56	$ 2,304	$ 2,304	Jan-22	Dec-22	8/1/2022	9/1/2022
10108487	22 BERA SVC 2011 PARTRIDGE WAY LOT 106	$ 695	$ 695	Jan-22	Dec-22	8/1/2022	9/1/2022
10108531	22corb-SVC-172BELLWOODLNPR#61453007	$ 1,244	$ 1,244	Jan-22	Dec-22	7/1/2022	9/1/2022
10108532	22CORB-SVC-000ASHLEYACRESPR#61453006	$ 2,468	$ 2,468	Jan-22	Dec-22	7/1/2022	12/1/2022
10108533	22CORB-SVC-10WELDONPOINTEPR#61453005	$ 1,954	$ 1,954	Jan-22	Dec-22	10/1/2022	12/1/2022
10108540	22BARB-384 SHARPS GAP ROAD- MESSER	$ 1,923	$ 1,923	Jan-22	Dec-22	10/1/2022	11/1/2022
10108541	22BARB-4370 KY 1304- VACANT	$ 4,321	$ 7,715	Jan-22	Dec-22	12/1/2022	5/1/2023
10108542	22BARB-5306 KY 1304-RETIRE VACANT	$ 1,391	$ 1,391	Jan-22	Dec-22	8/1/2022	9/1/2022
10108543	22BARB-5940 KY 1304- VACANT	$ 825	$ 825	Jan-22	Dec-22	8/1/2022	9/1/2022
10108544	22BARB-653 HAMPTON CEM. ROAD - VACANT	$ 1,108	$ 1,108	Jan-22	Dec-22	8/1/2022	9/1/2022
10108546	22BARB-498 DANCEY BRANCH - VACANT	$ 542	$ 542	Jan-22	Dec-22	7/1/2022	9/1/2022
10108547	22BARB-#7 NEW MOON DRIVE - VACANT	$ 494	$ 494	Jan-22	Dec-22	7/1/2022	8/1/2022
10108549	22CORB-SVC-901PHILLIPS LN PREM#61455001	$ 1,407	$ 1,407	Jan-22	Dec-22	8/1/2022	10/1/2022
10108578	22STAT SVC 4723 CAMARGO LEVEE	$ 1,494	$ 1,494	Jan-22	Dec-22	8/1/2022	9/1/2022
10108582	22BARB-202 EVERGREEN ROAD- RETIRE	$ 96	$ 96	Jan-22	Dec-22	7/1/2022	8/1/2022
10108583	22BARB-SVC-103 WALNUT STREET	$ 1,821	$ 1,821	Jan-22	Dec-22	7/1/2022	9/1/2022
10108584	22MIDD-SVC-1320 E CUMBERLAND AVE- COKE	$ 4,084	$ 4,084	Jan-22	Dec-22	8/1/2022	11/1/2022
10108624	22-nich-sev-537 southbrook dr	$ 2,983	$ 2,983	Jan-22	Dec-22	8/1/2022	9/1/2022
10108625	22-nich-sev-1000 williams rd	$ 2,585	$ 2,585	Jan-22	Dec-22	8/1/2022	10/1/2022
10108630	22STAT-REPSVC 280 ADAMS RIDGE	$ 536	$ 536	Jan-22	Dec-22	8/1/2022	9/1/2022
10108688	22-nich-sev-2047 shun rd	$ 2,143	$ 2,143	Jan-22	Dec-22	7/1/2022	9/1/2022
10108692	22BARB-RET-2872 KY 1232 MARK SMITH J	$ 754	$ 754	Jan-22	Dec-22	7/1/2022	8/1/2022
10108697	22 BERA SVC 1039 VINYARD WAY LOT 112	$ 1,523	$ 1,523	Jan-22	Dec-22	8/1/2022	9/1/2022
10108698	22 BERA SVC 1505 CHARDONNAY WAY LOT # 80	$ 693	$ 693	Jan-22	Dec-22	9/1/2022	10/1/2022
10108699	22 BERA SVC 1503 CHARDONNAY WAY LOT 81	$ 1,015	$ 1,015	Jan-22	Dec-22	9/1/2022	11/1/2022
10108703	22OWNG-RET-SVC-250 NICOLE LN	$ 217	$ 217	Jan-22	Dec-22	7/1/2022	9/1/2002
10108704	22OWNG-RET-SVC-533 MAIN ST	$ 939	$ 939	Jan-22	Dec-22	8/1/2022	9/1/2022
10108709	22 BERA SVC 305 ANGLEWOOD CT	$ 1,051	$ 1,051	Jan-22	Dec-22	8/1/2022	9/1/2022
10108768	22corb-svc-41bcrossroadspr#61451512	$ 1,477	$ 1,477	Jan-22	Dec-22	8/1/2022	9/1/2022
10108771	22 BERA REP SVC 414 RICHMOND RD	$ 561	$ 561	Jan-22	Dec-22	7/1/2022	9/1/2022
10108776	22MANC-REP-SVC-7869 N. HWY 421	$ 945	$ 945	Jan-22	Dec-22	9/1/2022	11/1/2022
10108777	22MANC-REP-SVC-8293 N. HWY 421	$ 847	$ 945	Jan-22	Dec-22	9/1/2022	6/1/2023
10108778	22MANC-REP-SVC-8292 N. HWY 421	$ 1,693	$ 1,825	Jan-22	Dec-22	9/1/2022	6/1/2023
10108823	22MANC-SVC-95 HENSLEY STREET	$ 3,981	$ 3,981	Jan-22	Dec-22	10/1/2022	12/1/2022
10108825	22 BERA SVC 545 SAPPIRE DR	$ 682	$ 682	Jan-22	Dec-22	8/1/2022	9/1/2022
10108826	22 BERA SVC 541 SAPPHIRE DR LOT 93	$ 686	$ 686	Jan-22	Dec-22	8/1/2022	9/1/2022
10108827	22 BERA SVC 521 SPYGLASS DR	$ 1,270	$ 1,270	Jan-22	Dec-22	9/1/2022	10/1/2022
10108842	22STAT-INS 205 COTTONWOOD LN	$ 1,926	$ 1,926	Jan-22	Dec-22	10/1/2022	11/1/2022
10108843	22STAT-RET 11495 MAIN ST	$ 987	$ 987	Jan-22	Dec-22	8/1/2022	9/1/2022
10108844	22MANC-REP-SVC-6332 N. HWY 421	$ 2,117	$ 2,117	Jan-22	Dec-22	8/1/2022	9/1/2022
10108845	22MANC-RE-SVC-6217 N. HWY 421	$ 1,270	$ 1,270	Jan-22	Dec-22	8/1/2022	9/1/2022
10108846	22MANC-REP-SVC-6459 N. HWY 421	$ 936	$ 936	Jan-22	Dec-22	8/1/2022	9/1/2022
10108847	22MANC-REP-SVC-6911 N. HWY 421	$ 131	$ 131	Jan-22	Dec-22	11/1/2022	12/1/2022
10108848	22MANC-REP-SVC-33 JERRY'S RD	$ 1,902	$ 1,902	Jan-22	Dec-22	11/1/2022	12/1/2022
10108849	22MANC-REP-SVC-7074 N. HWY 421	$ 1,368	$ 1,368	Jan-22	Dec-22	11/1/2022	12/1/2022
10108850	22MANC-REP-SVC-7175 N. HWY 421	$ 2,237	$ 2,237	Jan-22	Dec-22	11/1/2022	12/1/2022
10108852	22MANC-REP-SVC-7127 N. HWY 421	$ 374	$ 374	Jan-22	Dec-22	8/1/2022	12/1/2022
10108912	22MANC-SVC-178 VALLEY LN	$ 1,277	$ 1,277	Jan-22	Dec-22	8/1/2022	11/1/2022
10108920	22 BERA RET SVC 2263 MENELAUS RD	$ 1,132	$ 1,132	Jan-22	Dec-22	9/1/2022	10/1/2022
10108947	22OWNG-INS-SVC-205 MYNHEIR RD	$ 1,191	$ 1,191	Jan-22	Dec-22	8/1/2022	9/1/2022
10108949	22OWNG-RET-SVC-39 E PUBLIC ST	$ 1,878	$ 1,878	Jan-22	Dec-22	8/1/2022	9/1/2022
10108986	22OWNG-REP-SVC-51050 HWY 62	$ 193	$ 193	Jan-22	Dec-22	9/1/2022	10/1/2022
10108987	22OWNG-REP-SVC-41047 HWY 62	$ 175	$ 175	Jan-22	Dec-22	9/1/2022	10/1/2022
10108988	22 BERA RET SVC 2356 MENELAUS RD	$ 96	$ 96	Jan-22	Dec-22	8/1/2022	9/1/2022
10108989	22 BERA RET SVC 324 CYCLE DR	$ 2,108	$ 2,108	Jan-22	Dec-22	8/1/2022	12/1/2022
10109046	22 BERA RETIRE SVC 625 CHESTNUT ST	$ 3,065	$ 3,065	Jan-22	Dec-22	8/1/2022	9/1/2022
10109054	22BARB-SVC-4491 KY 1304 FOR RITA GRAY	$ 3,173	$ 3,173	Jan-22	Dec-22	10/1/2022	11/1/2022
10109058	22BARB-RET-4245 KY 1304-BOBBY GOODIN	$ 289	$ 289	Jan-22	Dec-22	8/1/2022	9/1/2022
10109059	22BARB-RET-1135 KY 3085-PATRICIA JACKSON	$ 96	$ 96	Jan-22	Dec-22	9/1/2022	10/1/2022
10109128	22corb-svs-686robinsoncreekprem#61452519	$ 4,589	$ 4,589	Jan-22	Dec-22	9/1/2022	11/1/2022
10109200	22BARB-RET-934 KY 1530- VACANT	$ 193	$ 193	Jan-22	Dec-22	9/1/2022	10/1/2022
10109240	22-nich-sev-129 means dr	$ 600	$ 600	Jan-22	Dec-22	8/1/2022	11/1/2022

10109242	22-nich-sev-1220 Brannon Rd	$ 2,815	$ 2,815	Jan-22	Dec-22	8/1/2022	10/1/2022
10109262	22-nich-sev-137 vincewood dr	$ 4,554	$ 4,554	Jan-22	Dec-22	8/1/2022	10/1/2022
10109263	22 BERA SVC 391 APACHE DR	$ 1,340	$ 1,340	Jan-22	Dec-22	8/1/2022	10/1/2022
10109264	22 BERA SVC 828 WIMBLEDON TERRACE	$ 1,359	$ 1,359	Jan-22	Dec-22	9/1/2022	10/1/2022
10109342	22-nich-sev-2051shun rd	$ 1,260	$ 1,260	Jan-22	Dec-22	8/14/2022	9/1/2022
10109362	22-nich-sev-120 golden burley	$ 182	$ 182	Jan-22	Dec-22	8/1/2022	9/1/2022
10109405	22WILL-REPSVC-32CROBENDPR#61320181	$ 542	$ 542	Jan-22	Dec-22	8/1/2022	10/1/2022
10109449	22OWNG-INS-SVC-282 STARLIGHT LN	$ 1,205	$ 1,205	Jan-22	Dec-22	8/1/2022	9/1/2022
10109469	STAT22- New SVC- 166 Mel Lane	$ 1,673	$ 1,673	Jan-22	Dec-22	9/1/2022	11/1/2022
10109560	22OWNG-INS-SVC-23 LAKESHORE DR	$ 1,101	$ 1,101	Jan-22	Dec-22	10/1/2022	11/1/2022
10109583	22WILL-SVC-3280CROBENDPR#61461504	$ 570	$ 570	Jan-22	Dec-22	8/1/2022	10/1/2022
10109584	22WILL-SVC-784WOLFCRKRDPRR#61461505	$ 847	$ 847	Jan-22	Dec-22	8/1/2022	9/1/2022
10109585	22WILL-SVC-38LOLLIELNPR61461506	$ 1,245	$ 1,245	Jan-22	Dec-22	8/1/2022	9/1/2022
10109586	22CORB-SVS-1871CUMBFLLHWYPR#61461502	$ 2,139	$ 2,139	Jan-22	Dec-22	8/1/2022	9/1/2022
10109616	22-nich-sev-608 shelburne way	$ 2,494	$ 2,494	Jan-22	Dec-22	9/1/2022	1/1/2022
10109617	22-nich-sev-101 tattersalles dr	$ 1,260	$ 1,260	Jan-22	Dec-22	8/1/2022	9/1/2022
10109618	22 BERA SVC 449 SAPPHIRE DR LOT # 91	$ 682	$ 682	Jan-22	Dec-22	8/1/2022	9/1/2022
10109621	22 BERA SVC 553 SAPPHIRE DR LOT # 90	$ 686	$ 686	Jan-22	Dec-22	8/1/2022	9/1/2022
10109638	22OWNG-INS-SVC-1087 TWIN OAKS BLVD	$ 2,918	$ 2,918	Jan-22	Dec-22	10/1/2022	12/1/2022
10109640	22CORB-RETSVC-24025THSTPR#61348084	$ 518	$ 518	Jan-22	Dec-22	8/1/2022	9/1/2022
10109657	22WILL-SVC-625BROWNCREEKRDPR#61462023	$ 1,135	$ 1,135	Jan-22	Dec-22	8/1/2022	9/1/2022
10109658	22WILL-SVC-607S2NDPR#61462022	$ 1,249	$ 1,249	Jan-22	Dec-22	8/1/2022	9/1/2022
10109661	22-nich-sev-125 lone oak	$ 4,590	$ 4,590	Jan-22	Dec-22	9/1/2022	11/1/2022
10109662	22-nich-sev-111 tattersalles dr	$ 1,261	$ 1,261	Jan-22	Dec-22	8/1/2022	9/1/2022
10109697	22-nich-sev-260 southpoint	$ 4,984	$ 4,984	Jan-22	Dec-22	11/1/2022	12/1/2022
10109705	22CORB-SVC-81SIZEMOORELNPR#61461503	$ 568	$ 568	Jan-22	Dec-22	9/1/2022	11/1/2022
10109706	22-nich-sev-616 east brannon rd	$ 1,806	$ 1,806	Jan-22	Dec-22	8/1/2022	9/1/2022
10109710	22-nich-sev-329 savannah	$ 1,284	$ 1,284	Jan-22	Dec-22	8/1/2022	9/1/2022
10109711	22-nich-sev-113 greentree	$ 1,263	$ 1,263	Jan-22	Dec-22	8/1/2022	9/14/2022
10109715	22OWNG-REP-SVC-243 RIDGEWAY DR	$ 1,320	$ 1,320	Jan-22	Dec-22	8/1/2022	9/1/2022
10109728	22OWNG-REP-SVC-132 MAIN ST	$ 1,044	$ 1,044	Jan-22	Dec-22	8/1/2022	9/1/2022
10109737	22BARB-EXT-262 EVERGREEN ROAD- COREY	$ 185	$ -	Jan-22	Dec-22	8/1/2022	12/1/2023
10109816	22STAT REP-SVC 1707 OLDHAM RD	$ 428	$ -	Jan-22	Dec-22	11/1/2022	12/1/2023
10109878	22MANC-RET-SVC-2038 N. HWY 421	$ 64	$ 64	Jan-22	Dec-22	8/1/2022	9/1/2022
10109903	22MIDD-SVC-1720 W EXETER AVE-MORGAN	$ 2,466	$ 2,466	Jan-22	Dec-22	9/1/2022	11/1/2022
10109904	22MIDD-EXT-1221 OLD WILSON LANE	$ 1,552	$ 1,552	Jan-22	Dec-22	9/1/2022	10/1/2022
10109908	22-nich-sev-201 paddock	$ 5,804	$ 5,804	Jan-22	Dec-22	9/1/2022	10/11/2022
10109909	22-nich-sev-496 high bridge rd	$ 3,675	$ 3,675	Jan-22	Dec-22	9/1/2022	10/1/2022
10109927	22 BERA SVC 1210 RICHMOND RD	$ 2,114	$ 2,699	Jan-22	Dec-22	9/1/2022	5/1/2023
10109931	22STAT REPSVC 2227 ESTES LN	$ 163	$ 838	Jan-22	Dec-22	11/1/2022	3/1/2023
10109958	22 BERA SVC 4015 HOLLY HOCK LOT # 59	$ 973	$ 973	Jan-22	Dec-22	9/1/2022	10/1/2022
10109959	22 BERA SVC 2006 PARTRIDGE WAY	$ 1,129	$ 1,129	Jan-22	Dec-22	9/1/2022	10/1/2022
10109964	22BARB-RET-405 JOHNSON LN. BARBOURVILLE	$ 144	$ 144	Jan-22	Dec-22	8/1/2022	9/1/2022
10109966	22BARB-RET-33 ELLWOOD LANE- VACANT	$ 193	$ 193	Jan-22	Dec-22	8/1/2022	9/1/2022
10109989	22LOND-REPSVS-133MAHANPR#61324982	$ 5,840	$ 5,840	Jan-22	Dec-22	8/1/2022	10/1/2022
10109990	22CORB-REPSVC-1210FORESTCIRPR#61330512	$ 3,683	$ 3,683	Jan-22	Dec-22	8/1/2022	11/1/2022
10110014	22BARB-RET-85 ROSE ST. - VACANT	$ 361	$ 361	Jan-22	Dec-22	8/1/2022	9/1/2022
10110016	22BARB-RET-614 HAMPTON CEM RD. VACANT	$ 145	$ 145	Jan-22	Dec-22	8/1/2022	9/1/2022
10110040	22 BERA SVC 2002 PARTRIDGE WAY	$ 750	$ 750	Jan-22	Dec-22	9/1/2022	10/1/2022
10110041	22 BERA SVC 2003 PARTRIDGE WAY LOT # 110	$ 2,152	$ 2,152	Jan-22	Dec-22	9/1/2022	10/1/2022
10110131	22 BERA SVC 6012 ARBOR WOODS WAY	$ 511	$ 511	Jan-22	Dec-22	9/1/2022	10/1/2022
10110200	22 BERA SVC 433 GUM BOTTOM RD	$ 5,988	$ 6,440	Jan-22	Dec-22	12/1/2022	2/1/2023
10110206	22LOND-SVC-3542BARVILLRDPR#61464506	$ 1,920	$ 1,920	Jan-22	Dec-22	9/1/2022	11/1/2022
10110207	22CORB-RETSVC-1897FALLHWYPR#61348062	$ 1,108	$ 1,108	Jan-22	Dec-22	8/1/2022	9/1/2022
10110221	22STAT-SVC 488 S MAIN ST	$ 2,226	$ 2,226	Jan-22	Dec-22	9/1/2022	10/1/2022
10110341	22-nich-sev-461 east brannon rd	$ 9,323	$ 9,323	Jan-22	Dec-22	9/1/2022	11/1/2022
10110343	22-nich-sev-108 tattersalles dr	$ 2,491	$ 2,491	Jan-22	Dec-22	9/1/2022	11/1/2022
10110344	22-nich-sev-51 wichita dr	$ 3,462	$ 3,462	Jan-22	Dec-22	9/1/2022	11/1/2022
10110345	22-nich-sev-129 means dr	$ 611	$ 611	Jan-22	Dec-22	9/1/2022	10/1/2022
10110346	22-nich-sev-541 brannon meadow way	$ 1,172	$ 1,172	Jan-22	Dec-22	9/1/2022	11/1/2022
10110347	22-nich-sev-123 means dr	$ 611	$ 611	Jan-22	Dec-22	9/1/2022	10/1/2022
10110348	22-nich-sev-133 means dr	$ 658	$ 658	Jan-22	Dec-22	9/1/2022	10/1/2022
10110349	22-nich-sev-139 means dr	$ 760	$ 760	Jan-22	Dec-22	9/1/2022	11/1/2022
10110350	22-nich-sev-lot 24 lancer dr	$ 1,074	$ 1,074	Jan-22	Dec-22	9/1/2022	11/1/2022
10110365	22OWNG-REP-SVC-124 BRIERLY RIDGE RD	$ 3,387	$ -	Jan-22	Dec-22	9/1/2022	12/1/2023
10110416	22-nich-sev-129 kinglet point	$ 1,186	$ 1,186	Jan-22	Dec-22	9/1/2022	11/1/2022
10110417	22-nich-sev-1350 clear creek rd	$ 2,001	$ 2,001	Jan-22	Dec-22	9/1/2022	11/1/2022
10110418	22 BERA SVC 3001 WALNUT MEADOW RD	$ 8,500	$ 8,500	Jan-22	Dec-22	11/1/2022	12/1/2022

10110430	22 BERA SVC 2968 OLD US HWY 150	$ 5,724	$ 6,004	Jan-22	Dec-22	9/1/2022	2/1/2023
10110431	22 BERA SVC 64 TECH WAY	$ 5,927	$ 5,994	Jan-22	Dec-22	9/1/2022	2/1/2023
10110432	NEW SVC 2595 ILD HWY 150 EAST	$ 5,278	$ 5,278	Jan-22	Dec-22	9/1/2022	12/1/2022
10110433	22 BERA SVC 2023 PARTRIDGE WAY LOT 100	$ 1,305	$ 1,305	Jan-22	Dec-22	9/1/2022	10/14/2022
10110455	22CORB-REPSVC-246OLDCORBINRDPR#61330816	$ 2,187	$ 2,187	Jan-22	Dec-22	9/1/2022	10/1/2022
10110473	22CORB-RETSVC-1301SMAINPR#61332453	$ 566	$ 566	Jan-22	Dec-22	9/1/2022	10/1/2022
10110491	22LOND-SVC-11 CARIBUDRPREM#61467016	$ 1,420	$ 1,420	Jan-22	Dec-22	10/1/2022	11/1/2022
10110493	22CORB-SVC-309OAKRIDGERDPR#61467013	$ 1,251	$ 1,251	Jan-22	Dec-22	10/1/2022	12/1/2022
10110496	22CORB-RTSVC-216NKY233PR#61333391	$ 518	$ 518	Jan-22	Dec-22	9/1/2022	10/1/2022
10110497	22CORB-SVC-486S KY1629PR#61332998	$ 900	$ 900	Jan-22	Dec-22	9/1/2022	10/1/2022
10110500	22 BERA SVC 1005 PRAIRE VIEW DR LOT 112	$ 1,881	$ 1,881	Jan-22	Dec-22	10/1/2022	11/1/2022
10110547	22LOND-SVC-220PERRYLNPR#61467015	$ 832	$ 832	Jan-22	Dec-22	9/14/2022	10/1/2022
10110549	22MIDD-SVC-126 OAK STREET-LORENE MILLER	$ 2,710	$ 2,710	Jan-22	Dec-22	9/1/2022	10/1/2022
10110550	22LOND-SVC-155CARIBUPR#61467014	$ 2,296	$ 2,296	Jan-22	Dec-22	9/1/2022	10/1/2022
10110551	22 BERA SVC 348 DUNCANNON LN	$ 2,456	$ 2,456	Jan-22	Dec-22	11/1/2022	12/1/2022
10110552	22 BERA SVC 4006 HOLLYHOCK LN LOT # 44	$ 2,482	$ 2,482	Jan-22	Dec-22	9/1/2022	10/1/2022
10110557	22 BERA SVC 316 BOGGS LANE	$ 4,375	$ 4,375	Jan-22	Dec-22	9/1/2022	12/1/2022
10110558	22 BERA SVC 231 PATRIOT TR LOT # 21	$ 789	$ 789	Jan-22	Dec-22	9/1/2022	10/1/2022
10110623	22MANC-SVC-895 N. HWY 11	$ 2,671	$ 2,671	Jan-22	Dec-22	11/1/2022	12/1/2022
10110624	22MANC-SVC-1234 CRAWFISH RD	$ 2,831	$ 2,831	Jan-22	Dec-22	10/1/2022	11/1/2022
10110681	22STAT SVC 152 10TH AVE	$ 2,306	$ 2,306	Jan-22	Dec-22	9/1/2022	10/14/2022
10110682	22STAT SVC HOUSE ON NORTH BEND	$ 1,370	$ 1,370	Jan-22	Dec-22	10/1/2022	11/1/2022
10110722	22BARB-RET-89 GREEN STREET-ARTEMUS	$ 289	$ 289	Jan-22	Dec-22	9/1/2022	10/1/2022
10110723	22BARB-SVC-112 CENTER STREET BVILLE	$ 1,275	$ 1,275	Jan-22	Dec-22	9/1/2022	10/1/2022
10110724	22BARB-SVC-105 BEECH STREET-BVILLE	$ 1,212	$ 1,212	Jan-22	Dec-22	9/1/2022	10/1/2022
10110750	22 BERA SVC 107 ADAMS ST	$ 2,444	$ 2,444	Jan-22	Dec-22	9/1/2022	11/1/2022
10110751	22 BERA RETIRE SVC 2471 SCAFFOLD CANE	$ 987	$ 987	Jan-22	Dec-22	9/1/2022	10/1/2022
10110754	22STAT SVC 2382 #B (GARAGE)	$ 2,081	$ 2,081	Jan-22	Dec-22	10/1/2022	11/1/2022
10110780	22-nich-sev-108 rogers rest	$ 1,065	$ 1,065	Jan-22	Dec-22	9/1/2022	11/1/2022
10110781	22-nich-sev-112 rogers rest	$ 1,263	$ 1,263	Jan-22	Dec-22	9/1/2022	10/1/2022
10110782	22-nich-sev-109 fox hollow trail	$ 1,065	$ 1,065	Jan-22	Dec-22	9/1/2022	11/1/2022
10110783	22-nich-sev-101 fox hollow trail	$ 1,251	$ 1,251	Jan-22	Dec-22	9/1/2022	11/1/2022
10110784	22-nich-sev-105 callis dr	$ 2,974	$ 2,974	Jan-22	Dec-22	9/1/2022	11/1/2022
10110786	22STAT-SVC 70 GREENWAY	$ 1,622	$ 1,622	Jan-22	Dec-22	10/1/2022	11/1/2022
10110823	22OWNG-RET-SVC-15A JOHNSON LN	$ 590	$ 590	Jan-22	Dec-22	10/1/2022	11/14/2022
10110842	22-nich-sev-392 meadowcrest park	$ 7,583	$ 9,248	Jan-22	Dec-22	11/1/2022	5/1/2023
10110861	22 BERA REP SVC 208 BROWN ST	$ 1,096	$ 1,096	Jan-22	Dec-22	9/1/2022	11/1/2022
10110942	22 BERA SVC 213 TECH WAY	$ 8,646	$ 8,713	Jan-22	Dec-22	11/1/2022	2/1/2023
10110947	22LOND-SVC-197REDBIRDLNPR#61324162	$ 1,346	$ 1,346	Jan-22	Dec-22	10/1/2022	12/1/2022
10110980	22 BERA SVC 201 JAMES THOMAS WAY LOT 36	$ 1,253	$ 1,253	Jan-22	Dec-22	10/1/2022	11/1/2022
10110981	22 BERA SVC 316 LOT 5 JAMES THOMAS WAY	$ 1,247	$ 1,247	Jan-22	Dec-22	10/1/2022	11/1/2022
10110982	22 BERA SVC 204 JAMES THOMAS WAY # 2	$ 1,248	$ 1,248	Jan-22	Dec-22	10/1/2022	11/1/2022
10110983	22 BERA RETIRE SVC 514 MT VERNON RD	$ 801	$ 801	Jan-22	Dec-22	9/1/2022	10/1/2022
10110985	22 BERA RETIRE SVC 520 MT VERNON RD	$ 849	$ 849	Jan-22	Dec-22	9/1/2022	10/1/2022
10111023	22 BERA SVC 1842 HWY 21 EAST	$ 2,273	$ 2,273	Jan-22	Dec-22	11/1/2022	12/1/2022
10111026	22WILL-SVC-41CEMETERYRDPR#61471507	$ 1,241	$ 1,241	Jan-22	Dec-22	10/1/2022	12/1/2022
10111058	MANC-RET-SVC-47 PENNINGTON HILL RD	$ 1,089	$ 1,089	Jan-22	Dec-22	10/1/2022	11/1/2022
10111100	22MANC-SVC-RET-10 PENNINGTON HILL RD	$ 726	$ 726	Jan-22	Dec-22	10/1/2022	11/1/2022
10111149	22 BERA SVC 118 TROON CT	$ 1,134	$ 1,134	Jan-22	Dec-22	11/1/2022	12/1/2022
10111153	22MANC-RET-SVC-122 BAKER STREET	$ 64	$ 64	Jan-22	Dec-22	9/1/2022	10/1/2022
10111154	22MANC-RET-SVC-125 A RIVER STREET	$ 64	$ 64	Jan-22	Dec-22	9/1/2022	10/1/2022
10111155	22MANC-RET-SVC-1940 BAKER STREET	$ 64	$ 64	Jan-22	Dec-22	9/1/2022	10/1/2022
10111156	22MANC-RET-SVC-401 BRIDGE STREET	$ 64	$ 64	Jan-22	Dec-22	9/1/2022	10/1/2022
10111157	22MANC-RET-SVC-123 RIVER STREET	$ 64	$ 64	Jan-22	Dec-22	9/1/2022	10/1/2022
10111159	22OWNG-INS-SVC-1097 TWIN OAKS BLVD	$ 919	$ 919	Jan-22	Dec-22	10/1/2022	11/1/2022
10111183	22STAT SVC 1910 CAUDILL RD	$ 2,847	$ 2,847	Jan-22	Dec-22	10/1/2022	12/1/2022
10111199	22MIDD-SVC-114 N 30TH STREET-STOTTS	$ 1,811	$ 1,811	Jan-22	Dec-22	9/1/2022	11/1/2022
10111202	22 BERA SVC 608 CREEPING FIG CT	$ 968	$ 968	Jan-22	Dec-22	9/1/2022	10/1/2022
10111203	22 BERA SVC 105 LILAC DR	$ 2,260	$ 2,260	Jan-22	Dec-22	9/1/2022	11/1/2022
10111214	22MIDD-SVC-261 NEW WILSON LANE	$ 3,894	$ 3,894	Jan-22	Dec-22	9/1/2022	12/1/2022
10111216	22MIDD-SVC-2502 EXTER AVE- MIDDLESBORO	$ 4,053	$ 4,053	Jan-22	Dec-22	9/1/2022	11/1/2022
10111237	22LOND-REPSVC-1204ELAURELRDPR#61338567	$ 103	$ 103	Jan-22	Dec-22	9/1/2022	10/1/2022
10111253	22LOND-SVC-619BEECHWOODPR#61477002	$ 3,538	$ 3,538	Jan-22	Dec-22	10/1/2022	11/1/2022
10111255	22CORB-SVC-65 MARTIN RDPR#61345821	$ 1,837	$ 1,837	Jan-22	Dec-22	10/1/2022	12/1/2022
10111257	22CORB-SVC-632STANDARDAVEPR#61477001	$ 1,720	$ 1,720	Jan-22	Dec-22	11/1/2022	12/1/2022
10111258	22WILL-SVC-330BRUSHARBORCHRDPR#61477003	$ 538	$ 538	Jan-22	Dec-22	9/1/2022	11/1/2022
10111279	22MANC-RET-SVC-103 LOCUST STREET	$ 1,046	$ 1,046	Jan-22	Dec-22	10/1/2022	11/1/2022
10111281	22WILL-RETSVC-603RAILRDAVEPR#61324094	$ 193	$ 193	Jan-22	Dec-22	9/1/2022	10/1/2022

10111298	22-nich-sev-627 richmond ave	$ 844	$ 844	Jan-22	Dec-22	9/1/2022	11/1/2022
10111299	22-nich-sev-364 southpoint dr	$ 4,225	$ 4,225	Jan-22	Dec-22	11/1/2022	12/1/2022
10111305	22OWNG-INS-SVC-158 WYNN FLAT RD	$ 944	$ 944	Jan-22	Dec-22	10/1/2022	11/1/2022
10111306	22OWNG-INS-SVC-181 REDWOOD LN	$ 2,680	$ 2,680	Jan-22	Dec-22	10/1/2022	11/1/2022
10111307	22OWNG-INS-SVC-510 RAMEY RIDGE RD	$ 1,125	$ 1,125	Jan-22	Dec-22	10/1/2022	11/1/2022
10111308	22OWNG-INS-SVC-1619 HWY 801 N	$ 8,770	$ 8,770	Jan-22	Dec-22	10/1/2022	12/1/2022
10111309	22OWNG-INS-SVC-16 CAVE RUN CT	$ 2,141	$ 2,141	Jan-22	Dec-22	10/1/2022	11/1/2022
10111320	22OWNG-INS-SVC-2300 HWY 801 N	$ 745	$ 2,916	Jan-22	Dec-22	10/1/2022	5/1/2023
10111321	22OWNG-RET-SVC-25 BRONSON FOREST	$ 764	$ 764	Jan-22	Dec-22	10/1/2022	11/1/2022
10111322	22OWNG-INS-SVC-115 GREEN VALLEY ACRES	$ 1,611	$ 1,611	Jan-22	Dec-22	10/1/2022	12/1/2022
10111323	22OWNG-INS-SVC-63 WELLS GARAGE	$ 3,697	$ 3,697	Jan-22	Dec-22	10/1/2022	11/1/2022
10111324	22OWNG-INS-SVC-56 GOODPASTER AVE	$ 1,221	$ 1,221	Jan-22	Dec-22	10/1/2022	11/1/2022
10111325	22OWNG-REP-SVC-44 WOOD LN	$ 5,456	$ 5,456	Jan-22	Dec-22	10/1/2022	11/1/2022
10111327	22 BERA SVC 1037 VINEYARD WAY # 113	$ 2,491	$ 2,491	Jan-22	Dec-22	9/1/2022	10/1/2022
10111328	22 BERA SVC 1034 VINEYARD WAY # 53	$ 1,262	$ 1,262	Jan-22	Dec-22	10/1/2022	11/1/2022
10111329	22 BERA SVC 1032 VINEYARD WAY LOT 52	$ 1,262	$ 1,262	Jan-22	Dec-22	10/1/2022	11/1/2022
10111330	22 BERA SVC 1030 VINEYARD WAT LOT 51	$ 1,275	$ 1,275	Jan-22	Dec-22	11/1/2022	12/1/2022
10111331	22 BERA SVC 124 WANNAMAKER	$ 2,324	$ 2,324	Jan-22	Dec-22	10/1/2022	11/1/2022
10111333	22OWNG-INS-SVC-607 WYNN FLAT RD	$ 3,071	$ 3,071	Jan-22	Dec-22	10/1/2022	11/1/2022
10111334	22 BERA SVC 2019 PARTRIDGE WAY LOT 102	$ 2,237	$ 2,237	Jan-22	Dec-22	9/1/2022	10/1/2022
10111335	22OWNG-INS-SVC-345 MAIN ST	$ 5,445	$ 5,445	Jan-22	Dec-22	10/1/2022	11/1/2022
10111336	22 BERA SVC 105 TUSCANY WAY	$ 1,258	$ 1,258	Jan-22	Dec-22	10/1/2022	12/1/2022
10111337	22OWNG-INS-SVC-930 THATCHERSMILL RD	$ 2,754	$ 2,754	Jan-22	Dec-22	10/1/2022	12/1/2022
10111368	22LOND-SVC-515BILLMAYSRDPR#61478509	$ 660	$ 660	Jan-22	Dec-22	12/1/2022	12/1/2022
10111369	22LOND-SVC-174REDBIRDLNPR#61478510	$ 1,225	$ 1,225	Jan-22	Dec-22	10/1/2022	11/1/2022
10111370	22LOND-SVC-100JORDANLNPR#61478511	$ 1,384	$ 1,384	Jan-22	Dec-22	10/1/2022	11/1/2022
10111371	22 BERA SVC 125 HICKORY MEADOW	$ 1,314	$ 1,314	Jan-22	Dec-22	9/1/2022	11/1/2022
10111372	22LOMD-SVC-115E552PR#61478508	$ 2,842	$ 2,968	Jan-22	Dec-22	11/1/2022	2/1/2023
10111379	22MANC-SVC-397 CHAT BRANCH RD	$ 1,531	$ 1,531	Jan-22	Dec-22	10/1/2022	11/1/2022
10111380	22BARB-SVC-6938 S. NEW 25E-WILLIAMS	$ 2,355	$ 2,355	Jan-22	Dec-22	9/1/2022	11/1/2022
10111381	22BARB-SVC-105 PLEASANT VIEW RD-BAKER	$ 842	$ 842	Jan-22	Dec-22	9/1/2022	10/1/2022
10111382	22BARB-RET-35 WACO DRIVE-VACANT	$ 145	$ 145	Jan-22	Dec-22	9/1/2022	10/1/2022
10111383	22BARB-REP-201 TYLER ST.- KEVIN SMITH	$ 2,079	$ 2,079	Jan-22	Dec-22	9/1/2022	11/1/2022
10111435	22STAT-SVC 55 TRENT CIRLE	$ 1,620	$ 1,620	Jan-22	Dec-22	10/1/2022	12/1/2022
10111440	22-nich-sev-101 kensington way	$ 1,873	$ 1,873	Jan-22	Dec-22	9/1/2022	11/1/2022
10111580	22STAT-SVC 2910 COOPER LN	$ 2,331	$ 3,569	Jan-22	Dec-22	10/1/2022	4/1/2023
10111584	22WILL-SVC-52LYNNDRPR#61325226	$ 1,200	$ 1,200	Jan-22	Dec-22	10/1/2022	12/1/2022
10111594	22 BERA SVC 1504 CHARDONAY WAY # 75	$ 186	$ 186	Jan-22	Dec-22	10/1/2022	11/1/2022
10111595	22 BERA SVC 6020 ARBOR WAY # 18	$ 1,434	$ 1,434	Jan-22	Dec-22	10/1/2022	12/1/2022
10111596	22 BERA SVC 6016 ARBOR WOOD WAY	$ 979	$ 979	Jan-22	Dec-22	10/1/2022	12/1/2022
10111598	22 BERA SVC 128 WANNAMAKER	$ 1,318	$ 1,318	Jan-22	Dec-22	11/1/2022	12/14/2022
10111599	22 BERA SVC 953 SHENNANDOAH	$ 4,548	$ 4,548	Jan-22	Dec-22	11/1/2022	12/1/2022
10111631	22-nich-sev-1225 drake lane	$ 1,168	$ 1,168	Jan-22	Dec-22	10/1/2022	11/1/2022
10111643	22 BERA SVC 1507 CHARDONAY WAY LOT 79	$ 4,078	$ 4,078	Jan-22	Dec-22	10/1/2022	12/1/2022
10111644	22 BERA SVC 801 WIMBLETON TERRACE	$ 2,477	$ 2,477	Jan-22	Dec-22	10/1/2022	11/1/2022
10111668	22LOND-SVC-444CARIBOUDRPR#621477014	$ 1,264	$ 1,264	Jan-22	Dec-22	10/1/2022	11/1/2022
10111679	22-nich-sev-124 vera ct	$ 1,489	$ 1,489	Jan-22	Dec-22	10/4/2022	12/1/2022
10111701	22LOND-SVC-1812HWY3434PR#61477013	$ 3,910	$ 3,910	Jan-22	Dec-22	10/1/2022	11/1/2022
10111702	22 BERA RET SVC 1371 GABBARDTOWN RD	$ 193	$ 193	Jan-22	Dec-22	10/1/2022	11/1/2022
10111720	22MANC-SVC-39 HENSON RD	$ 4,841	$ 4,841	Jan-22	Dec-22	10/1/2022	11/1/2022
10111735	22WILL-REPSVC-154FORESTAVEPR#61322418	$ 1,164	$ 1,164	Jan-22	Dec-22	10/1/2022	11/1/2022
10111736	22BARB-REP-262 EVERGREEN RD. COREY	$ 1,510	$ 1,758	Jan-22	Dec-22	10/1/2022	12/1/2023
10111742	22-nich-sev-117 lesley trail	$ 2,510	$ 2,510	Jan-22	Dec-22	10/1/2022	11/1/2022
10111744	22CORB-SVC-135JOEYDURAHMLNPR#61476518	$ 608	$ 608	Jan-22	Dec-22	11/1/2022	12/1/2022
10111745	22LOND-SVC-1256HWY552PR#61476519	$ 6,247	$ 6,247	Jan-22	Dec-22	10/1/2022	11/1/2022
10111785	22-nich-sev-112 lefty loop	$ 1,450	$ 1,450	Jan-22	Dec-22	10/1/2022	11/1/2022
10111857	22 BERA SVC 150 RAVEN DR	$ 2,429	$ 2,429	Jan-22	Dec-22	10/1/2022	12/1/2022
10111870	22LOND-REPSVC-1401W5THSTPR#61322261	$ 2,272	$ 2,272	Jan-22	Dec-22	10/1/2022	11/1/2022
10112021	22-nich-sev-189 zakk ct	$ 1,427	$ 1,427	Jan-22	Dec-22	10/1/2022	11/1/2022
10112022	22OWNG-RET-SVC-285 CLEARFIELD HILL	$ 121	$ 121	Jan-22	Dec-22	10/1/2022	11/1/2022
10112048	22STAT-SVC 88 MAIN ST	$ 1,070	$ 1,070	Jan-22	Dec-22	11/1/2022	12/1/2022
10112064	22-nich-sev-1320 short shun rd	$ 3,060	$ 3,060	Jan-22	Dec-22	10/1/2022	11/1/2022
10112068	22STAT REPSVC 122 PEARL ST	$ 2,002	$ 2,002	Jan-22	Dec-22	11/1/2022	12/1/2022
10112070	22MANC-SVC-4298 HWY 80	$ 4,491	$ 4,491	Jan-22	Dec-22	10/1/2022	12/1/2022
10112083	22CORB-SVC-1184SEBUSINESSDRPR#61482553	$ 14,083	$ 14,083	Jan-22	Dec-22	11/4/2022	12/1/2022
10112103	22STAT REPSVC 6519 CAMARGO LEVEE	$ 1,323	$ 1,323	Jan-22	Dec-22	10/1/2022	12/1/2022
10112104	22STAT REPSVC 4389 MCCORMICK RD	$ 205	$ 880	Jan-22	Dec-22	11/1/2022	3/1/2023
10112105	22STAT REPSVC 4387 MCCORMICK RD	$ 176	$ 850	Jan-22	Dec-22	11/1/2022	3/1/2023

10112106	22STAT REPSVC 4347 MCCORMICK RD	$ 124	$ 799	Jan-22	Dec-22	11/1/2022	3/1/2023
10112107	22STAT REPSVC 4323 MCCORMICK RD	$ 150	$ 925	Jan-22	Dec-22	11/1/2022	3/1/2023
10112115	22BARB-SVC-315 HOSPITAL DRIVE -BVILLE	$ 3,349	$ 3,349	Jan-22	Dec-22	11/1/2022	12/1/2022
10112117	22BARB-RET-114 SECOND STREET BVILLE	$ 825	$ 825	Jan-22	Dec-22	11/1/2022	12/1/2022
10112183	22OWNG-INS-SVC-76 SLATE CREEK DR	$ 1,542	$ 1,542	Jan-22	Dec-22	10/1/2022	11/1/2022
10112196	22-nich-sev-109 lebeau dr	$ 1,258	$ 1,258	Jan-22	Dec-22	10/1/2022	11/1/2022
10112197	22-nich-sev-506 hickory hill	$ 1,584	$ 1,584	Jan-22	Dec-22	10/1/2022	11/1/2022
10112351	22OWNG-INS-SVC-51 ANNABELL CR	$ 957	$ 957	Jan-22	Dec-22	10/1/2022	11/1/2022
10112355	22CORB-RETSVC-356HWY6PR#61329584	$ 193	$ 214	Jan-22	Dec-22	10/1/2022	3/1/2023
10112356	22BARB-RET-29 COCONUT DRIVE- VACANT	$ 349	$ 349	Jan-22	Dec-22	10/1/2022	12/1/2022
10112368	22MIDD-SVC-202 WINCHESTER-GRAHAM	$ 2,544	$ 5,223	Jan-22	Dec-22	11/1/2022	2/1/2023
10112382	22LOND-REPSVC-1410W5THPR#61322516	$ 144	$ 144	Jan-22	Dec-22	10/1/2022	11/1/2022
10112383	22LOND-REPSVC-1307W5THPR#6132224	$ 2,000	$ 2,000	Jan-22	Dec-22	10/1/2022	11/1/2022
10112386	22-nich-sev-2166 brannon rd	$ 2,740	$ 2,740	Jan-22	Dec-22	10/1/2022	11/1/2022
10112389	22-nich-sev-174 acadamy	$ 4,854	$ 4,854	Jan-22	Dec-22	10/1/2022	11/1/2022
10112403	22-nich-sev-100 henry ct	$ 2,301	$ 2,301	Jan-22	Dec-22	10/1/2022	11/1/2022
10112413	22-nich-sev-309 friendly ave	$ 271	$ 271	Jan-22	Dec-22	11/1/2022	12/1/2022
10112427	22OWNG-INS-SVC-9640 HWY 60 E	$ 2,663	$ 2,663	Jan-22	Dec-22	10/1/2022	11/1/2022
10112428	22OWNG-INS-SVC-140 WOODLOCK DR	$ 1,116	$ 1,116	Jan-22	Dec-22	10/14/2022	11/1/2022
10112435	22BARB-SVC-63 SPRUCE TREE ST. - CARNES	$ 1,156	$ 1,156	Jan-22	Dec-22	11/1/2022	12/1/2022
10112444	22-nich-sev-213 friendly ave	$ 895	$ 895	Jan-22	Dec-22	11/1/2022	12/1/2022
10112448	22 BERA SVC 1925 SPEEDWELL RD	$ 6,437	$ 6,918	Jan-22	Dec-22	12/1/2022	2/1/2023
10112456	22LOND-RETSVC-59RUPERTLNPR#61321164	$ 849	$ 849	Jan-22	Dec-22	10/1/2022	11/1/2022
10112465	22-nich-sev-301 friendly ave	$ 895	$ 895	Jan-22	Dec-22	11/1/2022	12/1/2022
10112511	22-nich-sev-112 lake point	$ 847	$ 847	Jan-22	Dec-22	11/1/2022	12/4/2022
10112551	22CORB-SVC-2 ASHLEY ACRESPR#61479033	$ 1,181	$ 1,181	Jan-22	Dec-22	10/1/2022	12/1/2022
10112552	22CORB-RETSVC-8979NUS25EPR#61341059	$ 241	$ 241	Jan-22	Dec-22	12/1/2022	12/1/2022
10112554	22MANC-SVC-40 TRI COUNTY RD	$ 1,322	$ 1,322	Jan-22	Dec-22	11/1/2022	12/1/2022
10112555	22 BERA SCV 2004 PARTRIDGE WAY 92	$ 1,766	$ 1,766	Jan-22	Dec-22	11/1/2022	12/1/2022
10112556	22 BERA SVC 1008 PRARIE VIEW # 3	$ 1,265	$ 1,265	Jan-22	Dec-22	11/1/2022	12/1/2022
10112557	22 BERA SVC 1006 PRAIRE VIEW #2	$ 1,132	$ 1,132	Jan-22	Dec-22	11/1/2022	12/1/2022
10112558	22 BERA SVC 1004 PRAIRE VIEW DR # 1	$ 1,132	$ 1,132	Jan-22	Dec-22	11/1/2022	12/1/2022
10112579	22-nich-sev-110 lake point	$ 638	$ 638	Jan-22	Dec-22	11/1/2022	12/1/2022
10112581	22OWNG-REP-SVC-94 SMOOT DR	$ 513	$ 513	Jan-22	Dec-22	11/1/2022	12/1/2022
10112610	22CORB-RETSVC-3021FALLS HWY	$ 96	$ 96	Jan-22	Dec-22	10/4/2022	11/1/2022
10112611	22CORB-RETSVC-2879FALLSHWYPR#61328352	$ 96	$ 96	Jan-22	Dec-22	10/4/2022	11/1/2022
10112612	22CORB-RETSVC-3475FALLSHWYPR#61332172	$ 96	$ 96	Jan-22	Dec-22	10/4/2022	11/1/2022
10112613	22CORB-RETSVC-4004FALLSHWYPR#61353504	$ 96	$ 96	Jan-22	Dec-22	10/4/2022	11/1/2022
10112614	22CORBRETSVC-206NELSONPR#61309536	$ 566	$ 566	Jan-22	Dec-22	11/1/2022	12/1/2022
10112680	22STAT-REPSVC 5004 MAIN ST	$ 1,045	$ 1,045	Jan-22	Dec-22	11/1/2022	12/1/2022
10112681	22STAT-REPSVC 5TH AVE	$ 1,074	$ 1,074	Jan-22	Dec-22	11/1/2022	12/1/2022
10112701	22BARB-SVC-346 NOAHVILLE HOLLOW-ROY	$ 2,664	$ 2,664	Jan-22	Dec-22	11/1/2022	12/1/2022
10112731	22OWNG-INS-SVC-200 SKYLINE DR	$ 3,041	$ 3,041	Jan-22	Dec-22	11/1/2022	12/1/2022
10112734	22MIDD-SVC-115 W CHESTER AVE- CHARLIE	$ 2,592	$ 2,592	Jan-22	Dec-22	11/1/2022	12/1/2022
10112735	22MIDD-SVC-210 MONROE ST- STANLEY BARNET	$ 1,878	$ 1,878	Jan-22	Dec-22	11/1/2022	12/1/2022
10112779	22BARB-SVC-460 COURT SQ. APTS -LIBERTY	$ 609	$ 609	Jan-22	Dec-22	11/1/2022	12/1/2022
10112780	220 BERA SVC 312 HAMPTON HALL	$ 1,947	$ 1,947	Jan-22	Dec-22	11/1/2022	12/1/2022
10112782	22 BERA SVC 324 GENERAL SMITH	$ 1,033	$ 1,033	Jan-22	Dec-22	11/1/2022	12/1/2022
10112783	22 BERA SVC 1301 DIANA DR	$ 1,973	$ 1,973	Jan-22	Dec-22	11/1/2022	12/1/2022
10112785	22 BERA SVC 275 INVERNESS TRL	$ 2,803	$ 2,803	Jan-22	Dec-22	11/1/2022	12/1/2022
10112794	22MANC-SVC-242 ICE HOUSE RD	$ 2,451	$ 2,451	Jan-22	Dec-22	11/1/2022	12/1/2022
10112796	22 BERA SVC 112 WHITE STATION RD	$ 4,683	$ 5,226	Jan-22	Dec-22	12/1/2022	2/1/2022
10112797	22 BERA SVC 2041 HIDDEN FALLS TRAIL	$ 1,748	$ 1,748	Jan-22	Dec-22	11/1/2022	12/1/2022
10112840	22OWNG-INS-SVC-1293 McCAUSEY RIDGE RD	$ 2,290	$ 2,290	Jan-22	Dec-22	11/1/2022	12/1/2022
10112857	22BARB-REP-204 THIRD STREET-BAKER RENTAL	$ 2,522	$ 2,522	Jan-22	Dec-22	11/1/2022	12/1/2022
10112860	22CORB-SVC-71SHWY3041PR#61479042	$ 1,787	$ 1,787	Jan-22	Dec-22	11/1/2022	12/1/2022
10112862	22WILL-SVC-76 WILSON RDPR361479045	$ 443	$ 443	Jan-22	Dec-22	11/1/2022	12/1/2022
10112863	22WILL-SVC-8250HWY 26	$ 858	$ 858	Jan-22	Dec-22	11/1/2022	12/1/2022
10112864	22LOND-SVC-111SHORTSTPR#61479043	$ 639	$ 639	Jan-22	Dec-22	11/1/2022	12/1/2022
10112890	22CORB-SVC-1293OAKRIDGERDPR#61482056	$ 2,894	$ 2,894	Jan-22	Dec-22	11/1/2022	12/1/2022
10112891	22LOND-SVC-98JOHNSONRDPR#61482057	$ 2,979	$ 3,008	Jan-22	Dec-22	12/1/2022	1/1/2023
10112892	22LOND-SVC-2040KEAVYRDPR#61482058	$ 1,715	$ 2,424	Jan-22	Dec-22	12/1/2022	2/1/2023
10112921	22BARB-REP-462 COURT SQ- LIBERTY ST.	$ 608	$ 608	Jan-22	Dec-22	11/1/2022	12/1/2022
10112932	22STAT-RET SVC 185 PINE GROVE RD	$ 518	$ 518	Jan-22	Dec-22	11/1/2022	12/1/2022
10112943	22OWNG-INS-SVC-341 CLEARFIELD HILL	$ 2,246	$ 2,246	Jan-22	Dec-22	11/1/2022	12/1/2022
10112945	22OWNG-INS-SVC-9101 HWY 60	$ 894	$ 894	Jan-22	Dec-22	11/1/2022	12/1/2022
10112947	22OWNG-INS-SVC-5028 HWY 60	$ 1,469	$ 1,469	Jan-22	Dec-22	11/1/2022	12/1/2022
10112969	22-nich-sev-704 shelburne way	$ 615	$ 615	Jan-22	Dec-22	11/1/2022	12/1/2022

10113044	22STAT-RET SVC 767 W MAIN ST	$ 518				$ 518	Jan-22	Dec-22	11/1/2022	12/1/2022
10113160	22 BERA SVC 330 BROOKGREEN DR	$ 695				$ 695	Jan-22	Dec-22	11/1/2022	12/1/2022
10113247	22MIDD-REP106 S. 10TH STREET - RICHARD B	$ 1,507				$ 1,507	Jan-22	Dec-22	11/1/2022	12/1/2022
10113248	22MIDD-SVC-410 S 43RD STREET- JACKY B	$ 1,650				$ 1,650	Jan-22	Dec-22	11/1/2022	12/1/2022
10113310	22BARB-REP-6366 HWY 11-MARCIE WALKER	$ 2,214				$ 2,214	Jan-22	Dec-22	11/1/2022	12/1/2022
10113327	22-nich-sev-120 tattersalles	$ 1,162				$ 1,162	Jan-22	Dec-22	11/1/2022	12/1/2022
10113329	22-nich-sev-203 grandview trail	$ 1,247				$ 1,247	Jan-22	Dec-22	11/1/2022	12/1/2022
10113334	22-nich-sev-201 witts ln	$ 1,999				$ 1,999	Jan-22	Dec-22	11/1/2022	12/1/2022
10113354	22 BERA RET SVC 413 OAK ST	$ 566				$ 566	Jan-22	Dec-22	11/1/2022	12/1/2022
10113378	22 BERA SVC 1845 SPEEDWELL RD	$ 6,486				$ 6,968	Jan-22	Dec-22	12/1/2022	2/1/2023
10113416	22-nich-sev-601 southbrook	$ 4,344				$ 4,344	Jan-22	Dec-22	12/1/2022	12/1/2022
10113418	22-nich-sev-305 friendly dr	$ 1,255				$ 1,255	Jan-22	Dec-22	11/1/2022	12/4/2022
10113420	22-nich-sev-329 friendly dr	$ 1,261				$ 1,261	Jan-22	Dec-22	11/1/2022	12/1/2022
10113461	22WILL-REPSVC-215RICESTPREM#61322331	$ 8				$ 8	Jan-22	Dec-22	11/1/2022	12/1/2022
10113523	22OWNG-RET-SVC-391 BUTTERNUT	$ 127				$ 127	Jan-22	Dec-22	11/1/2022	12/1/2022
10113726	22WILL-RETSVC-9209KY26PR#61344923	$ 241				$ 241	Jan-22	Dec-22	12/1/2022	12/1/2022
10113740	22-nich-sev-209 manoah	$ 1,144				$ 1,174	Jan-22	Dec-22	12/1/2022	4/1/2023
10113741	22-nich-sev-500 memorial #4	$ 6,185				$ 6,230	Jan-22	Dec-22	11/1/2022	2/1/2023
10113780	22LOND-SVC-1472HWY552PREM#61493500	$ 1,776				$ 1,776	Jan-22	Dec-22	11/1/2022	12/1/2022
10113782	22WILL-SVC-137STEVENLNPR#6149153	$ 3,911				$ 3,911	Jan-22	Dec-22	11/1/2022	12/1/2022
10113783	22LOND-SVC-2020HWY192PR#61491512	$ 2,948				$ 2,948	Jan-22	Dec-22	11/1/2022	12/1/2022
10113784	22BARB-SVC-104 SANDY HILL RD. BVILLE	$ 2,341				$ 2,341	Jan-22	Dec-22	11/1/2022	12/1/2022
10113787	22BARB-RET-1281 HWY 225- HAMMONS HSE	$ 2,543				$ 2,543	Jan-22	Dec-22	11/1/2022	12/1/2022
10113846	22-nich-sev-208 halfhill ln	$ 1,073				$ 1,073	Jan-22	Dec-22	12/1/2022	12/1/2022
10113969	22CORB-SVC-4113RD PR#61330858	$ 887				$ 887	Jan-22	Dec-22	12/1/2022	12/1/2022
10113970	22WILL-SVC-61EMLYNCMRDPR#61322626	$ 614				$ 614	Jan-22	Dec-22	11/1/2022	12/1/2022
10113989	22 BERA SVC 6004 ARBORWOODS WAY	$ 1,330				$ 1,330	Jan-22	Dec-22	11/1/2022	11/1/2022
10113992	22 BERA SVC 6000 ARBORWOODS WAY	$ 1,995				$ 1,995	Jan-22	Dec-22	11/1/2022	12/1/2022
10113993	22 BERA SVC 427 AVAWAM DR	$ 2,555				$ 2,555	Jan-22	Dec-22	11/1/2022	12/1/2022
10113994	22 BERA SVC 111 ALPINE CT	$ 2,724				$ 2,724	Jan-22	Dec-22	12/1/2022	12/1/2022
10114065	22BARB-REP-48 HOLLY ST. BUCHANAN	$ 1,328				$ 1,346	Jan-22	Dec-22	12/1/2022	2/1/2023
10114068	22-nich-sev-355 e brannon rd	$ 260				$ 260	Jan-22	Dec-22	12/1/2022	12/1/2022
10114069	22BARB-SVC-123 VALENTINE HOLLOW RD	$ 1,328				$ 1,328	Jan-22	Dec-22	12/1/2022	12/1/2022
10114073	22-nich-sev-200 native trace	$ 686				$ 1,153	Jan-22	Dec-22	12/1/2022	2/1/2023
10114074	22-nich-sev-113 little leaf	$ 511				$ 894	Jan-22	Dec-22	12/1/2022	2/1/2023
10114075	22-nich-sev-119 lincoln heights	$ 2,734				$ 2,756	Jan-22	Dec-22	12/1/2022	3/1/2023
10114076	22-nich-sev-204 wax wing	$ 500				$ 500	Jan-22	Dec-22	12/1/2022	12/1/2022
10114126	22CORB-SVC-200ROYKIDDPREM#61492108	$ 441				$ 441	Jan-22	Dec-22	12/1/2022	12/1/2022
10114139	22 BERA SVC 2000 PRAIRE VIEW DR # 90	$ 1,908				$ 1,908	Jan-22	Dec-22	12/1/2022	12/1/2022
10114141	22 BERA SVC 2008 PARTRIDGE WAY # 94	$ 1,787				$ 1,787	Jan-22	Dec-22	12/1/2022	12/1/2022
10114142	22 BERA SVC 204 SHILOH CREST CT	$ 413				$ 413	Jan-22	Dec-22	12/1/2022	12/1/2022
10114143	22 BERA RET SVC 107 ADAMS ST	$ 295				$ 295	Jan-22	Dec-22	12/1/2022	12/1/2022
10114184	22WILL-SVC-199FORESTAVEPR#61492130	$ 1,031				$ 1,031	Jan-22	Dec-22	12/1/2022	12/1/2022
10114199	22LOND-SVC-103FLETCHERDRPR#61492141	$ 1,284				$ 1,284	Jan-22	Dec-22	12/1/2022	12/1/2022
10114245	22MIDD-SVC-103 LEAF WOOD ROAD-MARYCHAIN	$ 1,799				$ 1,799	Jan-22	Dec-22	12/1/2022	12/1/2022
10114251	22CORB-RETSVC-401ECETERSTPR#61332339	$ 733				$ 733	Jan-22	Dec-22	12/1/2022	12/1/2022
10114289	22BARB-SVC-1152 KY 223 STINKING CREEK RD	$ 977				$ 1,024	Jan-22	Dec-22	12/1/2022	2/1/2023
10114291	22 BERA SVC 931 SOUTH DOGWOOD DR	$ 960				$ 960	Jan-22	Dec-22	12/1/2022	12/1/2022
10114293	22 BERA SVC 735 SOUTH DOGWOOD DR	$ 2,480				$ 2,480	Jan-22	Dec-22	12/1/2022	12/1/2022
10114297	22 BERA SVC 1371 BARNES MILL RD	$ 585				$ 585	Jan-22	Dec-22	12/1/2022	12/1/2022
10114301	22MIDD-SVC-116 N PINE ST. PINEVILLE- L.C	$ 1,616				$ 3,935	Jan-22	Dec-22	12/1/2022	3/1/2023
10114458	22-nich-sev-128 carolina ash point	$ 1,312				$ 1,312	Jan-22	Dec-22	12/1/2022	12/1/2022
10114461	22CORB-SVC-62WENZELAVEPR#61492167	$ 677				$ 677	Jan-22	Dec-22	12/1/2022	12/1/2022
10114482	22LOND-SVC-310W3RDPR#61496502	$ 1,217				$ 1,217	Jan-22	Dec-22	12/1/2022	12/1/2022
10114602	22CORB-SVC-1003SPOPULARPR#6149006	$ 1,134				$ 1,155	Jan-22	Dec-22	12/1/2022	2/1/2023
3800		$ 1,858,890	1,440,000	(418,890)	-29.09%	$ 0 $ 1,980,299				
10106093	22-nich-inst rotory meter /208 two oaks	$ 7,676				$ 7,676	Jan-22	Dec-22	May-22	Jul-22
10106251	22-nich-inst rotory meter / 220 brannon	$ 6,721				$ 6,721	Jan-22	Dec-22	Aug-22	Oct-22
1300KYFLOOD	KY Flood Meter Chnages 2022 - Capital	$ 183,978				$ 183,978	Jan-22	Dec-22	Aug-22	Dec-22
131100PKYC	PKYC Meter Change	$ 5,119				$ 29,996	Jan-22	Dec-22	Mar-22	Dec-23
133800PKYC	PKYC New Meter Installation Residential	$ 80,309				$ 80,309	Jan-22	Dec-22	N/A	N/A
139700KMTR	Purchase Meters- PGKY	$ 14,107				$ 14,107	Jan-22	Dec-22	N/A	N/A
13KYFLOOD22	KY Flood Meter Chnages 2022	$ 135,694				$ 135,694	Jan-22	Dec-22	Jul-22	Nov-22
1600KYFLOOD	KY Flood Meter Chnages 2022 - Capital	$ 4,544				$ 4,544	Jan-22	Dec-22	Sep-22	Oct-22
161100DG02	Meter Install/Replace BARBOURVILLE CITY	$ 530				$ 530	Jan-22	Dec-22	N/A	N/A
161100DG03	Meter Install/Replace BATH	$ 162				$ 162	Jan-22	Dec-22	N/A	N/A
161100DG04	Meter Install/Replace BELL	$ 112				$ 112	Jan-22	Dec-22	N/A	N/A

161100DG05	Meter Install/Replace BEREA CITY	$ 3,001	$ 3,001	Jan-22	Dec-22	N/A	N/A
161100DG06	Meter Install/Replace CLAY	$ 508	$ 508	Jan-22	Dec-22	N/A	N/A
161100DG07	Meter Install/Replace CLAY CITY	$ 4,731	$ 4,731	Jan-22	Dec-22	N/A	N/A
161100DG08	Meter Install/Replace CORBIN CITY.WHITLE	$ 162	$ 162	Jan-22	Dec-22	N/A	N/A
161100DG09	Meter Install/ReplaceFRENCHBURG CITY	$ 116	$ 116	Jan-22	Dec-22	N/A	N/A
161100DG11	Meter Install/Replace JESSAMINE	$ 2,465	$ 2,465	Jan-22	Dec-22	N/A	N/A
161100DG12	Meter Install/Replace KNOX	$ 626	$ 626	Jan-22	Dec-22	N/A	N/A
161100DG14	Meter Install/Replace LAUREL	$ 387	$ 387	Jan-22	Dec-22	N/A	N/A
161100DG16	Meter Install/Replace LONDON CITY	$ 661	$ 661	Jan-22	Dec-22	N/A	N/A
161100DG17	Meter Install/Replace MADISON	$ 3,556	$ 3,556	Jan-22	Dec-22	N/A	N/A
161100DG19	Meter Install/Replace MIDDLESBORO CITY	$ 515	$ 515	Jan-22	Dec-22	N/A	N/A
161100DG20	Meter Install/Replace MONTGOMERY	$ 5,403	$ 5,403	Jan-22	Dec-22	N/A	N/A
161100DG21	Meter Install/Replace NICHOLASVILLE CITY	$ 1,235	$ 1,235	Jan-22	Dec-22	N/A	N/A
161100DG22	Meter Install/Replace OWINGSVILLE CITY	$ 331	$ 331	Jan-22	Dec-22	N/A	N/A
161100DG23	Meter Install/Replace PINEVILLE CITY	$ 162	$ 162	Jan-22	Dec-22	N/A	N/A
161100DG24	Meter Install/Replace POWELL	$ 1,356	$ 1,356	Jan-22	Dec-22	N/A	N/A
161100DG25	Meter Install/Replace RICHMOND CITY	$ 555	$ 555	Jan-22	Dec-22	N/A	N/A
161100DG26	Meter Install/Replace ROWAN	$ 2,185	$ 2,185	Jan-22	Dec-22	N/A	N/A
161100DG27	Meter Install/Replace SALT LICK CITY	$ 196	$ 196	Jan-22	Dec-22	N/A	N/A
161100DG28	Meter Install/Replace STANTON CITY	$ 644	$ 644	Jan-22	Dec-22	N/A	N/A
161100DG29	Meter Install/Replace WHITLEY	$ 308	$ 308	Jan-22	Dec-22	N/A	N/A
161100DG30	Meter Install/Replace WILLIAMSBURG CITY	$ 151	$ 151	Jan-22	Dec-22	N/A	N/A
161100DG31	Meter Install/Replace WILMORE CITY	$ 139	$ 139	Jan-22	Dec-22	N/A	N/A
161100DG32	Meter Install/Replace BEATTYVILLE CITY	$ 46	$ 46	Jan-22	Dec-22	N/A	N/A
161100DG33	Meter Install/Replace MT OLIVET CITY	$ 349	$ 349	Jan-22	Dec-22	N/A	N/A
161100DG34	Meter Install/Replace MENIFEE	$ 174	$ 174	Jan-22	Dec-22	N/A	N/A
161100DG36	Meter Install/Replace BOURBON	$ 89	$ 89	Jan-22	Dec-22	N/A	N/A
161100DG38	Meter Install/Replace FAYETTE	$ 209	$ 209	Jan-22	Dec-22	N/A	N/A
161100DG41	Meter Install/Replace LINCOLN	$ 116	$ 116	Jan-22	Dec-22	N/A	N/A
161100DG42	Meter Install/Replace MASON	$ 2,035	$ 2,035	Jan-22	Dec-22	N/A	N/A
161100DG43	Meter Install/Replace N MIDDLETOWN CITY	$ 58	$ 58	Jan-22	Dec-22	N/A	N/A
161100DG44	Meter Install/Replace ROBERTSON	$ 845	$ 845	Jan-22	Dec-22	N/A	N/A
161100DG45	Meter Install/Replace SHARPSBURG CITY	$ 282	$ 282	Jan-22	Dec-22	N/A	N/A
161100DG46	Meter Install/Replace FLOYD=	$ 984	$ 984	Jan-22	Dec-22	N/A	N/A
161100DG48	Meter Install/Replace KNOTT	$ 336	$ 336	Jan-22	Dec-22	N/A	N/A
161100DG52	Meter Install/Replace MARTIN	$ 616	$ 616	Jan-22	Dec-22	N/A	N/A
161100DG53	Meter Install/Replace PERRY	$ 153	$ 153	Jan-22	Dec-22	N/A	N/A
161100DG54	Meter Install/Replace-PIKE	$ 234	$ 234	Jan-22	Dec-22	N/A	N/A
163800DG02	New Meter/Manifold BARBOURVILLE CITY	$ 618	$ 618	Jan-22	Dec-22	N/A	N/A
163800DG03	New Meter/Manifold BATH	$ 2,235	$ 2,235	Jan-22	Dec-22	N/A	N/A
163800DG04	New Meter/Manifold BELL	$ 4,515	$ 4,515	Jan-22	Dec-22	N/A	N/A
163800DG05	New Meter/Manifold BEREA CITY	$ 30,174	$ 30,174	Jan-22	Dec-22	N/A	N/A
163800DG06	New Meter/Manifold CLAY	$ 13,797	$ 13,797	Jan-22	Dec-22	N/A	N/A
163800DG07	New Meter/Manifold CLAY CITY	$ 470	$ 470	Jan-22	Dec-22	N/A	N/A
163800DG08	New Meter/Manifold CORBIN CITY.WHITLE	$ 10,600	$ 10,600	Jan-22	Dec-22	N/A	N/A
163800DG10	New Meter/Manifold JACKSON	$ 14,712	$ 14,712	Jan-22	Dec-22	N/A	N/A
163800DG11	New Meter/Manifold JESSAMINE	$ 8,890	$ 8,890	Jan-22	Dec-22	N/A	N/A
163800DG12	New Meter/Manifold KNOX	$ 12,006	$ 12,006	Jan-22	Dec-22	N/A	N/A
163800DG14	New Meter/Manifold LAUREL	$ 14,489	$ 14,489	Jan-22	Dec-22	N/A	N/A
163800DG15	New Meter/Manifold LEE	$ 6,590	$ 6,590	Jan-22	Dec-22	N/A	N/A
163800DG16	New Meter/Manifold LONDON CITY	$ 3,731	$ 3,731	Jan-22	Dec-22	N/A	N/A
163800DG17	New Meter/Manifold MADISON	$ 19,489	$ 19,489	Jan-22	Dec-22	N/A	N/A
163800DG18	New Meter/Manifold MANCHESTER CITY	$ 12,094	$ 12,094	Jan-22	Dec-22	N/A	N/A
163800DG19	New Meter/Manifold MIDDLESBORO CITY	$ 6,272	$ 6,272	Jan-22	Dec-22	N/A	N/A
163800DG20	New Meter/Manifold MONTGOMERY	$ 6,133	$ 6,133	Jan-22	Dec-22	N/A	N/A
163800DG21	New Meter/Manifold NICHOLASVILLE CITY	$ 55,958	$ 55,958	Jan-22	Dec-22	N/A	N/A
163800DG22	New Meter/Manifold OWINGSVILLE CITY	$ 104	$ 104	Jan-22	Dec-22	N/A	N/A
163800DG23	New Meter/Manifold PINEVILLE CITY	$ 146	$ 146	Jan-22	Dec-22	N/A	N/A
163800DG24	New Meter/Manifold POWELL	$ 6,789	$ 6,789	Jan-22	Dec-22	N/A	N/A
163800DG25	New Meter/Manifold RICHMOND CITY	$ 4,138	$ 4,138	Jan-22	Dec-22	N/A	N/A
163800DG26	New Meter/Manifold ROWAN	$ 3,005	$ 3,005	Jan-22	Dec-22	N/A	N/A
163800DG27	New Meter/Manifold SALT LICK CITY	$ 104	$ 104	Jan-22	Dec-22	N/A	N/A
163800DG28	New Meter/Manifold STANTON CITY	$ 6,237	$ 6,237	Jan-22	Dec-22	N/A	N/A
163800DG29	New Meter/Manifold WHITLEY	$ 11,916	$ 11,916	Jan-22	Dec-22	N/A	N/A
163800DG30	New Meter/Manifold WILLIAMSBURG CITY	$ 6,024	$ 6,024	Jan-22	Dec-22	N/A	N/A

163800DG31	New Meter/Manifold WILMORE CITY	$ 12,231					$ 12,231	Jan-22	Dec-22	N/A	N/A	
163800DG32	New Meter/Manifold BEATTYVILLE CITY	$ 2,028					$ 2,028	Jan-22	Dec-22	N/A	N/A	
163800DG33	New Meter/Manifold MT OLIVET CITY	$ 57					$ 57	Jan-22	Dec-22	N/A	N/A	
163800DG34	New Meter/Manifold MENIFEE	$ 579					$ 579	Jan-22	Dec-22	N/A	N/A	
163800DG35	New Meter/Manifold CORBINCITY.KNOX	$ 2,169					$ 2,169	Jan-22	Dec-22	N/A	N/A	
163800DG38	New Meter/Manifold FAYETTE	$ 83					$ 83	Jan-22	Dec-22	N/A	N/A	
163800DG40	New Meter/Manifold LESLIE	$ 464					$ 464	Jan-22	Dec-22	N/A	N/A	
163800DG43	New Meter/Manifold N MIDDLETOWN CITY	$ 57					$ 57	Jan-22	Dec-22	N/A	N/A	
163800DG45	New Meter/Manifold SHARPSBURG CITY	$ 104					$ 104	Jan-22	Dec-22	N/A	N/A	
163800DG46	New Meter/Manifold FLOYD	$ 2,051					$ 2,051	Jan-22	Dec-22	N/A	N/A	
163800DG48	New Meter/Manifold KNOTT	$ 1,022					$ 1,022	Jan-22	Dec-22	N/A	N/A	
163800DG49	New Meter/Manifold-LAWRENCE	$ 135					$ 135	Jan-22	Dec-22	N/A	N/A	
163800DG52	New Meter/Manifold MARTIN	$ 464					$ 464	Jan-22	Dec-22	N/A	N/A	
163800DG54	New Meter/Manifild PIKE	$ 1,130					$ 1,130	Jan-22	Dec-22	N/A	N/A	
169700DMTR	Purchase Meters - Delta	$ 369,752					$ 369,752	Jan-22	Dec-22	N/A	N/A	
16KYFLOOD22	PNG Default Costing Sheet AANSUR	$ 3,346					$ 3,346	Jan-22	Dec-22	N/A	N/A	
3810		$ 1,131,780	575,000	(556,780)	-96.83%	$ 0	$ 1,156,657					$325K unexpected costs contributed to replacing meters after flood
139700KERT	Purchase ERT Device- PGKY	$ 22					$ 22	Jan-22	Dec-22	N/A	N/A	
169700DERT	Purchase ERT Device - Delta.	$ 247,839					$ 247,839	Jan-22	Dec-22	N/A	N/A	
3820		$ 247,861	425,000	177,139	41.68%	$ 0	$ 247,861					Less ERT needs than anticipated
3830		$ -	179,300	179,300	100.00%	$ -	$ -					Anticipated projects did not materialize
3850		$ -	125,000	125,000	100.00%	$ -	$ -					Anticipated projects did not materialize
2300100	ELECTIRC FOR 30X40 POLE BARN BLDG	$ 8,940					$ 8,940	Jan-22	Dec-22	Feb-22	Feb-22	
2300144	FCDELT.21.12 WINCHESTER OFFICE FAN COILS	$ 92,968					$ 92,968	Jan-22	Dec-22	Jan-22	Jan-22	
2300425	HVAC REPLACEMENT CORBIN OFFICE	$ 7,429					$ 7,429	Jan-22	Dec-22	Apr-22	Apr-22	
2300459	100K BTU GAS FURNACE - BEREA OFFICE	$ 3,965					$ 3,965	Jan-22	Dec-22	May-22	May-22	
2300460	100K BTU GAS FURNACE - BEREA OFFICE	$ 3,965					$ 3,965	Jan-22	Dec-22	May-22	May-22	
2300463	HVAC REPLACEMENT MIDDLESBORO OFFICE	$ 7,665					$ 7,665	Jan-22	Dec-22	Apr-22	Apr-22	
2300740	London Office Gas Furnace/Coil/Condenser	$ 6,321					$ 6,321	Jan-22	Dec-22	Jul-22	Jul-22	
2300800	STORAGE BLDG 14x24 MANCHESTER	$ 23,900					$ 23,900	Jan-22	Dec-22	Jul-22	Jul-22	
2301040	REPL MAIN ENTRY DOOR AT WINCH OFFICE	$ 4,385					$ 4,385	Jan-22	Dec-22	Oct-22	Oct-22	
2301041	REPL ATRIUM DOOR AT WINCH OFFICE BLDG	$ 3,871					$ 3,871	Jan-22	Dec-22	Oct-22	Oct-22	
2301160	NEW LANDSCAPING AT BEREA OFFICE	$ 4,820					$ 4,820	Jan-22	Dec-22	Aug-22	Aug-22	
2301161	BARBOURVILLE OFFICE ICE MACHINE	$ 8,084					$ 8,084	Jan-22	Dec-22	Aug-22	Aug-22	
2301162	3TON TRANE GAS PACKAGE PRESTONSBURG OFC	$ 6,375					$ 6,375	Jan-22	Dec-22	Aug-22	Aug-22	
2301221	SECURITY SYSTEM WINCHESTER FRONT DOOR	$ 3,613					$ 3,616	Jan-22	Dec-22	Oct-22	Dec-22	
2301244	LED LIGHT CONVERSION NICHOLASVILLE OFC	$ 2,305					$ 2,305	Jan-22	Dec-22	Sep-22	Sep-22	
2301360	NICH OFC CAPRET INSTALL, IMPROVEMENT	$ 3,844					$ 3,844	Jan-22	Dec-22	Sep-22	Sep-22	
2301440	LONDON OFFICE VINYL PLANK FLOORING	$ 7,599					$ 7,599	Jan-22	Dec-22	Oct-22	Oct-22	
2301441	CORBIN OFFICE ROOF INSTALLATION	$ 34,100					$ 34,100	Jan-22	Dec-22	Oct-22	Oct-22	
10106132	22MANC-BLDG-PURCHASE BLDG FOR PIKEVILLE	$ 835,053					$ 835,053	Jan-22	Dec-22	May-22	Dec-22	
3900		$ 1,069,201	410,000	(659,201)	-160.78%	$ 0	$ 1,069,204					Purchase of new office building not budgeted
2300000	Cannon Copier C5840i	$ 13,881					$ 13,881	Jan-22	Dec-22	May-22	May-22	
2301563	D7000.21.3 11-ITRON MC3LITE RF METER REA	$ 326,480					$ 326,480	Jan-22	Dec-22	Oct-22	Oct-22	
3910		$ 340,361	75,200	(265,161)	-352.61%	$ 0	$ 340,361					Itron Meter Readers not budgeted
3912		$ -	1,030,350	1,030,350	100.00%	$ -	$ -					Anticipated projects did not materialize
1300216924	2022 FORD F250 OPEN UTILITY BODY	$ 49,616					$ 49,616	Jan-22	Dec-22	Oct-22	Nov-22	
1300216935	2022 FORD F250 OPEN UTILITY BODY	$ 49,616					$ 49,616	Jan-22	Dec-22	Oct-22	Nov-22	
1300216936	2022 FORD F250 OPEN UTILITY BODY	$ 49,616					$ 49,616	Jan-22	Dec-22	Oct-22	Nov-22	
1600216040	WET KIT HYDRAULIC SYSTEM FOR UNIT 216040	$ 7,508					$ 7,508	Jan-22	Dec-22	Sep-22	Sep-22	
1600216948	2022 CHEVY SILVERADO 2500 HD -WINC	$ 40,770					$ 40,770	Jan-22	Dec-22	Aug-22	Aug-22	
1600216956	2022 CHEVROLET 1500 4X4 CREW CAB BEREA	$ 41,397					$ 41,397	Jan-22	Dec-22	Aug-22	Aug-22	
1600216957	2022 CHEVROLET 2500 4X4 DOUBLE CAB WINC	$ 60,381					$ 60,381	Jan-22	Dec-22	Oct-22	Dec-22	
1600217054	2021 POLARIS RANGER NORTHSTAR	$ 33,467					$ 33,467	Jan-22	Dec-22	May-22	May-22	
1600217061	2021 VERMEER PTX42 TRENCHER/LAWN PLOW	$ 64,793					$ 76,007	Jan-22	Dec-22	May-22	May-22	
1600217063	2021 VERMEER HYDRO LAWN PLOW STANTON	$ 64,793					$ 64,793	Jan-22	Dec-22	May-22	May-22	
1600217066	2021 VERMEER HYDO LAWN PLOW WINCH #1AH	$ 64,793					$ 64,793	Jan-22	Dec-22	May-22	May-22	
1600217083	2021 VERMEER TLR33 TRENCHER TRAILER	$ 3,964					$ 3,964	Jan-22	Dec-22	Jun-22	Jun-22	
1600217084	2021 VERMEER TLR33 TRENCHER TRAILER	$ 3,964					$ 3,964	Jan-22	Dec-22	Jun-22	Jun-22	
1600217085	2021 VERMEER TLR33 TRENCHER TRAILER	$ 3,964					$ 3,964	Jan-22	Dec-22	Jun-22	Jun-22	
1600217086	2021 VERMEER TLR33 TRENCHER TRAILER	$ 3,964					$ 3,964	Jan-22	Dec-22	Jun-22	Jun-22	
1600217094	2022 CHEVROLET SILVERADO 2500	$ 40,770					$ 40,770	Jan-22	Dec-22	Aug-22	Aug-22	
1600217095	2022 CHEVROLET SILVERADO 2500	$ 40,770					$ 40,770	Jan-22	Dec-22	Aug-22	Aug-22	
1600217096	2022 CHEVROLET SILVERADO 2500	$ 40,770					$ 40,770	Jan-22	Dec-22	Aug-22	Aug-22	
1600217097	2022 CHEVROLET SILVERADO 2500	$ 51,628					$ 51,628	Jan-22	Dec-22	Jun-22	Aug-22	

1600217098	2022 CHEVROLET SILVERADO 2500	$ 51,628					$ 51,628	Jan-22	Dec-22	Jun-22	Aug-22	
1600217099	2022 CHEVROLET SILVERADO 2500	$ 51,628					$ 51,628	Jan-22	Dec-22	Jun-22	Aug-22	
1600217100	2022 CHEVROLET SILVERADO 2500	$ 51,787					$ 51,787	Jan-22	Dec-22	Jun-22	Aug-22	
1600217101	2022 CHEVROLET SILVERADO 2500	$ 51,787					$ 51,787	Jan-22	Dec-22	Jun-22	Sep-22	
1600217102	2022 CHEVROLET SILVERADO 2500	$ 51,787					$ 51,787	Jan-22	Dec-22	Jun-22	Sep-22	
1600217103	2021 LUCON HEAVY HAUL TRAILER	$ 26,474					$ 26,474	Jan-22	Dec-22	Mar-22	Mar-22	
1600217121	2022 CHEVROLET SILVERADO 1500PICKUP OWNG	$ 37,932					$ 37,932	Jan-22	Dec-22	Mar-22	Apr-22	
1600217135	2021 CHEVROLET SILVERADO 1500 BEREA	$ 4,053					$ 4,053	Jan-22	Dec-22	Feb-22	Apr-22	
1600217136	2021 CHEVROLET SILVERADO 1500 STANTON	$ 4,053					$ 4,053	Jan-22	Dec-22	Feb-22	Apr-22	
3920		$ 1,047,675	595,652	(452,023)	-75.89%	$ 0	$ 1,058,890					2021 budgeted items completed in 2022 due to COVID limitations
2300060	ODORATOR W CASE AND REGULATOR WINC	$ 6,863					$ 6,863	Jan-22	Dec-22	Feb-22	Mar-22	
2300061	ODORATOR W CASE AND REGULATOR	$ 6,863					$ 6,863	Jan-22	Dec-22	Feb-22	Mar-22	
2300120	TDW TAPPING GEAR EQUIPMENT CORBIN	$ 4,028					$ 4,028	Jan-22	Dec-22	May-22	Jul-22	
2300426	ODORATOR W CASE AND REGULATOR WINC	$ 6,455					$ 6,455	Jan-22	Dec-22	Apr-22	May-22	
2300835	REP MAINBOARD DEWPOINT ANALYZR 600012145	$ 2,120					$ 2,120	Jan-22	Dec-22	Jun-22	Jun-22	
2301280	JACKHAMMER MIDDLESBORO OFFICE	$ 3,112					$ -	Jan-22	Dec-22	Sep-22	Dec-22	
1600216127	Ditch Witch AT30	$ 3,721					$ 3,721	Jan-22	Dec-22	Feb-22	Feb-22	
1600216959	2023 AIRMAN PDS18S-185CFM AIR COMPRESSOR	$ 23,956					$ 23,956	Jan-22	Dec-22	Jun-22	Jul-22	
1600216977	UPFIT 2022 KENWORTH T380 216977 WINC	$ 42,289					$ 42,289	Jan-22	Dec-22	Sep-22	Oct-22	
1600216978	UPFIT 2022 KENWORTH T380 216978 WILL	$ 42,289					$ 42,289	Jan-22	Dec-22	Sep-22	Oct-22	
1600217062	2021 VERMEER PTX42 HYDRO LAWN PLOW	$ 64,793					$ 64,793	Jan-22	Dec-22	Aug-22	Aug-22	
1600217064	2021 VERMEER PTX42 HYDRO LAWN PLOW	$ 64,793					$ 64,793	Jan-22	Dec-22	Jul-22	Aug-22	
1600217065	2021 VERMEER PTX42 HYDRO LAWN PLOW	$ 64,793					$ 64,793	Jan-22	Dec-22	Aug-22	Aug-22	
1600217067	2021 VERMEER PTX42 LAWN PLOW WINCH #2JM	$ 64,793					$ 64,793	Jan-22	Dec-22	Jun-22	Jun-22	
1600217068	2021 VERMEER PTX42 LAWN PLOW WINCH #3	$ 65,847					$ 65,847	Jan-22	Dec-22	Jun-22	Jul-22	
1600217069	2021 VERMEER PTX42 LAWN PLOW CORB #1SM	$ 64,793					$ 64,793	Jan-22	Dec-22	Jul-22	Jul-22	
1600217070	2021 VERMEER PTX42 LAWN PLOW CORBIN #2	$ 64,793					$ 64,793	Jan-22	Dec-22	Jul-22	Jul-22	
1600217071	2021 VERMEER PTX42 LAWN PLOW CORBIN #2DS	$ 64,793					$ 64,793	Jan-22	Dec-22	Jul-22	Aug-22	
1600217087	2021 VERMEER RTX200 WALK BEHIND TRENCHER	$ 18,622					$ 18,622	Jan-22	Dec-22	Jun-22	Jun-22	
1600217088	2021 VERMEER RTX200 WALK BEHIND TRENCHER	$ 17,568					$ 17,568	Jan-22	Dec-22	Jun-22	Jul-22	
1600217089	2021 VERMEER RTX200 WALK BEHIND TRENCHER	$ 18,622					$ 18,622	Jan-22	Dec-22	Jul-22	Jul-22	
1600217090	2021 VERMEER RTX200 WALK BEHIND TRENCHER	$ 18,622					$ 18,622	Jan-22	Dec-22	Jul-22	Jul-22	
1600217134	2021 AIRMAN AIR COMPRESSOR	$ 23,956					$ 23,956	Jan-22	Dec-22	Jun-22	Jun-22	
3940		$ 758,481	30,000	(728,481)	-2428.27%	$ 0	$ 755,369					More replacements needed than anticipated
3960		$ -	250,000	250,000	100.00%	$ -	$ -					More replacements needed than anticipated
3970		$ -	1,020,792	1,020,792	100.00%	$ -	$ -					Anticipated projects did not materialize
3991		$ -	143,555	143,555	100.00%	$ -	$ -					Anticipated projects did not materialize
3999		$ -	(92,273)	(92,273)	100.00%	$ -	$ -					Anticipated projects did not materialize
	2022 TOTAL	**$ 19,820,679**	**17,636,234**	**(2,184,445)**	**-12.39%**	**112%**	**$ 38,733,393**					

2023

2302980	Delta Nexus Core Switches	$ 33,369					$ 33,369	Jan-23	Dec-23	Sep-23	Oct-23	
201300051	SW BLACKLINE IMPLEMENT - IN HOUSE	$ 212					$ 880	Jan-23	Dec-23	Mar-22	Oct-23	
201300052	SW BLACKLINE IMPLEMENT - PURCHASED	$ 2,017					$ 2,715	Jan-23	Dec-23	Jan-22	Dec-23	
201300055	SW DUNNING STRATEGY - IN HOUSE	$ 571					$ 2,962	Jan-23	Dec-23	Nov-21	Oct-23	
201300064	SW SIP MICROSOFT M365 - PURCHASED	$ 8					$ 5,415	Jan-23	Dec-23	Dec-21	Jun-23	
201300068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$ 301					$ 11,256	Jan-23	Dec-23	Dec-21	May-23	
201300075	SW SIP WORKMGT - IN HOUSE	$ 28					$ 18,678	Jan-23	Dec-23	Dec-21	Dec-23	
201300089	POWER TAX PROVISION PGKY	$ 7,097					$ 10,814	Jan-23	Dec-23	May-22	Oct-23	
201300090	CITRIX LICENSE PGKY	$ 728					$ 1,580	Jan-23	Dec-23	May-22	Oct-23	
201300091	SHAREPONT MIGRATION PGKY	$ 121					$ 123	Jan-23	Dec-23	Sep-22	Oct-23	
201600005	GIS Migr to Utility Data Model-DELTA	$ 2,072					$ 3,724	Jan-23	Dec-23	Oct-22	Sep-23	
201600007	Finance Enhancements-DELTA	$ 946					$ 12,083	Jan-23	Dec-23	Apr-22	Dec-23	
201600008	Cust Svc Enhancements-DELTA	$ 7,296					$ 47,196	Jan-23	Dec-23	Mar-22	Jul-23	
201600011	Ensyte (Gastar) Upgrade-DELTA	$ (808)					$ 1,617	Jan-23	Dec-23	Aug-22	Feb-23	
201600016	HRIS (Workday)-DELTA	$ 30,603					$ 39,719	Jan-23	Dec-23	Aug-22	Dec-23	
201600018	Intranet Rebuild-DELTA	$ 16,879					$ 18,070	Jan-23	Dec-23	Apr-22	Dec-23	
201600022	System Backup Capacity/Replace-DELTA	$ 2,998					$ 3,024	Jan-23	Dec-23	Mar-22	Mar-23	
201600034	SAP Security Enhancements-DELTA	$ 367					$ 1,548	Jan-23	Dec-23	Aug-22	Feb-23	
201600042	SIEM Enhancements-DELTA	$ 1,943					$ 2,112	Jan-23	Dec-23	Jul-22	Apr-23	
201600045	PNG Computer Refresh-DELTA	$ 7,337					$ 8,876	Jan-23	Dec-23	Jul-22	Dec-23	
201600046	SIP-Bomgar for Peoples-DELTA	$ (1,004)					$ 293	Jan-23	Dec-23	Sep-22	Mar-23	
201600050	Printers Refresh-DELTA	$ 110					$ 110	Jan-23	Dec-23	Jun-23	Jun-23	
201600051	SW BLACKLINE IMPLEMENT - IN HOUSE-DELTA	$ 2,917					$ 10,924	Jan-23	Dec-23	Feb-22	Dec-23	
201600052	SW BLACKLINE IMPLEMENT - PURCHASED-DELTA	$ 24,020					$ 32,399	Jan-23	Dec-23	Oct-21	Dec-23	
201600055	SW DUNNING STRATEGY - IN HOUSE	$ 6,387					$ 34,926	Jan-23	Dec-23	Mar-22	Nov-23	

201600068	SW SIP SAP BPC IMPLEMENT - IN HOUSE	$ 3,617					$ 134,835	Jan-23	Dec-23	Mar-21	May-23	
201600070	SW SIP SPLUNK - PURCHASED	$ 2,198					$ 57,495	Jan-23	Dec-23	May-21	Jun-23	
201600075	SW SIP WORKMGT - IN HOUSE	$ 336					$ 507,421	Jan-23	Dec-23	May-21	Dec-23	
201600080	Agent Assist Payments in CSC	$ (2,198)					$ -	Jan-23	Dec-23	Jul-22	Jun-23	
201600089	POWER TAX PROVISION DELTA	$ 94,100					$ 143,380	Jan-23	Dec-23	May-22	Oct-23	
201600090	CITRIX LICENSE Delta	$ 10,394					$ 20,082	Jan-23	Dec-23	May-22	Dec-23	
201600091	SHAREPONT MIGRATION Delta	$ 2,049					$ 2,069	Jan-23	Dec-23	Sep-22	Dec-23	
201600092	PowerPlan Licenses 2023 - PNG	$ 6,352					$ 6,352	Jan-23	Dec-23	Mar-23	May-23	
201600093	TimeTrack Enhancements 2023 - PNG	$ 1,231					$ 1,231	Jan-23	Dec-23	Dec-23	Dec-23	
201600095	GRC Enhancements 2023 - PNG	$ 192					$ 192	Jan-23	Dec-23	Aug-23	Dec-23	
201600096	Security Enhancements 2023 - PNG	$ 8,557					$ 8,557	Jan-23	Dec-23	Mar-23	Dec-23	
201600097	Finance Enhancements 2023 - PNG	$ 140,667					$ 140,667	Jan-23	Dec-23	Mar-23	Dec-23	
201600098	Customer Service Enhancements 2023 - PNG	$ 56,517					$ 56,517	Jan-23	Dec-23	Mar-23	Dec-23	
201600099	Const. Process Enhancements 2023 - PNG	$ 17,108					$ 17,108	Jan-23	Dec-23	Mar-23	Dec-23	
201600100	Operations Improvements 2023 - PNG	$ 62,238					$ 62,238	Jan-23	Dec-23	Mar-23	Dec-23	
201600101	Peoples BYOD	$ 5					$ 5	Jan-23	Dec-23	Aug-23	Dec-23	
201600102	SAP Treasury Module - PNG	$ 4,145					$ 4,145	Jan-23	Dec-23	Jun-23	Dec-23	
201600105	Perceptive Content Upg - PNG	$ 3,251					$ 3,251	Jan-23	Dec-23	Jun-23	Dec-23	
201600108	Microsoft EA Licensing	$ 10,697					$ 10,697	Jan-23	Dec-23	May-23	Dec-23	
201600109	Cust Portal/Mobile App (PNG)	$ 1,380					$ 1,380	Jan-23	Dec-23	Jul-23	Dec-23	
201600110	Risk Assessment 2023 (PNG)	$ 834					$ 834	Jan-23	Dec-23	Aug-23	Dec-23	
201600111	PowerTax DB Upg (PNG)	$ 96					$ 96	Jan-23	Dec-23	Jun-23	Dec-23	
201600112	Server 2012 Retirement (PNG)	$ 8,566					$ 8,566	Jan-23	Dec-23	Jul-23	Dec-23	
201600113	Delta Integration	$ 48,098					$ 48,098	Jan-23	Dec-23	Oct-23	Dec-23	
201600114	MEC Improvements (PNG)	$ 17,105					$ 17,105	Jan-23	Dec-23	Jul-23	Dec-23	
201600115	AP Automation	$ 187,462					$ 187,462	Jan-23	Dec-23	Jun-23	Dec-23	
201600116	Co-Managed Sec Monitor 2023 (PNG)	$ 6,481					$ 6,481	Jan-23	Dec-23	Sep-23	Nov-23	
201600117	Srvc Desk Ticketing Sys - PNG	$ 2,963					$ 2,963	Jan-23	Dec-23	Sep-23	Dec-23	
201600119	Service Desk Tool Enhancements	$ 3,574					$ 3,574	Jan-23	Dec-23	Sep-23	Dec-23	
201600122	Disaster Recovery 2023 (PNG)	$ 612					$ 612	Jan-23	Dec-23	Dec-23	Dec-23	
201690007	Active Directory Integration	$ 134,142					$ 142,693	Jan-23	Dec-23	Apr-22	May-23	
201690012	Delta Networking Equipment (WAN, Carrier	$ 8,462					$ 13,165	Jan-23	Dec-23	Feb-22	Jun-23	
201690013	Delta Voice Equipment	$ 198,086					$ 490,807	Jan-23	Dec-23	Feb-22	Oct-23	
201690021	SW DELTA E-ACCOUNT - IN HOUSE	$ 10,348					$ 320,478	Jan-23	Dec-23	Nov-21	Aug-23	
201600094	Redwood Migration to RunMyJobs - PNG	$ 3,093					$ 3,093	Jan-23	Dec-23	May-23	Dec-23	
201600103	SAP Security - PNG	$ 4,839					$ 4,839	Jan-23	Dec-23	May-23	Dec-23	
201600106	SAP Infrastructure 2023	$ 32,448					$ 32,448	Jan-23	Dec-23	May-23	Dec-23	
201600107	Certify/Tax Implementation	$ 1,292					$ 1,292	Jan-23	Dec-23	May-23	Dec-23	
201690003	Delta - Retire Spoolview for bill archiv	$ 11,250					$ 11,250	Jan-23	Dec-23	Apr-23	Apr-23	
201690024	DELTA IT INTEGRATION	$ 366,497					$ 366,497	Jan-23	Dec-23	Mar-23	Dec-23	
3030		$ 1,615,602	165,212	(1,450,390)	-877.90%	$ 0	$ 3,144,389					Larger quantity IT projects completed than originally planned
3310		$ -	48,000	48,000	100.00%	$ -	$ -					Anticipated projects did not materialize
10106766	22BARB-RET-STA.420 S. WILLIAMS PLUG	$ 12,333					$ 12,333	Jan-23	Dec-23	Oct-23	Dec-23	
10106768	22WILL-RET-STA. 311 BEAMS METER TUBE	$ 6,004					$ 6,004	Jan-23	Dec-23	Apr-23	Jun-23	
10106961	22BARB-RET STA 420 S.WILLIAMS METER	$ 2,041					$ 2,041	Jan-23	Dec-23	Oct-23	Dec-23	
10122433	23WILL-RET. STA. 317 GRIFFITH PLUGG	$ 1,622					$ 1,622	Jan-23	Dec-23	Nov-23	Dec-23	
10122434	23BARB-RETSTA. 413 JACKSON WELL PLU	$ 18,418					$ 18,418	Jan-23	Dec-23	Sep-23	Dec-23	
3320		$ 40,417	48,000	7,583	15.80%	$ 0	$ -					
10106767	22MIDD-INST COMPRESSOR AT STONY FORK	$ 30					$ 25,760	Jan-23	Dec-23	Jul-22	Dec-23	
3330		$ 30	40,000	39,970	99.92%	$ 0	$ 25,760					Compressor project process delayed
10102046	22MIDD-REP- TUBING/LOG PEET2 WELL	$ 28,275					$ 60,060	Jan-23	Dec-23	Apr-22	Dec-23	
10102050	22MIDD-REP- TUBING/LOG 22-1 WELL	$ 86,617					$ 129,604	Jan-23	Dec-23	Apr-22	Nov-23	
10102051	22MIDD-REP- TUBING/LOG 22-2 WELL	$ 58,258					$ 83,524	Jan-23	Dec-23	Sep-22	Dec-23	
10102052	22MIDD-REP- TUBING/LOG 22-3 WELL	$ 22,878					$ 30,983	Jan-23	Dec-23	Apr-22	Jun-23	
10123818	23MIDD-SVC-WELL 22-1TOOL REMOVAL	$ 302,281					$ 302,281	Jan-23	Dec-23	Jul-23	Dec-23	
3520		$ 498,309	300,000	(198,309)	-66.10%	$ 0	$ 606,451					Unexpected complications removing tool from well
3530		$ -	12,000	12,000	100.00%	$ -	$ -					Anticipated projects did not materialize
10126508	23MIDD-REPLACE COIL IN STRIPPING PLANT	$ 7,446					$ 7,446	Jan-23	Dec-23	Sep-23	Nov-23	
3540		$ 7,446	75,000	67,554	90.07%	$ 0	$ 7,446					Fewer projects than anticipated in Budget
2302360	GAST VACUUM PUMP WINCHESTER MTR	$ 4,053					$ 4,053	Jan-23	Dec-23	Oct-23	Oct-23	
10116835	23MIDD-REP-HMI ON ESD AT CANADA MTN	$ 22,855					$ 22,855	Jan-23	Dec-23	Sep-23	Nov-23	
3550		$ 26,908	25,000	(1,908)	-7.63%	$ 0	$ 26,908					
2301840	SPEEDWELL ODORANT PUMP	$ 2,862					$ 2,862	Jan-23	Dec-23	Mar-23	Mar-23	
3560		$ 2,862	20,000	17,138	85.69%	$ 0	$ 2,862					Fewer projects than anticipated in Budget
2301220	PARCEL DATA LICENSE AGREEMENT	$ 46,513					$ 46,513	Jan-23	Dec-23	Apr-23	Apr-23	
2302251	NEW ROOF STANTON OFFICE	$ 6,650					$ 6,650	Jan-23	Dec-23	Apr-23	Apr-23	
2302441	PRESTONSBURG OFFICE BLACKTOP REPLACE	$ 11,117					$ 11,117	Jan-23	Dec-23	Apr-23	41/23	

10093213	21MIDD-RET-212 SUMMIT DR. PINEVILLE CITY	$ 571	$ 571	Jan-23	Dec-23	Apr-23	May-23
10093214	21MIDD-RET-214 E PARK AVE-PVILLE CITY	$ 551	$ 551	Jan-23	Dec-23	Apr-23	May-23
10093215	21MIDD-RET-1929 CUMB AVE- MBORO CITY	$ 1,252	$ 1,252	Jan-23	Dec-23	Apr-23	May-23
10093219	21MIDD-RET-131 PRICE LANE- BELL CO.	$ 1,370	$ 1,370	Jan-23	Dec-23	Apr-23	May-23
10093301	21MIDD-RET-102 RICE ROAD- BELL CO.	$ 835	$ 835	Jan-23	Dec-23	Apr-23	May-23
10099192	21WILL-SVC-2436MAINSTREET-PR:61405025	$ 2,798	$ 2,798	Jan-23	Dec-23	Apr-23	Jun-23
10106421	22STAT-REPSVC 2731 MCCORMICK RD	$ 345	$ 345	Jan-23	Dec-23	Apr-22	May-22
10108903	22MANC-REP-SVC-9019 N. HWY 421	$ 3,365	$ 3,365	Jan-23	Dec-23	Apr-23	Jun-23
10109736	22Owng-Ins-2" Reg St.in Farmers	$ 66	$ 66	Jan-23	Dec-23	Apr-23	May-23
10113215	22BARB-EXT-KY3441-GILBERT HOLLIN EXTEND	$ 9,965	$ 9,965	Jan-23	Dec-23	Apr-23	Jul-23
10113309	22BARB-SVC-671 KY 3441-GILBERT HOLLAND	$ 1,120	$ 1,120	Jan-23	Dec-23	Apr-23	Jul-23
10115550	23manc-svc-199 greenhill rd (boring mach	$ 3,645	$ 3,645	Jan-23	Dec-23	Apr-23	Jun-23
10115621	23CORB-REPSVC-410BARVSTRPR#61330572	$ 945	$ 945	Jan-23	Dec-23	Apr-23	May-23
10115945	23CORB-RETSVC-41EULUSLNPR#61331355	$ 569	$ 569	Jan-23	Dec-23	Apr-23	May-23
10115948	23CORB-RETSVC-47BRISCODRPR#61328474	$ 1,138	$ 1,138	Jan-23	Dec-23	Apr-23	May-23
10116192	23-nich-sev-3050 elizabeth st	$ 5,262	$ 5,262	Jan-23	Dec-23	Apr-23	Jun-23
10116331	23 BERA SVC 6028 ARBOR WOODS WAY # 13	$ 382	$ 382	Jan-23	Dec-23	Apr-23	May-23
10116470	23CORB-SVC-76REDBUDLNPR#61508025	$ 1,737	$ 1,737	Jan-23	Dec-23	Apr-23	Jun-23
10116614	23OWNG-INS-SVC-179 VANCE RD	$ 1,117	$ 1,117	Jan-23	Dec-23	Apr-23	Jun-23
10117561	23WILL-SVC-8955HWY26PR#61513035	$ 1,384	$ 1,384	Jan-23	Dec-23	Apr-23	May-23
10117645	23 BERA SVC 291 ELLIPSE ST	$ 3,943	$ 3,943	Jan-23	Dec-23	Apr-23	Jun-23
10117701	23STAT SVC 595 CAT CREEK RD	$ 1,450	$ 1,450	Jan-23	Dec-23	Apr-23	May-23
10117794	23 BERA SVC 7008 ARBOR RIDGE # 57	$ 1,660	$ 1,660	Jan-23	Dec-23	Apr-23	Jun-23
10117795	23 BERA SVC 7000 ARBOR RIDGE # 59	$ 1,703	$ 1,703	Jan-23	Dec-23	Apr-23	May-23
10117802	23STAT SVC 4000 MORRIS CREEK RD	$ 658	$ 658	Jan-23	Dec-23	Apr-23	May-23
10117810	23 BERA SVC 5013 BRENTWOOD DR	$ 1,016	$ 1,016	Jan-23	Dec-23	Apr-23	Jun-23
10117928	23 BERA SVC 254 INVERNESS TRAIL	$ 1,197	$ 1,197	Jan-23	Dec-23	Apr-23	Jun-23
10118027	23 BERA SVC 600 AVAWAM DR	$ 2,102	$ 2,102	Jan-23	Dec-23	Apr-23	Jun-23
10118100	23-nich-serv-replace- 2282 lexington rd	$ 2,024	$ 2,024	Jan-23	Dec-23	Apr-23	Jun-23
10118112	23OWNG-REP-SVC-11427 HWY 60	$ 1,774	$ 1,774	Jan-23	Dec-23	Apr-23	May-23
10118113	23OWNG-REP-SVC-11388 HWY 60	$ 1,710	$ 1,710	Jan-23	Dec-23	Apr-23	May-23
10118114	23OWNG-REP-SVC-11479 HWY 60	$ 3,634	$ 3,634	Jan-23	Dec-23	Apr-23	May-23
10118115	23OWNG-REP-SVC-68 CHURCH ST	$ 102	$ 102	Jan-23	Dec-23	Apr-23	May-23
10118116	23OWNG-REP-SVC-147 CHURCH RD	$ 1,826	$ 1,826	Jan-23	Dec-23	Apr-23	May-23
10118118	23OWNG-REP-SVC-47 FALCON RD	$ 1,852	$ 1,852	Jan-23	Dec-23	Apr-23	May-23
10118119	23OWNG-REP-SVC-11554 HWY 60	$ 1,892	$ 1,892	Jan-23	Dec-23	Apr-23	Jun-23
10118159	23BARB-SVC-645 KY 3441- HELEN ENSLYN	$ 1,108	$ 1,108	Jan-23	Dec-23	Apr-23	Jul-23
10118186	23-nich-sev-212 little leaf	$ 2,411	$ 2,411	Jan-23	Dec-23	Apr-23	May-23
10118200	23OWNG-REP-SVC-11600 HWY 60	$ 1,884	$ 1,884	Jan-23	Dec-23	Apr-23	Jun-23
10118272	23CORB-SVC-64BEECHTREELNPR#61517029C-1	$ 2,827	$ 2,827	Jan-23	Dec-23	Apr-23	May-23
10118286	23OWNG-REP-SVC-26 OLD MIDLAND TRAIL	$ 1,931	$ 1,931	Jan-23	Dec-23	Apr-23	Jun-23
10118287	23OWNG-REP-SVC-64 OLD MIDLAND TRAIL	$ 1,877	$ 1,877	Jan-23	Dec-23	Apr-23	Jun-23
10118289	23OWNG-REP-SVC-276 OLD MIDLAND TRAIL	$ 3,669	$ 3,669	Jan-23	Dec-23	Apr-23	Jun-23
10118313	23-nich-sev-213 kimberly heights	$ 424	$ 424	Jan-23	Dec-23	Apr-23	May-23
10118316	23OWNG-INS-SVC-550 HICKORY DR	$ 2,051	$ 2,051	Jan-23	Dec-23	Apr-23	May-02
10118321	23-nich-rep-aldyl a-TurkeyCurveLoop	$ 18,984	$ 18,984	Jan-23	Dec-23	Apr-23	Oct-23
10118427	23STAT SVC 245 7TH AVE	$ 1,928	$ 1,928	Jan-23	Dec-23	Apr-23	May-23
10118510	23CORB-RTSVC-839SHWY1223PR#61328410	$ 472	$ 472	Jan-23	Dec-23	Apr-23	May-23
10118573	23-nich-sev-604 hickory hill	$ 2,081	$ 2,081	Jan-23	Dec-23	Apr-23	Jun-23
10118651	23BARB-SVC-36 COCONUT DRIVE- WH MILLS	$ 1,790	$ 1,790	Jan-23	Dec-23	Apr-23	Jun-23
10118652	23WILL-RTSVC-147WOODSLNPR#61320096	$ 570	$ 570	Jan-23	Dec-23	Apr-23	May-23
10118704	23 BERA SVC 330 BOCOTE DR # 97	$ 1,627	$ 1,627	Jan-23	Dec-23	Apr-23	Jun-23
10118705	23 BERA SVC 328 BOCOTE DR # 98	$ 2,474	$ 2,474	Jan-23	Dec-23	Apr-23	May-23
10118808	23STAT SVC 374 CAT CREEK RD	$ 1,647	$ 1,647	Jan-23	Dec-23	Apr-23	May-23
10118825	23 BERA SVC 102 TRILLIUM LOOP	$ 1,607	$ 1,607	Jan-23	Dec-23	Apr-23	Jun-23
10118845	23WILL-RETSVC-57NOAKST-PR:61323877	$ 121	$ 121	Jan-23	Dec-23	Apr-23	Jun-23
10118866	23WILL-INS-2"PEONHWY3422	$ 6,340	$ 6,340	Jan-23	Dec-23	Apr-23	May-23
10118912	23 BERA SVC 148 AVAWAM	$ 3,591	$ 3,591	Jan-23	Dec-23	Apr-23	Jun-23
10118923	23-nich sev rep-220 stephens dr	$ 2,389	$ 2,389	Jan-23	Dec-23	Apr-23	May-23
10118952	23WILL-REPSVC-873BECKSCREEKRDPR#61323530	$ 2,163	$ 2,163	Jan-23	Dec-23	Apr-23	Jun-23
10119045	23 BERA SVC 612 PERSIMMON RIDGE	$ 1,423	$ 1,423	Jan-23	Dec-23	Apr-23	Jun-23
10119091	23 BERA SVC 190 OLD WALLACTON RD	$ 1,992	$ 1,992	Jan-23	Dec-23	Apr-23	Jun-23
10119102	23MIDD-RET-131 WALNUT LANE- HENSLEY	$ 772	$ 772	Jan-23	Dec-23	Apr-23	Jun-23
10119103	23MIDD-RET-47 HARRIS HILL LN- MCDONALD	$ 819	$ 819	Jan-23	Dec-23	Apr-23	Jun-23
10119104	23MIDD-RET-CLEAR CREEK- MITCHELL WILLIAM	$ 852	$ 852	Jan-23	Dec-23	Apr-23	Jun-23
10119105	23MIDD-RET-MAHON BLDG 34- CLEAR CREEK	$ 584	$ 584	Jan-23	Dec-23	Apr-23	May-23
10119106	23MIDD-RET-730 EXETER AVE- PAM LOVIN	$ 830	$ 830	Jan-23	Dec-23	Apr-23	May-23
10119107	23MIDD-RET-412 S 26TH ST. VACANT	$ 846	$ 846	Jan-23	Dec-23	Apr-23	Jun-23

10119108	23MIDD-RET-815 EXTER AVE-VACANT	$ 1,180					$ 1,180	Jan-23	Dec-23	Apr-23	Sep-23	
10119168	23 BERA TRACK EASEMENT COST LINCOLN CO.	$ (18,062)					$ (18,062)	Jan-23	Dec-23	May-23	Dec-23	
10119170	23 BERA TRACK EASEMENT COST LINCOLN . CO	$ 4,406					$ 4,406	Jan-23	Dec-23	Apr-23	Dec-23	
10119172	23 BERA TRACK EASEMENT COST ROCKCASTLE	$ (6,032)					$ (6,032)	Jan-23	Dec-23	Apr-23	Dec-23	
10119173	23 TRACK EASEMENT COST BROADHEAD	$ 2,714					$ 2,714	Jan-23	Dec-23	Apr-23	Dec-23	
10119174	23 TRACK EASEMENT COST ROCKASTLE MT VERN	$ (2,462)					$ (2,462)	Jan-23	Dec-23	Apr-23	Dec-23	
10119334	23MANC-SVC-6539 N. HWY 421	$ 894					$ 894	Jan-23	Dec-23	Apr-23	May-23	
10119335	23MANC-SVC-6575 N. HWY 421	$ 610					$ 610	Jan-23	Dec-23	Apr-23	May-23	
10119336	23MANC-SVC-6603 N. HWY 421 SUITE 1	$ 691					$ 691	Jan-23	Dec-23	Apr-23	May-23	
10119342	23BERA-SVC-262 PATRIOT TRAIL	$ 2,274					$ 2,274	Jan-23	Dec-23	Apr-23	Jun-23	
10119359	23BARB-REP-2593 KY 225-JAMES C LEATH	$ 1,181					$ 1,181	Jan-23	Dec-23	Apr-23	Jun-23	
10119488	23-nich-sev-104 growers field	$ 852					$ 852	Jan-23	Dec-23	Apr-23	Jun-23	
10119502	23WILL-RETSVC-2395MAINST-PR#61343369	$ 1,120					$ 1,120	Jan-23	Dec-23	Apr-23	Jun-23	
10119526	23CORB-INS-4"" STEEL ALONG WINNERS WAY	$ (32,485)					$ (32,485)	Jan-23	Dec-23	Apr-23	Dec-23	
10119527	23 BERA REPLACE 150 FT OF 2 " CS PIPE	$ 8,152					$ 8,152	Jan-23	Dec-23	Apr-23	Jul-23	
10119535	04/27/23	$ 1,153					$ 1,153	Jan-23	Dec-23	Apr-23	May-23	
10119582	23WILL-SVC-60EDGEWOODDRPR#61522515	$ 1,827					$ 1,827	Jan-23	Dec-23	Apr-23	Jun-23	
10122328	23-nich- easement acuisition jessamine	$ 207,690					$ 207,690	Jan-23	Dec-23	Aug-23	Dec-23	
10122329	23-nich- easement acuisition madison	$ 74,355					$ 74,355	Jan-23	Dec-23	Aug-23	Dec-23	
3650		$ 455,378	2,399,667	1,944,289	81.02%	$ 0	$ 455,378					Budgeted items charged to account 3670
2302301	525.21.001.1 21BERA-REP 8" CS KY 52 IN B	$ (70,658)					$ (70,658)	Jan-23	Dec-23	May-23	May-23	
10098705	21NICH-INS-TRANSMISSION LINE #2 MAD CO	$ 161,017					$ 161,017	Jan-23	Dec-23	Jan-23	Dec-23	
10099289	21BERA-REL-RELOCATE KGT 4" LINE	$ 8,831					$ 31,853	Jan-23	Dec-23	Nov-22	Mar-23	
10099993	21NICH-REL-RELOCATE 6" NLP LINE	$ 64,233					$ 64,233	Jan-23	Dec-23	Jun-23	Sep-23	
10100036	21WILL-REP-CROLEY BEND LINE	$ 257,676					$ 1,800,507	Jan-23	Dec-23	Jan-22	Jun-23	
10100692	21BEREA-INS-8" TRANS LINE LINCOLN COUNTY	$ 16,311					$ 1,339,290	Jan-23	Dec-23	Jun-21	Oct-23	
10100874	21NICH-INS-TRANSMISSION LINE #2 JESS CO	$ 405,359					$ 454,360	Jan-23	Dec-23	Nov-21	Dec-23	
10103562	22MIDD-INS-1200' OF 4" FOR STATION 444	$ (53,871)					$ (12,729)	Jan-23	Dec-23	Oct-22	Aug-23	
10107235	22WILL-REP- INLET PIPING TO REG 07008	$ 11,205					$ 11,205	Jan-23	Dec-23	Jan-23	Mar-23	
10107236	22WILL-REP-SECTION OF CBC LINE (CITY)	$ 3,563					$ 3,563	Jan-23	Dec-23	Feb-23	Apr-23	
10107543	22BERA-INS PIPELINE IN LINCOLN CO	$ 36,863					$ 104,508	Jan-23	Dec-23	Jun-22	Dec-23	
10109984	22Owng-Rel- 4" Trans. Line in Farmers	$ (27,565)					$ (1,346)	Jan-23	Dec-23	Oct-22	Aug-23	
10112821	22CORB-REL-HORSE TRACK RELOCATION	$ 133,838					$ -	Jan-23	Dec-23	Oct-22	Dec-23	
10115866	23CORB-INS-4" STEEL TO LAUREL RIDGE	$ 100					$ 100	Jan-23	Dec-23	Jan-23	Dec-23	
10116062	23BERA-INS-200' OF 2" STEEL PK TOOL	$ 8,686					$ 8,686	Jan-23	Dec-23	Feb-23	Apr-23	
10117522	21LOND-REP-LOWER CLAY-CORBIN LINES	$ 16,763					$ 16,763	Jan-23	Dec-23	Mar-23	Apr-23	
10121320	23Stat-Rel-4"Steel Hwy 587 Beattyville	$ 150,053					$ 150,053	Jan-23	Dec-23	Sep-23	Dec-23	
10122427	MIDDDD-REP.-8" LOG MTN VALVE	$ 11,663					$ 11,663	Jan-23	Dec-23	Jul-23	Sep-23	
10126938	23MANC-INTEGRITY SURVEY AND DIGS	$ 16,034					$ 16,034	Jan-23	Dec-23	Nov-23	Dec-23	
10126939	23BARB-INTEGRITY SURVEY AND DIGS(DEWITT)	$ 10,702					$ 10,702	Jan-23	Dec-23	Nov-23	Dec-23	
3670		$ 1,160,802	563,455	(597,347)	-106.02%	$ 0	$ 4,099,801					Charges budgeted in account 3650, unbudgeted Transmission Projects
10110276	22BERA-INS-REDLICK COMPRESSOR STATION	$ 29,472					$ 37,295	Jan-23	Dec-23	Sep-22	Mar-23	
3680		$ 29,472	50,000	20,528	41.06%	$ 0						Fewer expenditures than anticipated in budget
10104993	22NICH-REP-REGULATORS HWY 29 & BYPASS	$ 2,984					$ 2,984	Jan-23	Dec-23	Sep-23	Dec-23	
10113789	22BERA-INS-INLET LEG TO HICKORY LN REG	$ 3,022					$ 3,022	Jan-23	Dec-23	Jan-23	Feb-23	
10115655	21BEREA-REP-UPGRADE REGULATOR STATION	$ 17,896					$ 17,896	Jan-23	Dec-23	Jan-23	May-23	
10122970	23CORB-INSTALL GM&R AT LANDFILL	$ 278,780					$ 278,780	Jan-23	Dec-23	Sep-23	Oct-23	
3690		$ 302,681	40,000	(262,681)	-656.70%	$ 0	$ 302,681					Reimbursement project started, not reimbursed until 2024
3710		$ -	10,000	10,000	100.00%	$ -	$ -					Anticipated projects did not materialize
3740		$ -	5,557	5,557	100.00%	$ -	$ -					Anticipated projects did not materialize
3750		$ -	5,000	5,000	100.00%	$ -	$ -					Anticipated projects did not materialize
2300165	D9525.MISCMTRMAT-DELTA MISC METER MATERI	$ (161,029)					$ (161,029)	Jan-23	Dec-23	N/A	N/A	
2300382	DELTAOH.CONS - CONSTRUCTION OVERHEAD	$ 145,620					$ 145,620	Jan-23	Dec-23	N/A	N/A	
2302302	502.21.001.1 21BERA-REP GAS FACILITIES K	$ (42,039)					$ (42,039)	Jan-23	Dec-23	May-23	May-23	
10071160	19BERA-REP-ALDYL-A PIPE IN BEREA CITY LI	$ 2,604					$ 14,998	Jan-23	Dec-23	Nov-19	Jun-23	
10088375	REP PRP ALDYL-A NORTH CORBIN	$ 541,218					$ 541,218	Jan-23	Dec-23	Mar-23	Dec-23	
10099954	21CORB-REL-US25WREL(KY#11-186) KY5911000	$ 464,210					$ 571,305	Jan-23	Dec-23	Dec-21	Dec-23	
10099955	21CORB-REL-US25WREL(KY#:11-186)KY5910000	$ 553,397					$ 690,079	Jan-23	Dec-23	Feb-22	Dec-23	
10099994	21nich-ret-main line on 3rd st	$ 1,877					$ 1,877	Jan-23	Dec-23	Jun-23	Aug-23	
10100085	21Stat-Rep-Aldyl-A Main in Clay City	$ 846					$ 72,248	Jan-23	Dec-23	Dec-21	May-23	
10100663	20Owng-REP-Aldyl-A Main in Midland	$ 618,251					$ 669,760	Jan-23	Dec-23	Apr-20	Nov-23	
10100664	20Owng-Rep-Aldyl-A Main in Farmers	$ 798,339					$ 866,349	Jan-23	Dec-23	Apr-20	Nov-23	
10100665	20Stat-REP-Aldyl-A Main in Camargo	$ (4,823)					$ 1,024,715	Jan-23	Dec-23	May-20	Nov-23	
10100673	19NICH-REP-2IN ALDYL-A PIPE Nicholasvill	$ 3,919					$ 1,811,762	Jan-23	Dec-23	Aug-19	Sep-23	
10100677	21Stat-Rep- Aldyl-A Pl. on Adams Ridge	$ 141					$ 68,982	Jan-23	Dec-23	Oct-21	Dec-23	
10100679	21LOND-REL-KY192/KY229 STATE RELOCATION	$ 431					$ 2,074,758	Jan-23	Dec-23	Mar-21	Oct-23	
10100680	21LOND-REL-KY192-MEYERSBAKERRD-GOVTBILL	$ 2,061					$ 497,985	Jan-23	Dec-23	May-21	Nov-23	

10100685	19Midd-rep-middlesboro city limits	$ 3,645	$ 856,049	Jan-23	Dec-23	Jan-20	Sep-23
10100691	21BEREA-INS-M&R STATION LINCOLN COUNTY	$ 7,465	$ 2,177,487	Jan-23	Dec-23	Jun-21	Oct-23
10100852	20MANC-REP-ALDYL-A MAIN BURNING SPRINGS	$ 174,474	$ 1,142,491	Jan-23	Dec-23	Mar-20	Dec-23
10102460	22CORB-EXT-HIDDENVALLEYETOFFROOKSBRRD	$ 69	$ 26,563	Jan-23	Dec-23	Mar-22	Mar-23
10105467	22CORB-REL-EARLYST/3005&3007PROPERTY	$ 613	$ 6,311	Jan-23	Dec-23	Jun-22	Dec-23
10105469	22-nich-replacement of aldyl a in NV-3	$ 1,243,125	$ 1,379,883	Jan-23	Dec-23	Apr-22	Dec-23
10106771	22BERA-EXT-4"MAIN 2000 FT FARRISTOWN IND	$ 2,209	$ 32,503	Jan-23	Dec-23	Jul-22	Oct-23
10108080	22BERA-EXT 2" MAIN ALONG RICHMOND RD	$ 16,662	$ 16,662	Jan-23	Dec-23	Jan-23	Apr-23
10108711	22LOND-EXT-2"PETOPTON/HWY552	$ 66	$ 63,010	Jan-23	Dec-23	Sep-22	Oct-23
10109986	22BARB-TEST-LOW PRESSURE BVILLE SYSTEM	$ 59,227	$ 79,068	Jan-23	Dec-23	Oct-22	May-23
10109987	22Owng-Ext- 2" Pl Main in O'ville	$ 178	$ 6,818	Jan-23	Dec-23	Aug-22	Feb-23
10111605	22LOND-EXT-2"PEONEHWY552	$ 66	$ 10,233	Jan-23	Dec-23	Oct-22	Oct-23
10112077	22 BERA Ext 2" main for 1371 Barnes Mill	$ 1,723	$ 16,893	Jan-23	Dec-23	Dec-22	Apr-23
10112470	22BARB-REP-CUMBERLAND AVE MAIN- CLARKS	$ 4,353	$ 4,353	Jan-23	Dec-23	May-23	Jul-23
10112820	22 BERA EXT 4" PL MAIN TO 3190 IRVINE RD	$ 32,654	$ 32,654	Jan-23	Dec-23	Jan-23	Apr-23
10113212	22 BERA RELOCATE STEEL MAIN US 25 N	$ 689,181	$ 689,181	Jan-23	Dec-23	Jan-23	Aug-23
10114118	22MIDD-RET-126-1/2 PARKER LANE-CAPPS	$ 822	$ 1,659	Jan-23	Dec-23	Dec-22	Feb-23
10115184	23Owng-Ret-Main to Hinkle Blacktop Plant	$ 2,550	$ 2,550	Jan-23	Dec-23	Jan-23	Feb-23
10115320	23Owng-Ret- main Xing on Hwy 519 Morehea	$ 2,782	$ 2,782	Jan-23	Dec-23	Jan-23	Feb-23
10115445	22CORB-REPL-5THSTandBLACKDIAMONDROUND	$ 28,015	$ 28,015	Jan-23	Dec-23	May-23	Aug-23
10115505	23-nich-mainline-Burley Ridge phase 3	$ 23,487	$ 23,487	Jan-23	Dec-23	Jan-23	Feb-23
10116004	23-nich-mainline-Grey Oak ln	$ 9,975	$ 9,975	Jan-23	Dec-23	Mar-23	Jul-23
10116005	23BARB-EXT-145 DEER BORN AVE. WARRENFUEL	$ 2,504	$ 2,504	Jan-23	Dec-23	Feb-23	Apr-23
10116063	23BERA INSTALL 200 ' OF 4' PL ON OUTLET	$ 3,566	$ 3,566	Jan-23	Dec-23	Feb-23	Mar-23
10116080	23 BERA INSTALL 100' OF 4"CS BGAD REG	$ (14,729)	$ (14,729)	Jan-23	Dec-23	Feb-23	May-23
10116687	23CORB-EXT-GREENDALEST	$ 3,761	$ 3,761	Jan-23	Dec-23	Mar-23	May-23
10116688	23WILL-RET-1"MAIN8316HWY26	$ 3,012	$ 3,012	Jan-23	Dec-23	Feb-23	Apr-23
10116689	23CORB- INS-2"PEONSTONEINGTONWAY	$ 2,195	$ 2,195	Jan-23	Dec-23	Jun-23	Jul-23
10116690	23CORB-INS-4"PEONHWY552	$ 127	$ 127	Jan-23	Dec-23	Oct-23	Nov-23
10116691	23-nich-mainline-12 wichita drive	$ 4,616	$ 4,616	Jan-23	Dec-23	Mar-23	Apr-23
10116836	23 BERA EXT MAIN ALONG ARBOR RIDGE DR	$ 45,021	$ 45,021	Jan-23	Dec-23	Mar-23	Jun-23
10116939	CORBRB-INS-2"PEONLOISEENGLEDR	$ 6,649	$ 6,649	Jan-23	Dec-23	Mar-23	Jun-23
10117518	23Stat-Ext- 4"Pl. Main on Cat Creek	$ 28,461	$ 28,461	Jan-23	Dec-23	Mar-23	Jun-23
10117520	23-NICH-REP NV-3 ALDYL-A - COUNTY	$ 62,898	$ 62,898	Jan-23	Dec-23	Aug-23	Dec-23
10117523	23Owng-Rep-Aldyl-A Main on Hwy 519	$ 7,965	$ 7,965	Jan-23	Dec-23	Mar-23	May-23
10117584	23 BERA PHASE 3 STONEY CREEK	$ 26,181	$ 26,181	Jan-23	Dec-23	Apr-23	Jun-23
10117806	23LOND-INST-6"PEONEHWY192BUFFALOTR	$ 2,055	$ 2,055	Jan-23	Dec-23	Jul-23	Dec-23
10117874	23 BERA EXT 8" STEEL MAIN CRAB ORCHARD	$ 2,509	$ 2,509	Jan-23	Dec-23	Sep-23	Dec-23
10117993	23BARB-EXT-MAGNET HOLLOW - ALEX LOWE	$ 3,409	$ 3,409	Jan-23	Dec-23	Mar-23	May-23
10118154	23LOND-INS-4"&2"ONHWY192THEHILLS@EMERALD	$ 60,698	$ 60,698	Jan-23	Dec-23	Sep-23	Dec-23
10118322	23MIDD-SO-ACIDIZE 22-1 WELL	$ 82,175	$ 82,175	Jan-23	Dec-23	Mar-23	Jun-23
10118323	23MIDD-SO-ACIDIZE PEET2 WELL	$ 5,097	$ 5,097	Jan-23	Dec-23	Apr-23	Jun-23
10118327	23MIDD-REP-REBUILD CANADA MTN #1 COMP	$ 47,483	$ 47,483	Jan-23	Dec-23	Aug-23	Dec-23
10118328	23MIDD-REP-REBUILD CANADA MTN # 2 C	$ 58,747	$ 58,747	Jan-23	Dec-23	Aug-23	Dec-23
10118574	23WILL-INS-2"PEONHWY6ROCKHOLD	$ 14,399	$ 14,399	Jan-23	Dec-23	Sep-23	Dec-23
10118867	23 BERA RET 190' OF 2"MAIN BEREA COLLEGE	$ 444	$ 444	Jan-23	Dec-23	May-23	Jun-23
10118868	23Stat-Rep-RiverXing and Aldyl-A in Stan	$ 19,912	$ 19,912	Jan-23	Dec-23	Jun-23	Oct-23
10118869	23Stat-Rep-1"Steel Xing on Plum St.	$ 7,996	$ 7,996	Jan-23	Dec-23	Jun-23	Sep-23
10118870	23 BERA EXT 2" PL MAIN 750' HERNDON LN	$ 7,429	$ 7,429	Jan-23	Dec-23	Apr-23	Jun-23
10119175	23 manc-lower-main HYW3474	$ 7,378	$ 7,378	Jan-23	Dec-23	Jul-23	Sep-23
10119538	23CORB-EXT-2"PEONIKEMONHOLLENLN	$ 7,967	$ 7,967	Jan-23	Dec-23	Jun-23	Aug-23
10119847	23-nich-main ret-lot 35/93 blackthorne	$ 22	$ 22	Jan-23	Dec-23	Apr-23	Jun-23
10120067	new mainline-nich- Zuck Dean Development	$ 38,786	$ 38,786	Jan-23	Dec-23	May-23	Dec-23
10120156	LONDND-EXT-RIVEROAKSDR	$ 10,584	$ 10,584	Jan-23	Dec-23	Jun-23	Sep-23
10120255	23Stat-Rep- 2"Aldyl-A Rd Xing in Jeffers	$ 19,762	$ 19,762	Jan-23	Dec-23	Jul-23	Oct-23
10120602	23LOND-INS-2"PEONBARVILLERD	$ 8,969	$ 8,969	Jan-23	Dec-23	Oct-23	Dec-23
10120603	23LOND-RET-2"PE@425SLAURELRD	$ 853	$ 853	Jan-23	Dec-23	May-23	Jun-23
10120616	23-nich-main ext @ singing lark pass	$ 1,576	$ 1,576	Jan-23	Dec-23	Jun-23	Jul-23
10121481	MANC SVC 4' PE CC Det Cent	$ 14,030	$ 14,030	Jan-23	Dec-23	Jun-23	Dec-23
10121798	23Stat-Ret-1" Rd xing on Robin Ln.	$ 3,246	$ 3,246	Jan-23	Dec-23	Jul-23	Sep-23
10121799	23MIDD-REP-HWY 66 BALL FIELD PARKING LOT	$ 10,080	$ 10,080	Jan-23	Dec-23	Jul-23	Sep-23
10121916	23BARB-REP-MAINLINE IN CITY OF BARBOURVI	$ 53,879	$ 53,879	Jan-23	Dec-23	Jun-23	Dec-23
10121963	23CORB-REP1"ALDYLARIVERSIDELOOP	$ 8,656	$ 8,656	Jan-23	Dec-23	Jun-23	Sep-23
10122083	23MIDD-EXT-ENNISMORE DRIVE-AMBLESIDE SUB	$ 18,991	$ 18,991	Jan-23	Dec-23	Jul-23	Nov-23
10122084	23BERA-EXT- TO FIREBROOK SUB	$ 35,396	$ 35,396	Jan-23	Dec-23	Jul-23	Nov-23
10122282	23BARB-EXT-371 VALENTINE HOLLOW RD-MILLS	$ 9,916	$ 9,916	Jan-23	Dec-23	Jul-22	Sep-23
10122391	23Stat-Ret-2"Main in Stanton	$ 202	$ 202	Jan-23	Dec-23	Jul-23	Aug-23
10122396	23Stat-Ret-2main Rd.xings on Hwy 58	$ 106	$ 106	Jan-23	Dec-23	Oct-23	Nov-23

10122452	23-nich-relocate main hwy 169 #7-87.10	$ 53,223					$ 53,223	Jan-23	Dec-23	Sep-23	Dec-23		
10122586	23 BERA RET 100' OF 2" MAIN BEREA COLLEG	$ 2,199					$ 2,199	Jan-23	Dec-23	Jul-23	Sep-23		
10122587	23Stat-Ext-2"Pl.Main in Stanton	$ 12,149					$ 12,149	Jan-23	Dec-23	Aug-23	Oct-23		
10122592	23-nich-main ext in halfhill estates	$ 33,238					$ 33,238	Jan-23	Dec-23	Aug-23	Dec-23		
10122763	23LOND-RET-3/4"OLDUNIONCHRD	$ 569					$ 569	Jan-23	Dec-23	Jul-23	Aug-23		
10122764	23 BERA EXT 2"MAIN FOR STONEY CREEK SUB	$ 34,144					$ 34,144	Jan-23	Dec-23	Aug-23	Sep-23		
10123347	23BARB-RET-104 JUDGE ST. VACANT	$ 58					$ 58	Jan-23	Dec-23	Aug-23	Sep-23		
10123480	23MIDD-EXT-CUMB. RIVER BEHAVIORIAL HEALT	$ 427					$ 427	Jan-23	Dec-23	Aug-23	Nov-23		
10123701	23CORB-INS-6"STEELO#10118980	$ 49,258					$ 49,258	Jan-23	Dec-23	Dec-23	Dec-23		
10123756	209 S. Liberty St.3/4" MAIN XING RETIRED	$ 638					$ 638	Jan-23	Dec-23	Aug-23	Nov-23		
10124096	23MIDD-REP-30TH & WINCHESTER ROUNDABOUT	$ 5,250					$ 5,250	Jan-23	Dec-23	Aug-23	Oct-23		
10124239	23Owng-Ret-2"main in Owngsville	$ 813					$ 813	Jan-23	Dec-23	Sep-23	Nov-23		
10125801	23Stat-Ext-2"Pl. Main on Cooper Ln.	$ 5,233					$ 5,233	Jan-23	Dec-23	Oct-23	Dec-23		
10126390	23-nich-main ext @800 e brannon rd	$ 8,053					$ 8,053	Jan-23	Dec-23	Oct-23	Dec-23		
10126391	23-nich-main ext @ poor ridge lane	$ 2,518					$ 2,518	Jan-23	Dec-23	Oct-23	Dec-23		
10126519	23 BERA EXT 8" STEEL GAS ROCKCASTLE CO	$ 44,097					$ 44,097	Jan-23	Dec-23	Nov-23	Dec-23		
10126651	23LOND-INST-4"AND2"PE@BUFFALOTRACE	$ 3,892					$ 3,892	Jan-23	Dec-23	Nov-23	Dec-23		
10126760	23 BERA EXT 8" STEEL MAIN BROADHEAD CITY	$ 19,136					$ 19,136	Jan-23	Dec-23	Nov-23	Dec-23		
10126761	23 BERA 8" STEEL MIAN IN MT VERNON CITY	$ 43,770					$ 43,770	Jan-23	Dec-23	Nov-23	Dec-23		
10127241	23Stat-Ret-3/4 road xing in Clay Ci	$ 159					$ 159	Jan-23	Dec-23	Dec-23	Dec-23		
10127780	23BARB-RET-CITY HALL MAIN 196 D.B D	$ 51					$ 51	Jan-23	Dec-23	Dec-23	Dec-23		
10127781	23MIDD-EXT-104 DELMAR STREET-D. LEE	$ 1,321					$ 1,321	Jan-23	Dec-23	Dec-23	Dec-23		
1601331800	DELTA- VEHICLE SALVAGE	$ (232,295)					$ (232,295)	Jan-23	Dec-23	N/A	N/A		
3760		$ 6,061,242	6,688,200	626,958	9.37%	$ 0	$ 16,290,094						
2300104	502.21.002.8-21BERA-RET REG STAT 02051 H	$ (790)					$ -	Jan-23	Dec-23	Aug-21	May-23		
10108701	22BARB-RET-705 MANCHESTER STREET- ARMORY	$ 844					$ 844	Jan-23	Dec-23	May-23	Jul-23		
10109800	22 BERA INSTALL I" REG STATION 25 NORTH	$ 4,474					$ 4,474	Jan-23	Dec-23	Jan-23	Mar-23		
10113213	RELOCATE REG STATION #02074 MCCORD LN	$ 4,345					$ 4,345	Jan-23	Dec-23	Mar-23	Jun-23		
10115182	22Owng-Ret-LVM Hinkle Blacktop Morehead	$ 418					$ 418	Jan-23	Dec-23	Jan-23	Feb-23		
10120601	23LOND-INS-REGULATORSTATION@4100BVILLERD	$ 2,062					$ 2,062	Jan-23	Dec-23	Oct-23	Nov-23		
10120831	23-nich-restore ground bed @ n-ville T.B	$ 6,801					$ 6,801	Jan-23	Dec-23	Jun-23	Aug-23		
10121027	23LOND-RETLVM-PR#61320136	$ 127					$ 127	Jan-23	Dec-23	Nov-23	Dec-23		
10122175	23LOND-RETLVM-PR#61322042	$ 1,200					$ 1,200	Jan-23	Dec-23	Jul-23	Aug-23		
10123792	23CORB-INS-2"REGSTATION@AISINTUNNEL	$ 53					$ 53	Jan-23	Dec-23	Nov-23	Dec-23		
10125155	23LOND-INS-REGSTAT@4100BVILLERD	$ 2,285					$ 2,285	Jan-23	Dec-23	Nov-23	Dec-23		
10127639	23BARB-RET METER SET -196 D. BOONE	$ 26					$ 26	Jan-23	Dec-23	Dec-23	Dec-23		
164500DG02	Meter Install (Retire) BARBOURVILLE CITY	$ 218					$ 218	Jan-23	Dec-23	N/A	N/A		
164500DG03	Meter Installations (Retire) BATH	$ 191					$ 191	Jan-23	Dec-23	N/A	N/A		
164500DG04	Meter Installations (Retire) BELL	$ 189					$ 189	Jan-23	Dec-23	N/A	N/A		
164500DG07	Meter Installations (Retire) CLAY CITY	$ 48					$ 48	Jan-23	Dec-23	N/A	N/A		
164500DG08	Meter Install(Retire) CORBIN CITY.WHITLE	$ 325					$ 325	Jan-23	Dec-23	N/A	N/A		
164500DG09	Meter Install (Retire) FRENCHBURG CITY	$ 96					$ 96	Jan-23	Dec-23	N/A	N/A		
164500DG12	Meter Installations (Retire)KNOX	$ 374					$ 374	Jan-23	Dec-23	N/A	N/A		
164500DG14	Meter Installations (Retire) LAUREL	$ 236					$ 236	Jan-23	Dec-23	N/A	N/A		
164500DG16	Meter Installations (Retire) LONDON CITY	$ 96					$ 96	Jan-23	Dec-23	N/A	N/A		
164500DG19	Meter Install (Retire) MIDDLESBORO CITY	$ 661					$ 661	Jan-23	Dec-23	N/A	N/A		
164500DG20	Meter Installations (Retire) MONTGOMERY	$ 376					$ 376	Jan-23	Dec-23	N/A	N/A		
164500DG21	Meter Install(Retire) NICHOLASVILLE CITY	$ 58					$ 58	Jan-23	Dec-23	N/A	N/A		
164500DG22	Meter Install (Retire) OWINGSVILLE CITY	$ 108					$ 108	Jan-23	Dec-23	N/A	N/A		
164500DG23	Meter Install (Retire) PINEVILLE CITY	$ 63					$ 63	Jan-23	Dec-23	N/A	N/A		
164500DG24	Meter Installations (Retire) POWELL	$ 140					$ 140	Jan-23	Dec-23	N/A	N/A		
164500DG28	Meter Install (Retire)STANTON CITY	$ 134					$ 134	Jan-23	Dec-23	N/A	N/A		
164500DG29	Meter Installations (Retire) WHITLEY	$ 278					$ 278	Jan-23	Dec-23	N/A	N/A		
164500DG30	Meter Install (Retire) WILLIAMSBURG CITY	$ 96					$ 96	Jan-23	Dec-23	N/A	N/A		
164500DG32	Meter Instal (Retire) BEATTYVILLE CITY	$ 94					$ 94	Jan-23	Dec-23	N/A	N/A		
164500DG35	Meter Instal (Retire) CORBINCITY.KNOX	$ 94					$ 94	Jan-23	Dec-23	N/A	N/A		
164500DG44	Meter Install (Retire) ROBERTSON	$ 96					$ 96	Jan-23	Dec-23	N/A	N/A		
169700DREG	Purchase Regulators - Delta	$ 227,859					$ 227,859	Jan-23	Dec-23	N/A	N/A		
3780		$ 253,674	50,400	(203,274)	-403.32%	$ 0	$ 254,464					Higher regulator expenditures than budgeted, started reimbursement project	
3790	-	$ -	145	145	100.00%	$ -	$ -					Anticipated projects did not materialize	
10098670	21BERA-SVC-304 SADDLE WOOD CT-CANCE	$ (949)					$ -	Jan-23	Dec-23	12/1/2021	12/1/2023		
10101284	22-nich-sev-101 #2bethel harvest drive	$ 588					$ 3,140	Jan-23	Dec-23	Jan-22	Feb-23		
10103365	22WILL-SVC-9999BLVDOFCHAMPS-PR:61429500	$ 238					$ 1,862	Jan-23	Dec-23	3/1/2022	2/1/2023		
10103877	22 BERA RETIRE SERVICE LINE	$ 283					$ 283	Jan-23	Dec-23	3/1/2023	4/1/2023		
10104006	22 BERA RET SVC 107 DAVIS ST	$ 570					$ 570	Jan-23	Dec-23	3/1/2023	5/1/2023		
10104074	22 BERA RET SVC 104 SCRUGGS ST	$ 284					$ 284	Jan-23	Dec-23	3/1/2023	4/1/2023		

10104076	22 BERA RET SVC 206 WOODFORD AVE	$ 1,420	$ 1,420	Jan-23	Dec-23	3/1/2023	5/1/2023
10104201	22 BERA RET SVC 206 KENWAY ST	$ 286	$ 286	Jan-23	Dec-23	3/1/2023	5/1/2023
10104202	22 BERA RET SVC 409 MEADOW DR	$ 286	$ 286	Jan-23	Dec-23	3/1/2023	5/1/2023
10104325	22STAT-REPSVC 525 ADAMS RIDGE RD	$ (136)	$ -	Jan-23	Dec-23	8/1/2022	12/1/2023
10104561	22OWNG-REP-SVC-440 N MAIN ST	$ 97	$ 2,789	Jan-23	Dec-23	6/1/2022	2/1/2023
10104647	22OWNG-REP-SVC-787 SARDIS RD	$ (3,296)	$ -	Jan-23	Dec-23	6/1/2022	12/1/2023
10104822	22BARB-SVC-66 EDGEWOOD ROAD - KNOX CO.	$ 345	$ 4,394	Jan-23	Dec-23	4/1/2022	9/1/2023
10105013	22STAT REPSVC 1622 OLDHAM RD	$ 675	$ 888	Jan-23	Dec-23	11/1/2022	3/1/2023
10105015	22STAT REPSVC 1707 OLDHAM RD	$ 2,220	$ 2,220	Jan-23	Dec-23	1/1/2023	12/1/2023
10105016	22STAT REPSVC 1769 OLDHAM RD	$ 675	$ 877	Jan-23	Dec-23	11/1/2022	3/1/2023
10105358	22 BERA SVC 164 AVAWAM DR	$ 356	$ 3,753	Jan-23	Dec-23	6/1/2022	7/1/2023
10105708	22STAT REPSVC 3761CAMARGO HEIGHTS	$ (138)	$ -	Jan-23	Dec-23	7/1/2022	11/1/2023
10105710	22STAT REPSVC 1110 VALLEY VIEW	$ 450	$ 623	Jan-23	Dec-23	11/1/2022	3/1/2023
10105711	22STAT REPSVC 1099 VALLEY VIEW	$ 450	$ 581	Jan-23	Dec-23	11/1/2022	3/1/2023
10105712	22STAT REPSVC 1121 VALLEY VIEW	$ 570	$ 570	Jan-23	Dec-23	1/1/2023	4/1/2023
10105713	22STAT REPSVC 1124 VALLEY VIEW	$ 450	$ 595	Jan-23	Dec-23	11/1/2022	3/1/2023
10105714	22STAT REPSVC 1137 VALLEY VIEW	$ 578	$ 750	Jan-23	Dec-23	6/1/2022	4/1/2023
10105715	22STAT REPSVC 1138 VALLEY VIEW	$ 450	$ 595	Jan-23	Dec-23	11/1/2022	3/1/2023
10105716	22STAT REPSVC 1156 VALLEY VIEW	$ 450	$ 600	Jan-23	Dec-23	11/1/2022	3/1/2023
10105717	22STAT REPSVC 1175 VALLEY VIEW	$ 450	$ 1,090	Jan-23	Dec-23	7/1/2022	3/1/2023
10105718	22STAT REPSVC 1205 VALLEY VIEW	$ 808	$ 808	Jan-23	Dec-23	2/1/2023	5/1/2023
10105719	22STAT REPSVC 1204 VALLEY VIEW	$ 450	$ 595	Jan-23	Dec-23	11/1/2022	3/1/2023
10105741	22STAT-REPSVC 2561 CARTWRIGHT RD	$ 900	$ 1,058	Jan-23	Dec-23	11/1/2022	3/1/2023
10105742	22STAT-REPSVC 2566 CARTWRIGHT RD	$ 675	$ 760	Jan-23	Dec-23	11/1/2022	3/1/2023
10105745	22STAT-REPSVC 2582 CARTWRIGHT RD	$ 561	$ 561	Jan-23	Dec-23	1/1/2023	3/1/2023
10105746	22STAT-REPSVC 2600 CARTWRIGHT RD #8	$ 1,508	$ 1,508	Jan-23	Dec-23	2/1/2023	5/1/2023
10105747	22STAT-REPSVC 2600 CARTWRIGHT RD #7	$ 1,349	$ 1,509	Jan-23	Dec-23	11/1/2022	3/1/2023
10105749	22STAT-REPSVC 4412 ELL ST	$ 675	$ 838	Jan-23	Dec-23	11/1/2022	3/1/2023
10105750	22STAT-REPSVC 4418 ELL ST	$ 712	$ 712	Jan-23	Dec-23	1/1/2023	3/1/2023
10105751	22STAT-REPSVC 3034 ESTES CT	$ 450	$ 603	Jan-23	Dec-23	11/1/2022	3/1/2023
10105782	22STAT REPSVC 1224 VALLEY VIEW DR	$ 450	$ 616	Jan-23	Dec-23	11/1/2022	3/1/2023
10105783	22STAT REPSVC 1245 VALLEY VIEW DR	$ 450	$ 877	Jan-23	Dec-23	11/1/2022	3/1/2023
10105784	22STAT REPSVC 1176 VALLEY VIEW DR	$ 573	$ 573	Jan-23	Dec-23	1/1/2023	4/1/2023
10105785	22STAT REPSVC 3804 Woodland	$ 675	$ 836	Jan-23	Dec-23	11/1/2022	3/1/2023
10106305	22STAT REPSVC 3811 WOODLAND	$ 900	$ 1,014	Jan-23	Dec-23	11/1/2022	3/1/2023
10106306	22STAT REPSVC 3810 WOODLAND	$ 675	$ 822	Jan-23	Dec-23	11/1/2022	3/1/2023
10106309	22STAT REPSVC 2129 GATEWAY	$ 675	$ 798	Jan-23	Dec-23	11/1/2022	3/1/2023
10106310	22STAT REPSVC 2122 GATEWAY	$ 675	$ 806	Jan-23	Dec-23	11/1/2022	3/1/2023
10106311	22STAT REPSVC 2128 GATEWAY	$ 675	$ 793	Jan-23	Dec-23	11/1/2022	3/1/2023
10106312	22STAT REPSVC 2134 GATEWAY	$ 574	$ 574	Jan-23	Dec-23	1/1/2022	4/1/2023
10106314	22STAT REPSVC 2146 GATEWAY	$ 675	$ 813	Jan-23	Dec-23	11/1/2022	3/1/2023
10106316	22STAT REPSVC 2150 GATEWAY	$ 675	$ 792	Jan-23	Dec-23	11/1/2022	3/14/2023
10106317	22STAT REPSVC 2151 GATEWAY	$ 675	$ 816	Jan-23	Dec-23	11/1/2022	3/1/2023
10106420	22STAT-REPSVC 4212 ROSE AVE	$ 450	$ 621	Jan-23	Dec-23	11/1/2022	3/1/2023
10106425	22STAT-REPSVC 3993 MCCORMICK RD	$ 450	$ 611	Jan-23	Dec-23	11/1/2022	3/1/2023
10106426	22STAT-REPSVC 4061 MCCORMICK RD	$ 450	$ 663	Jan-23	Dec-23	11/1/2022	3/1/2023
10106427	22STAT-REPSVC 4155 MCCORMICK RD	$ 450	$ 617	Jan-23	Dec-23	11/1/2022	3/1/2023
10106428	22STAT-REPSVC 4304 MCCORMICK RD	$ 450	$ 636	Jan-23	Dec-23	11/1/2022	3/1/2023
10108284	22STAT SVC 6801 WINCHESTER RD	$ 3,183	$ 3,183	Jan-23	Dec-23	2/1/2023	4/1/2023
10108342	22 BERA SVC 830 RICHMOND RD	$ 1,205	$ 1,205	Jan-23	Dec-23	1/1/2023	3/1/2023
10108343	22 BERA SVC 315 CHESTNUT ST	$ 186	$ 2,989	Jan-23	Dec-23	8/1/2022	2/1/2023
10108370	22MANC-REP-SVC-8793 N. HWY 421	$ 900	$ 900	Jan-23	Dec-23	3/1/2023	4/1/2023
10108541	22BARB-4370 KY 1304- VACANT	$ 3,394	$ 7,715	Jan-23	Dec-23	12/1/2022	5/1/2023
10108568	22BARB-REP-705 MANCHESTER STREET- ARMORY	$ 3,373	$ 3,373	Jan-23	Dec-23	5/1/2023	7/1/2023
10108777	22MANC-REP-SVC-8293 N. HWY 421	$ 98	$ 944	Jan-23	Dec-23	9/1/2022	6/1/2023
10108778	22MANC-REP-SVC-8292 N. HWY 421	$ 132	$ 1,825	Jan-23	Dec-23	9/4/2022	6/1/2023
10108847	22MANC-REP-SVC-6911 N. HWY 421	$ 0	$ 131	Jan-23	Dec-23	11/1/2022	5/1/2023
10108851	22MANC-REP-SVC-7216 N HWY 421	$ 2,185	$ 2,185	Jan-23	Dec-23	1/1/2023	2/1/2023
10108901	22MANC-REP-SVC-20 STILL BRANCH RD	$ 5,588	$ 5,588	Jan-23	Dec-23	3/1/2023	6/1/2023
10108902	22MANC-REP-SVC-8970 N. HWY 421	$ 1,460	$ 1,460	Jan-23	Dec-23	3/1/2023	6/1/2023
10108905	22MANC-REP-SVC-9094 N. HWY 421	$ 900	$ 900	Jan-23	Dec-23	3/1/2023	4/1/2023
10108906	22MANC-REP-SVC-9125 N. HWY 421	$ 1,574	$ 1,574	Jan-23	Dec-23	3/1/2023	4/1/2023
10108907	22MANC-REP-SVC-9159 #2	$ 1,349	$ 1,349	Jan-23	Dec-23	3/1/2023	4/1/2023
10108908	22MANC-REP-SVC-9195 N. HWY 421	$ 1,743	$ 1,743	Jan-23	Dec-23	3/1/2023	4/1/2023
10108910	22MANC-SVC-43 MATHIS LN	$ 1,603	$ 1,603	Jan-23	Dec-23	3/1/2023	4/1/2023
10108911	22MANC-REP-SVC-9287 N. HWY 421	$ 1,005	$ 1,005	Jan-23	Dec-23	3/1/2023	4/1/2023
10108913	22MANC-REP-SVC-9339 N. HWY 421	$ 1,000	$ 1,000	Jan-23	Dec-23	3/1/2023	4/1/2023
10108914	22MANC-REP-SVC-9433 N. HWY 421	$ 1,044	$ 1,044	Jan-23	Dec-23	3/1/2023	4/1/2023

10108915	22MANC-REP-SVC-9618 N HWY 421	$ 996	$ 996	Jan-23	Dec-23	3/1/2023	4/1/2023
10108916	22MANC-REP-SVC-9638 N. HWY 421	$ 999	$ 999	Jan-23	Dec-23	3/1/2023	4/1/2023
10109737	22BARB-EXT-262 EVERGREEN ROAD- CANC	$ (185)	$ -	Jan-23	Dec-23	8/1/2022	12/1/2023
10109816	22STAT REP-SVC 1707 OLDHAM RD	$ (428)	$ -	Jan-23	Dec-23	11/1/2022	12/1/2023
10109927	22 BERA SVC 1210 RICHMOND RD	$ 584	$ 2,699	Jan-23	Dec-23	9/1/2022	5/1/2023
10109931	22STAT REPSVC 2227 ESTES LN	$ 675	$ 838	Jan-23	Dec-23	11/1/2022	3/1/2023
10109968	22LOND-SVC-371CARIBUPR#61466508	$ 1,214	$ 1,214	Jan-23	Dec-23	3/1/2023	5/1/2023
10110019	22MANC-SVC-81 BEND RD(NEED BORING MACH)	$ 7,328	$ 7,328	Jan-23	Dec-23	3/1/2023	5/1/2023
10110200	22 BERA SVC 433 GUM BOTTOM RD	$ 453	$ 6,440	Jan-23	Dec-23	12/1/2022	2/1/2023
10110365	22OWNG-REP-SVC-124 BRIERLY RIDGE-CA	$ (3,387)	$ -	Jan-23	Dec-23	9/1/2022	12/1/2023
10110430	22 BERA SVC 2968 OLD US HWY 150	$ 279	$ 6,004	Jan-23	Dec-23	9/1/2022	2/1/2023
10110431	22 BERA SVC 64 TECH WAY	$ 67	$ 5,994	Jan-23	Dec-23	9/1/2022	2/1/2023
10110454	22CORB-REPSVC-683BRYLEYRDPR#61328283	$ 1,996	$ 1,996	Jan-23	Dec-23	1/1/2023	2/1/2023
10110548	22LOND-SVC-557CROOKEDCREEKPR#614670	$ 2,155	$ 2,155	Jan-23	Dec-23	9/1/2023	10/1/2023
10110842	22-nich-sev-392 meadowcrest park	$ 1,665	$ 9,248	Jan-23	Dec-23	11/1/2022	5/1/2023
10110942	22 BERA SVC 213 TECH WAY	$ 67	$ 8,713	Jan-23	Dec-23	11/1/2022	2/1/2023
10111320	22OWNG-INS-SVC-2300 HWY 801 N	$ 2,171	$ 2,916	Jan-23	Dec-23	10/1/2022	5/1/2023
10111372	22LOMD-SVC-115E552PR#61478508	$ 125	$ 2,968	Jan-23	Dec-23	11/1/2022	2/1/2023
10111373	22CORB-SVC-22805THSTPR#61478507	$ 280	$ 280	Jan-23	Dec-23	8/1/2023	10/1/2023
10111444	22MANC-SVC-236 CRAWFISH RD (BORING MACH)	$ 2,255	$ 2,255	Jan-23	Dec-23	3/1/2023	5/1/2023
10111580	22STAT-SVC 2910 COOPER LN	$ 1,238	$ 3,569	Jan-23	Dec-23	10/1/2022	4/1/2023
10111597	22 BERA SVC 109 WANNAMAKER	$ 1,377	$ 1,377	Jan-23	Dec-23	3/1/2023	4/1/2023
10111736	22BARB-REP-262 EVERGREEN RD. COREY	$ 248	$ 1,758	Jan-23	Dec-23	10/1/2022	12/1/2023
10112073	22STAT-RET SVC 1099 VALLEY VIEW GARAGE	$ 69	$ 69	Jan-23	Dec-23	1/1/2023	4/1/2023
10112104	22STAT REPSVC 4389 MCCORMICK RD	$ 675	$ 880	Jan-23	Dec-23	11/1/2022	3/1/2023
10112105	22STAT REPSVC 4387 MCCORMICK RD	$ 675	$ 850	Jan-23	Dec-23	11/1/2022	3/1/2023
10112106	22STAT REPSVC 4347 MCCORMICK RD	$ 675	$ 799	Jan-23	Dec-23	11/1/2022	3/1/2023
10112107	22STAT REPSVC 4323 MCCORMICK RD	$ 675	$ 825	Jan-23	Dec-23	11/1/2022	3/1/2023
10112108	22STAT REPSVC 2111 VALLEY VIEW DR	$ 579	$ 579	Jan-23	Dec-23	1/1/2023	4/1/2023
10112355	22CORB-RETSVC-356HWY6PR#61329584	$ 21	$ 214	Jan-23	Dec-23	10/1/2022	3/1/2023
10112368	22MIDD-SVC-202 WINCHESTER-GRAHAM	$ 2,679	$ 5,223	Jan-23	Dec-23	11/1/2022	2/1/2023
10112369	22BARB-REP-323 CUMBERLAND AVE-CLARKS STO	$ 1,505	$ 1,505	Jan-23	Dec-23	5/1/2023	6/1/2023
10112381	22STAT REPSVC 2771 MCCORMICK RD	$ 572	$ 572	Jan-23	Dec-23	1/1/2023	3/1/2023
10112448	22 BERA SVC 1925 SPEEDWELL RD	$ 482	$ 6,918	Jan-23	Dec-23	12/1/2022	2/1/2023
10112458	22CORB-SVC-217WHWY312PR#61482555	$ 1,649	$ 1,649	Jan-23	Dec-23	1/1/2023	2/14/2023
10112550	22CORB-SVC-321 TALONTRLPR#61479034	$ 1,575	$ 1,575	Jan-23	Dec-23	8/1/2023	9/1/2023
10112559	22 BERA SVC 161 CHAPEL LANE	$ 3,211	$ 3,211	Jan-23	Dec-23	1/1/2023	3/1/2023
10112727	22 BERA SVC 3190 IRVIN RD	$ 886	$ 886	Jan-23	Dec-23	1/1/2023	3/1/2023
10112784	22 BERA SVC 427 MASON LAKE RD	$ 2,402	$ 2,402	Jan-23	Dec-23	1/1/2023	2/1/2023
10112796	22 BERA SVC 112 WHITE STATION RD	$ 543	$ 5,226	Jan-23	Dec-23	12/1/2022	2/1/2023
10112891	22LOND-SVC-98JOHNSONRDPR#61482057	$ 29	$ 3,008	Jan-23	Dec-23	12/1/2022	2/1/2023
10112892	22LOND-SVC-2040KEAVYRDPR#61482058	$ 708	$ 2,424	Jan-23	Dec-23	12/1/2022	2/1/2023
10112944	22OWNG-RET-SVC-341 CLEARFIELD HILL HOUSE	$ 987	$ 987	Jan-23	Dec-23	1/1/2023	2/1/2023
10112946	22OWNG-INS-SVC-220 OLD RIVER RD	$ 2,273	$ 2,273	Jan-23	Dec-23	1/1/2023	5/1/2023
10112978	22STAT-SVC 4051 CAMARGO RD	$ 1,132	$ 1,132	Jan-23	Dec-23	2/11/2023	4/1/2023
10112979	22STAT-SVC 4055CAMARGO RD	$ 1,110	$ 1,110	Jan-23	Dec-23	2/1/2023	4/1/2023
10113214	RELOCATE HPR AND 115 ' SVC	$ 7,641	$ 7,641	Jan-23	Dec-23	5/1/2023	7/14/2023
10113245	22STAT SVC 220 HWY 599 #B	$ 1,265	$ 1,265	Jan-23	Dec-23	2/1/2023	4/1/2023
10113328	22-nich-sev-154 lesley trail	$ 1,878	$ 1,878	Jan-23	Dec-23	7/1/2023	8/1/2023
10113353	22 BERA SVC 408 VINERY DR	$ 1,002	$ 1,002	Jan-23	Dec-23	1/1/2023	2/1/2023
10113378	22 BERA SVC 1845 SPEEDWELL RD	$ 482	$ 6,968	Jan-23	Dec-23	12/1/2022	2/1/2023
10113424	22MANC-SVC-190 S. HWY 421	$ 2,717	$ 2,717	Jan-23	Dec-23	2/1/2023	4/1/2023
10113460	22MANC-SVC-3604 HWY 3630	$ 2,499	$ 2,499	Jan-23	Dec-23	1/1/2023	3/1/2023
10113711	22OWNG-INS-SVC-116 PINETREE LN	$ 1,772	$ 1,772	Jan-23	Dec-23	1/1/2023	5/1/2023
10113725	22WILL-REPSVC-1550PREWITTBENDPR#61335066	$ 2,412	$ 2,412	Jan-23	Dec-23	1/1/2023	2/1/2023
10113740	22-nich-sev-209 manoah	$ 30	$ 1,174	Jan-23	Dec-23	12/1/2022	4/1/2023
10113741	22-nich-sev-500 memorial #4	$ 45	$ 6,230	Jan-23	Dec-23	12/1/2022	2/1/2023
10114065	22BARB-REP-48 HOLLY ST. BUCHANAN	$ 17	$ 1,346	Jan-23	Dec-23	12/1/2022	2/1/2023
10114071	22-nich-sev-125 winners circle	$ 2,935	$ 2,935	Jan-23	Dec-23	1/1/2023	2/1/2023
10114073	22-nich-sev-200 native trace	$ 467	$ 1,153	Jan-23	Dec-23	12/1/2022	2/1/2023
10114074	22-nich-sev-113 little leaf	$ 383	$ 894	Jan-23	Dec-23	12/1/2022	2/1/2023
10114075	22-nich-sev-119 lincoln heights	$ 22	$ 2,756	Jan-23	Dec-23	12/1/2022	3/1/2023
10114077	22-nich-sev-204 pindell ct	$ 2,911	$ 2,911	Jan-23	Dec-23	1/1/2023	2/1/2023
10114140	22 BERA SVC 2048 PRAIRE VIEW # 13	$ 939	$ 939	Jan-23	Dec-23	2/1/2023	3/1/2023
10114210	22STAT REPSVC 749 IRVINE RD	$ 1,192	$ 1,192	Jan-23	Dec-23	1/1/2023	2/1/2023
10114220	22OWNG-INS-SVC-104 OAKWOOD DR	$ 1,829	$ 1,829	Jan-23	Dec-23	1/1/2023	5/1/2023
10114278	22STAT SVC 1633 LOWER CANE CREEK RD	$ 1,208	$ 1,208	Jan-23	Dec-23	10/1/2023	12/1/2023
10114283	22OWNG-INS-SVC-1650 MCBRAYER RD	$ 1,143	$ 1,143	Jan-23	Dec-23	1/1/2023	2/1/2023

10114289	22BARB-SVC-1152 KY 223 STINKING CREEK RD	$ 47	$ 1,024	Jan-23	Dec-23	12/1/2022	2/1/2023
10114301	22MIDD-SVC-116 N PINE ST. PINEVILLE- L.C	$ 2,320	$ 3,935	Jan-23	Dec-23	12/1/2022	3/1/2023
10114362	22STAT SVC 209 SECOND AVE	$ 1,171	$ 1,171	Jan-23	Dec-23	1/1/2023	2/1/2023
10114483	22LOND-SVC-CARIBOUDRPREM#61496503	$ 3,248	$ 3,248	Jan-23	Dec-23	1/1/2023	9/1/2023
10114585	22STAT SVC 27 E. RAILROAD	$ 1,160	$ 1,160	Jan-23	Dec-23	1/1/2023	2/1/2023
10114602	22CORB-SVC-1003SPOPULARPR#6149006	$ 21	$ 1,155	Jan-23	Dec-23	12/1/2022	2/1/2023
10114728	22 BERA SVC 393 AVAWAM DR	$ 1,144	$ 1,144	Jan-23	Dec-23	2/1/2023	3/1/2023
10114729	22 BERA SVC 136 COMMERCE DR	$ 1,305	$ 1,305	Jan-23	Dec-23	2/1/2023	3/1/2023
10114739	23MANC-SVC-7386 N. HWY 421	$ 2,104	$ 2,104	Jan-23	Dec-23	1/1/2023	6/1/2023
10114828	23 BERA SVC 186 GENERAL CLEBURN	$ 955	$ 955	Jan-23	Dec-23	1/1/2023	5/1/2023
10114833	23 BERA SVC 197 QUAIL WEST	$ 3,410	$ 3,410	Jan-23	Dec-23	2/1/2023	3/1/2023
10114835	23OWNG-INS-SVC-121 SMOOT DR	$ 2,363	$ 2,363	Jan-23	Dec-23	1/1/2023	5/1/2023
10114850	22MANC-SVC-1815 S. HWY 421	$ 2,417	$ 2,417	Jan-23	Dec-23	2/1/2023	4/1/2023
10114879	23 BERA SVC 126 LYNNE DR	$ 1,132	$ 1,132	Jan-23	Dec-23	2/1/2023	3/1/2023
10114981	22 BERA SVC 2050 PARTRIDGE WAY # 13	$ 668	$ 668	Jan-23	Dec-23	1/1/2023	2/1/2023
10114982	22 BERA SVC 2069 PARTRIDGE WAY # 14	$ 1,131	$ 1,131	Jan-23	Dec-23	1/1/2023	2/1/2023
10114983	22 BERA SVC 2063 PARTRIDGE WAY # 17	$ 1,691	$ 1,691	Jan-23	Dec-23	1/1/2023	3/1/2023
10114984	22 BERA SVC 2048 PARTRIDGE WAY # 12	$ 760	$ 760	Jan-23	Dec-23	1/1/2023	2/1/2023
10114985	22 BERA SVC 2065 PARTIDGE WAY # 16	$ 3,000	$ 3,000	Jan-23	Dec-23	1/1/2023	2/1/2023
10115032	23-nich-sev-402 stonegate	$ 266	$ 266	Jan-23	Dec-23	1/1/2023	2/1/2023
10115033	23-nich-sev-804 shelburne way	$ 791	$ 791	Jan-23	Dec-23	1/1/2023	2/1/2023
10115034	23-nich-sev-112 growers field	$ 936	$ 936	Jan-23	Dec-23	2/1/2023	3/1/2023
10115080	23 BERA SVC 1319 DIANA DR	$ 1,941	$ 1,941	Jan-23	Dec-23	1/1/2023	3/1/2023
10115100	23MANC-SVC-770 N. HWY 11	$ 3,409	$ 3,409	Jan-23	Dec-23	1/1/2023	5/1/2023
10115102	23MANC-SVC-111 DELAWARE RD	$ 3,064	$ 3,064	Jan-23	Dec-23	1/1/2023	5/1/2023
10115121	23CORB-SVC-110BEECHTREE PR#61502503	$ 1,501	$ 1,501	Jan-23	Dec-23	1/1/2023	2/4/2023
10115122	23CORB-RETSVC-200 16TH PR#61333493	$ 777	$ 777	Jan-23	Dec-23	1/1/2023	2/11/2023
10115255	23-nich-sev-112 judy ct	$ 981	$ 981	Jan-23	Dec-23	1/1/2023	2/1/2023
10115266	23 BERA SVC 1508 CHARDONNAY WAY	$ 1,499	$ 1,499	Jan-23	Dec-23	1/1/2023	3/14/2023
10115267	23 BERA SVC 1035 VINEYARD WAY	$ 2,120	$ 2,120	Jan-23	Dec-23	1/1/2023	2/1/2023
10115268	23 BERA SVC 1033 VINEYARD WAY	$ 2,514	$ 2,514	Jan-23	Dec-23	1/1/2023	3/1/2023
10115269	23 BERA SVC 1039 RICHMOND RD NORTH	$ 4,735	$ 4,735	Jan-23	Dec-23	1/1/2023	2/1/2023
10115270	23 BERA SVC 1286 POOSEY RIDGE RD	$ 2,194	$ 2,194	Jan-23	Dec-23	1/1/2023	5/1/2023
10115271	23STAT SVC 100 E. HALLS RD	$ 2,051	$ 2,051	Jan-23	Dec-23	2/1/2023	4/1/2023
10115272	23MIDD-RET-2802 CUMB AVE -VACANT	$ 222	$ 222	Jan-23	Dec-23	1/1/2023	2/1/2023
10115273	23 BERA SVC 304 INVERNESS TRAIL	$ 2,552	$ 2,552	Jan-23	Dec-23	3/1/2023	5/1/2023
10115274	23 BERA SVC 2045 HIDDEN FALLS TRAIL	$ 1,647	$ 1,647	Jan-23	Dec-23	3/1/2023	4/1/2023
10115276	23LOND-SVC-1281HWY552PR#61504511	$ 2,295	$ 2,295	Jan-23	Dec-23	1/1/2023	3/1/2023
10115279	23-nich-sev-1270 short shun	$ 2,632	$ 2,632	Jan-23	Dec-23	2/1/2023	4/1/2023
10115286	23WILL-SVC-73W WOODSIDEDRPR#61504503	$ 2,410	$ 2,410	Jan-23	Dec-23	1/1/2023	2/1/2023
10115287	23CORB-SVC-475GOLDENEAGLEPR#61504502	$ 1,243	$ 1,243	Jan-23	Dec-23	1/1/2023	4/1/2023
10115307	23-nich-sev-133 kensington place	$ 2,114	$ 2,114	Jan-23	Dec-23	1/1/2023	2/1/2023
10115333	23CORB-REPSVC-1860CUMBFALLHWYPR#613	$ 442	$ 442	Jan-23	Dec-23	9/1/2023	10/1/2023
10115334	23CORB-SVC-1891CUMBFALLHWYPR#61328264	$ 4,257	$ 4,257	Jan-23	Dec-23	1/1/2023	6/1/2023
10115335	23CORB-REPSVC-1895CUMBFALLHWYPR#61328251	$ 4,419	$ 4,419	Jan-23	Dec-23	1/1/2023	6/1/2023
10115357	23CORB-RETSVC-508WALNUTPR#61309824	$ 283	$ 283	Jan-23	Dec-23	1/1/2023	2/1/2023
10115358	23CORB-RETSVC-507 18THPR#61329204	$ 518	$ 518	Jan-23	Dec-23	1/1/2023	2/1/2023
10115359	23CORB-RETSV-505OAKSTPR#61309732	$ 518	$ 518	Jan-23	Dec-23	1/1/2023	2/1/2023
10115406	23-nich-sev-114 judy ct	$ 1,174	$ 1,174	Jan-23	Dec-23	1/1/2023	2/1/2023
10115419	23MIDD-RET-166 FOREST ST. PVILLE VACANT	$ 1,601	$ 1,601	Jan-23	Dec-23	2/1/2023	3/1/2023
10115426	23BARB-SVC-21 WENDEL LUNDY LN-BIMBLE	$ 3,576	$ 3,576	Jan-23	Dec-23	2/1/2023	4/1/2023
10115449	23OWNG-INS-SVC-20 BILOXI DR	$ 301	$ 301	Jan-23	Dec-23	1/1/2023	2/1/2023
10115492	23CORB-RETSVC-108STONINGTONPR#61342452	$ 1,074	$ 1,074	Jan-23	Dec-23	6/14/2023	8/1/2023
10115493	23CORB-RETSVC-32WINDHAMPLPR#61345304	$ 283	$ 283	Jan-23	Dec-23	1/1/2023	2/1/2023
10115494	23CORB-RETSVC-105W7THPR#61331188	$ 302	$ 302	Jan-23	Dec-23	1/1/2023	3/1/2023
10115495	23CORB-RETSVC-314W4THSTPR#61329432	$ 429	$ 429	Jan-23	Dec-23	1/1/2023	4/1/2023
10115542	23 BERA SVC 384 SWEETGRASS LOT 88	$ 246	$ 246	Jan-23	Dec-23	3/1/2023	4/1/2023
10115543	23 BERA SVC 409 QUAIL CREEK # 109	$ 2,513	$ 2,513	Jan-23	Dec-23	3/1/2023	5/1/2023
10115553	23-nich-sev-116 watkins dr	$ 704	$ 704	Jan-23	Dec-23	2/1/2023	3/1/2023
10115555	23-nich-sev-120 watkins dr	$ 703	$ 703	Jan-23	Dec-23	2/1/2023	3/1/2023
10115556	23-nich-sev-124 watkins dr	$ 1,125	$ 1,125	Jan-23	Dec-23	2/1/2023	3/1/2023
10115557	23-nich-sev-2043 shun rd	$ 709	$ 709	Jan-23	Dec-23	2/1/2023	3/1/2023
10115558	23-nich-sev-2039 shun rd	$ 700	$ 700	Jan-23	Dec-23	2/1/2023	3/1/2023
10115559	23-nich-sev-2035 shun rd	$ 1,279	$ 1,279	Jan-23	Dec-23	2/1/2023	3/1/2023
10115580	23CORB-RETSVC-8004THPR#61330628	$ 283	$ 283	Jan-23	Dec-23	1/1/2023	2/1/2023
10115582	23CORB-RETSVC-713W5THPR#61331053	$ 1,131	$ 1,131	Jan-23	Dec-23	2/1/2023	4/1/2023
10115583	23CORB-RETSVC-415W4THSTPR#61329644	$ 537	$ 537	Jan-23	Dec-23	1/14/2023	3/1/2023
10115591	23CORB-RETSVC-204HAMLINPR#61349269	$ 539	$ 539	Jan-23	Dec-23	3/1/2023	4/1/2023

10115625	23CORB-CONT-4745 CUMBFALLSHWYPR#61331295	$ 554	$ 554	Jan-23	Dec-23	2/1/2023	4/1/2023
10115627	23CORB-SVC-140WOODCHASELNPR#61506022	$ 3,026	$ 3,026	Jan-23	Dec-23	2/1/2023	4/1/2023
10115668	23 BERA SVC 321 ELMSLEIGH DR	$ 2,226	$ 2,226	Jan-23	Dec-23	2/1/2023	5/1/2023
10115700	23-nich-sev-116 tattersalles	$ 938	$ 938	Jan-23	Dec-23	2/1/2023	3/1/2023
10115701	23-nich-sev-113 tomahawk	$ 906	$ 906	Jan-23	Dec-23	1/1/2023	4/1/2023
10115702	23-nich-sev-133 lake point	$ 1,130	$ 1,130	Jan-23	Dec-23	2/1/2023	4/1/2023
10115703	23-nich-sev-135 lake point	$ 72	$ 72	Jan-23	Dec-23	2/1/2023	3/1/2023
10115704	23-nich-sev-137 lake point	$ 933	$ 933	Jan-23	Dec-23	2/1/2023	3/1/2023
10115705	23-nich-sev-139 lake point	$ 72	$ 72	Jan-23	Dec-23	2/1/2023	3/1/2023
10115740	23STAT-RET SVC 26 HWY 52 E	$ 98	$ 98	Jan-23	Dec-23	3/1/2023	4/1/2023
10115769	23CORB-REPSVC-123SAMPSON PR#61309892	$ 1,559	$ 1,559	Jan-23	Dec-23	1/1/2023	2/1/2023
10115771	23BARB-RET-3415 KY RT 6-VACANT	$ 1,390	$ 1,390	Jan-23	Dec-23	2/1/2023	3/1/2023
10115772	23BARB-SVC-289 DANCEY BRANCH RD -CANNON	$ 1,770	$ 1,770	Jan-23	Dec-23	2/1/2023	4/1/2023
10115773	23BARB-SVC-145 DEER BORN AVE-WARREN FUEL	$ 2,396	$ 2,396	Jan-23	Dec-23	2/1/2023	4/1/2023
10115774	23BARB-SVC-903 ILCHESTER AVE-SHACKELFORD	$ 2,673	$ 2,673	Jan-23	Dec-23	2/1/2023	5/1/2023
10115775	23MIDD-SVC-CHARLES KERSEY-FURN/APPLIANCE	$ 2,280	$ 2,280	Jan-23	Dec-23	2/1/2023	4/1/2023
10115808	23CORB-RETSVC-1023SMAINPR#61332475	$ 518	$ 518	Jan-23	Dec-23	1/1/2023	2/1/2023
10115810	23CORB-RETSVC-28LAURELRIDGEPR#61344941	$ 939	$ 939	Jan-23	Dec-23	3/1/2023	4/1/2023
10115812	23CORB-RETSVC-29shannonsqpr#61333363	$ 518	$ 518	Jan-23	Dec-23	1/1/2023	2/1/2023
10115836	23CORB-REPSVC-1223FORESTCIRPR#61330746	$ 1,187	$ 1,187	Jan-23	Dec-23	2/1/2023	4/1/2023
10115854	23 BERA SVC 254 WHITE STATION RD	$ 1,134	$ 1,134	Jan-23	Dec-23	3/1/2023	4/1/2023
10115889	23 BERA RET SVC 242 HERDON LN	$ 469	$ 469	Jan-23	Dec-23	1/1/2023	2/1/2023
10115897	23 BERA SVC 223 OAK BRANCH	$ 1,388	$ 1,388	Jan-23	Dec-23	3/1/2023	4/1/2023
10115918	23MANC-REP-22 HWY 472	$ 2,523	$ 2,523	Jan-23	Dec-23	1/1/2023	6/1/2023
10115932	23CORB-SVC-7195BARVILLERDPR#61504602	$ 1,343	$ 1,343	Jan-23	Dec-23	1/1/2023	2/1/2023
10115940	23CORB-RETSVC-4550HWY1232PR#61349021	$ 761	$ 761	Jan-23	Dec-23	2/1/2023	5/1/2023
10115942	23CORB-RETSVC-18DIAMONDLNPR#61346260	$ 539	$ 539	Jan-23	Dec-23	3/1/2023	5/1/2023
10115943	23CORB-RETSVC-46SCHOOLSTPR#61344751	$ 619	$ 619	Jan-23	Dec-23	6/1/2023	7/1/2023
10115944	23CORB-RETSVC-16HICKORYCTPR#61332120	$ 2,230	$ 2,230	Jan-23	Dec-23	2/1/2023	4/1/2023
10115946	23CORB-RETSVC-182MCQEENSTPR#61329176	$ 802	$ 802	Jan-23	Dec-23	3/1/2023	5/1/2023
10116044	23CORB-RETSVC-150ELKRIVERCTPR#61328345	$ 804	$ 804	Jan-23	Dec-23	6/1/2023	7/1/2023
10116045	23CORB-RETSVC-18ELKRIVERCTPR#61328427	$ 853	$ 853	Jan-23	Dec-23	6/1/2023	7/1/2023
10116046	23CORB-RETSVC-6502KY1232PR#61328133	$ 518	$ 518	Jan-23	Dec-23	2/1/2023	4/1/2023
10116069	23CORB-RETSVC-545NHWY1223PR#61342425	$ 518	$ 518	Jan-23	Dec-23	2/1/2023	4/1/2023
10116169	23-nich-sev-200 little leaf	$ 676	$ 676	Jan-23	Dec-23	2/1/2023	3/1/2023
10116170	23-nich-sev-204 little leaf	$ 675	$ 675	Jan-23	Dec-23	2/1/2023	3/1/2023
10116190	23-nich-sev-208 little leaf	$ 676	$ 676	Jan-23	Dec-23	2/1/2023	3/1/2023
10116191	23-nich-sev-124 carolyn way	$ 949	$ 949	Jan-23	Dec-23	2/1/2023	3/1/2023
10116199	23-nich-sev-103 morgan leigh	$ 864	$ 864	Jan-23	Dec-23	2/1/2023	3/1/2023
10116239	23-nich-sev-701 west maple	$ 2,969	$ 2,969	Jan-23	Dec-23	3/1/2023	10/1/2023
10116256	23STAT-REP SVC 60 WHITE AVE	$ 3,116	$ 3,116	Jan-23	Dec-23	3/1/2023	5/14/2023
10116303	23STAT-RET SVC 215 FOREST LAKE DR	$ 95	$ 95	Jan-23	Dec-23	2/1/2023	3/14/2023
10116328	23 BERA SVC 6024 ARBOR WOODS WAY # 15	$ 2,773	$ 2,773	Jan-23	Dec-23	3/1/2023	4/1/2023
10116329	23 BERA SVC 6029 ARBOR WOODS WAY # 8	$ 2,266	$ 2,266	Jan-23	Dec-23	3/14/2023	4/1/2023
10116330	23 BERA SVC 6032 ARBOR WOODS WAY # 12	$ 851	$ 851	Jan-23	Dec-23	3/1/2023	4/1/2023
10116332	23 BERA SVC 212 BERKLEY HALL DR # 2	$ 1,711	$ 1,711	Jan-23	Dec-23	3/1/2023	4/1/2023
10116333	23 BERA SVC 208 BERKLEY HALL # 1	$ 1,524	$ 1,524	Jan-23	Dec-23	3/1/2023	4/1/2023
10116335	23-NICH-SERVICE RETIRE 615 n.main	$ 385	$ 385	Jan-23	Dec-23	2/1/2023	3/1/2023
10116336	23-NICH-SERVICE RETIRE 707 e.chestnut	$ 385	$ 385	Jan-23	Dec-23	2/1/2023	3/1/2023
10116360	23-nich-sev-525 e brannon	$ 1,376	$ 1,376	Jan-23	Dec-23	2/1/2023	7/1/2023
10116467	23WILL-RETSVC-8162NDPR#61322521	$ 1,037	$ 1,037	Jan-23	Dec-23	2/1/2023	4/1/2023
10116468	23WILL-RETSVC-8230KY26PR#61320400	$ 98	$ 98	Jan-23	Dec-23	2/1/2023	3/1/2023
10116567	23LOND-SVC-594AIRPORTRDPR#61509506	$ 2,120	$ 2,120	Jan-23	Dec-23	2/1/2023	4/1/2023
10116597	23 BERA SVC 6036 ARBOR WOODS WAY # 11	$ 1,056	$ 1,056	Jan-23	Dec-23	3/1/2023	5/1/2023
10116612	23OWNG-INS-SVC-1533 EAGLE DR GARAGE	$ 2,147	$ 2,147	Jan-23	Dec-23	6/1/2023	8/1/2023
10116625	23MIDD-REP-713 CIRENCESTER AVE MBORO	$ 2,233	$ 2,233	Jan-23	Dec-23	2/1/2023	4/1/2023
10116666	23 BERA SVC BGAD TRUCK WASH	$ 155	$ 155	Jan-23	Dec-23	3/1/2023	4/1/2023
10116736	23STAT SVC 4018 CAMARGO RD	$ 1,168	$ 1,168	Jan-23	Dec-23	2/1/2023	4/1/2023
10116737	23BARB-REP-2087 KY 225-HM MILLS	$ 2,353	$ 2,353	Jan-23	Dec-23	3/1/2023	5/1/2023
10116738	23BARB-SVC-98 MAPLE GROVE WAY- FREDERICK	$ 1,766	$ 1,766	Jan-23	Dec-23	3/1/2023	4/1/2023
10116739	23BARB-SVC-64 GREENBRIAR-PENNY GRAY	$ 5,239	$ 5,239	Jan-23	Dec-23	3/1/2023	5/1/2023
10116823	23-nich-sev-219 campground ln	$ 2,279	$ 2,279	Jan-23	Dec-23	2/4/2023	5/1/2023
10116824	23-nich-sev-106 park central court	$ 2,595	$ 2,595	Jan-23	Dec-23	3/1/2023	5/1/2023
10116833	22OWNG-RET-SVC-44 COYLE ST	$ 1,066	$ 1,066	Jan-23	Dec-23	3/1/2023	4/1/2023
10116852	23STAT-RET SVC 617 IRVINE RD	$ 401	$ 401	Jan-23	Dec-23	2/1/2023	4/1/2023
10116853	23STAT-RET SVC 337 ADAMS RIDGE RD	$ 636	$ 636	Jan-23	Dec-23	2/1/2023	4/1/2023
10116854	23STAT-RET SVC 149 HURT AVE	$ 636	$ 636	Jan-23	Dec-23	2/1/2023	4/1/2023
10116856	23STAT-RET SVC 6560 WINCHESTER RD	$ 1,154	$ 1,154	Jan-23	Dec-23	2/1/2023	4/4/2023

10116857	23STAT-RET SVC 8248 WINCHESTER RD	$ 518	$ 518	Jan-23	Dec-23	2/1/2023	4/1/2023
10116858	23STAT-RET SVC 9750 WINCHESTER RD #1	$ 988	$ 988	Jan-23	Dec-23	2/1/2023	4/1/2023
10117036	23-nich-sev-6209 grey oak ln	$ 800	$ 800	Jan-23	Dec-23	3/1/2023	4/1/2023
10117037	23-nich-sev-6213 grey oak ln	$ 869	$ 869	Jan-23	Dec-23	3/1/2023	5/1/2023
10117039	23MIDD-REP-107 IVA AVE-TURNBILL	$ 1,692	$ 1,692	Jan-23	Dec-23	3/1/2023	5/1/2023
10117045	23CORB-SVC-203OHLERLNPR#61512011	$ 908	$ 908	Jan-23	Dec-23	3/1/2023	5/1/2023
10117071	23-nich-sev-2009 pinoak dr	$ 3,636	$ 3,636	Jan-23	Dec-23	3/1/2023	10/1/2023
10117075	23-nich-sev-128 growers field	$ 1,119	$ 1,119	Jan-23	Dec-23	3/1/2023	4/1/2023
10117100	23BARB-SVC-59 WARRIORS PATH- BARNHILL	$ 7,299	$ 7,299	Jan-23	Dec-23	3/1/2023	6/1/2023
10117101	23BARB-SVC-135 WARRIORS PATH- GAUNT	$ 4,819	$ 4,819	Jan-23	Dec-23	3/1/2023	6/1/2023
10117102	23BARB-SVC-89 GREEN ST. ARTEMUS- PARTIN	$ 3,833	$ 3,833	Jan-23	Dec-23	3/1/2023	6/1/2023
10117112	23MANC-REP-8501 N. HWY 421	$ 3,361	$ 3,361	Jan-23	Dec-23	2/1/2023	4/1/2023
10117161	23-nich-sev-112 tattersalles	$ 1,388	$ 1,388	Jan-23	Dec-23	3/1/2023	4/1/2023
10117272	23 BERA SVC 915 WESTCHESTER WAY	$ 1,379	$ 1,379	Jan-23	Dec-23	3/1/2023	4/1/2023
10117279	23 BERA SVC 110 SLATE LICK RD	$ 4,933	$ 4,933	Jan-23	Dec-23	3/1/2023	5/1/2023
10117347	23MIDD-REP-JR HOE- LYNNWOOD RD	$ 6,479	$ 6,479	Jan-23	Dec-23	3/4/2023	6/1/2023
10117464	23-nich-sev-replace-461 southbrook	$ 1,726	$ 1,726	Jan-23	Dec-23	3/1/2023	5/1/2023
10117477	23-NICH-SER- REPLACE-101 lone oak	$ 322	$ 322	Jan-23	Dec-23	3/1/2023	4/1/2023
10117524	23STAT SVC 20 JINGLE BELL LN	$ 2,511	$ 2,511	Jan-23	Dec-23	3/1/2023	5/1/2023
10117526	23CORB-RETSVC-504CALDWELLSTPR#61329729	$ 49	$ 49	Jan-23	Dec-23	3/1/2023	4/1/2023
10117531	23 BERA SVC 320 FAZIO DR # 9	$ 1,679	$ 1,679	Jan-23	Dec-23	3/1/2023	6/1/2023
10117544	23-nich-sev-4409 waterlily cove	$ 2,276	$ 2,276	Jan-23	Dec-23	10/14/2023	12/1/2023
10117545	23-nich-sev-108 growers field	$ 1,166	$ 1,166	Jan-23	Dec-23	3/1/2023	4/1/2023
10117546	23-nich-sev-216 waxwing lane	$ 1,269	$ 1,269	Jan-23	Dec-23	3/1/2023	4/1/2023
10117547	23-nich-sev-217 waxwing lane	$ 858	$ 858	Jan-23	Dec-23	5/1/2023	6/1/2023
10117582	23CORB-SVC-276LAURELLAKENPR#61513042	$ 3,771	$ 3,771	Jan-23	Dec-23	6/1/2023	8/1/2023
10117583	23LOND-SVC-204KINGWAYPREM#61513043	$ 5,421	$ 5,421	Jan-23	Dec-23	3/1/2023	5/1/2023
10117606	23MANC-SVC-109 DICKENSON ST	$ 2,539	$ 2,539	Jan-23	Dec-23	3/1/2023	5/1/2023
10117703	23STAT SVC 441 CAT CREEK RD	$ 1,191	$ 1,191	Jan-23	Dec-23	11/1/2023	12/1/2023
10117704	23STAT SVC 439 CAT CREEK RD	$ 1,392	$ 1,392	Jan-23	Dec-23	11/1/2023	12/1/2023
10117733	23BARB-REP-108 PARSONS LANE-BARBOURVILLE	$ 5,577	$ 5,577	Jan-23	Dec-23	5/1/2023	9/1/2023
10117751	23STAT REPSVC 98 FAULKNER LN	$ 2,802	$ 2,802	Jan-23	Dec-23	3/1/2023	4/1/2023
10117752	23BARB-REP-174 SCHOOL ST. ADAM HENSLEY	$ 2,151	$ 2,151	Jan-23	Dec-23	3/1/2023	4/1/2023
10117753	23BARB-SVC-5399 RT 11 GIRDLER KY-F.DOLLA	$ 5,215	$ 5,215	Jan-23	Dec-23	7/1/2023	9/1/2023
10117765	23 BERA REP SVC 205 GLADES ST	$ 2,238	$ 2,238	Jan-23	Dec-23	6/1/2023	7/1/2023
10117767	23 BERA REP SVC 104 GLADES ST	$ 1,892	$ 1,892	Jan-23	Dec-23	5/4/2023	6/1/2023
10117768	23 BERA REP SVC 110 GLADES ST	$ 900	$ 900	Jan-23	Dec-23	5/1/2023	6/1/2023
10117792	23 BERA SVC 7065 ARBOR RIDGE # 39	$ 977	$ 977	Jan-23	Dec-23	5/1/2023	6/1/2023
10117793	23 BERA SVC 7061 ARBOR RIDGE # 38	$ 2,228	$ 2,228	Jan-23	Dec-23	5/1/2023	8/1/2023
10117796	23MANC-SVC-51 BEND RD (NEED BORING MACH	$ 2,985	$ 2,985	Jan-23	Dec-23	3/1/2023	5/1/2023
10117825	23MIDD-SVC-ALEX LOWE-MAGNET HOLLOW RD.	$ 1,194	$ 1,194	Jan-23	Dec-23	3/1/2023	4/1/2023
10117828	23-nich-sev-160 kinglet point	$ 1,261	$ 1,261	Jan-23	Dec-23	3/1/2023	5/1/2023
10117829	23-nich-sev-168 kinglet point	$ 1,239	$ 1,239	Jan-23	Dec-23	3/1/2023	5/1/2023
10117830	23-nich-sev-115 carolyn ln	$ 4,676	$ 4,676	Jan-23	Dec-23	3/1/2023	5/1/2023
10117860	23STAT-SVC 307 TINCHER HILL RD	$ 2,114	$ 2,114	Jan-23	Dec-23	8/1/2023	9/1/2023
10117959	23CORB-RTSVC-200HATFEILDPR#61307202	$ 518	$ 518	Jan-23	Dec-23	3/1/2023	5/1/2023
10117962	23OWNG-INS-SVC-6360 FLEMINGSBURG RD	$ 603	$ 603	Jan-23	Dec-23	3/1/2023	4/1/2023
10117996	23-nich-sev-104 watkins	$ 1,306	$ 1,306	Jan-23	Dec-23	5/1/2023	6/1/2023
10118007	23-nich-sev-125 wyatt	$ 1,735	$ 1,735	Jan-23	Dec-23	3/1/2023	5/1/2023
10118008	23-nich-sev-134 wyatt ct	$ 1,272	$ 1,272	Jan-23	Dec-23	3/1/2023	5/1/2023
10118070	23OWNG-REP-SVC-7089 HWY 60 W	$ 1,193	$ 1,193	Jan-23	Dec-23	6/1/2023	7/1/2023
10118071	23OWNG-REP-SVC-6825 HWY 60 W	$ 1,514	$ 1,514	Jan-23	Dec-23	7/1/2023	9/1/2023
10118072	23OWNG-REP-SVC-35 MAPLEVIEW DR	$ 1,495	$ 1,495	Jan-23	Dec-23	7/1/2023	9/1/2023
10118074	23OWNG-REP-SVC-50 MAPLEVIEW DR	$ 1,513	$ 1,513	Jan-23	Dec-23	7/1/2023	9/1/2023
10118075	23OWNG-REP-SVC-6765 HWY 60 W	$ 1,804	$ 1,804	Jan-23	Dec-23	6/1/2023	8/1/2023
10118076	23OWNG-REP-SVC-6755 HWY 60 W	$ 1,382	$ 1,382	Jan-23	Dec-23	6/1/2023	8/1/2023
10118077	23OWNG-REP-SVC-6675 HWY 60 W	$ 1,133	$ 1,133	Jan-23	Dec-23	6/1/2023	8/1/2023
10118078	23OWNG-REP-SVC-6770 HWY 60 W	$ 1,192	$ 1,192	Jan-23	Dec-23	6/1/2023	8/1/2023
10118139	23OWNG-REP-SVC-101 OLD RIVER RD	$ 7,661	$ 7,661	Jan-23	Dec-23	5/1/2023	7/1/2023
10118158	23BARB-SVC-654 KY 3441-STEVE ABNER	$ 1,004	$ 1,004	Jan-23	Dec-23	5/1/2023	7/14/2023
10118185	23-nich-sev-100 bethel harvest way	$ 5,226	$ 5,226	Jan-23	Dec-23	3/1/2023	5/1/2023
10118187	23-nich-sev-104 carolina ash point	$ 2,269	$ 2,269	Jan-23	Dec-23	6/1/2023	7/1/2023
10118201	23OWNG-REP-SVC-11547 HWY 60	$ 2,002	$ 2,002	Jan-23	Dec-23	6/1/2023	7/1/2023
10118202	23OWNG-REP-SVC-11607 HWY 60	$ 1,001	$ 1,001	Jan-23	Dec-23	6/1/2023	7/1/2023
10118273	23CORB-SVC-2224SKYST#3PR#61517030	$ 518	$ 518	Jan-23	Dec-23	3/14/2023	5/1/2023
10118274	23LOND-SVC-120CARIBOUDRPR#61517031	$ 2,403	$ 2,403	Jan-23	Dec-23	5/1/2023	7/1/2023
10118280	23OWNG-REP-SVC-256 OLD RIVER RD	$ 2,665	$ 2,665	Jan-23	Dec-23	5/1/2023	6/1/2023
10118281	23OWNG-REP-SVC-263 OLD RIVER RD	$ 3,589	$ 3,589	Jan-23	Dec-23	5/1/2023	6/1/2023

10118282	23OWNG-REP-SVC-324 OLD RIVER RD	$ 2,002	$ 2,002	Jan-23	Dec-23	5/1/2023	6/1/2023
10118283	23OWNG-REP-SVC-354 OLD RIVER RD	$ 1,831	$ 1,831	Jan-23	Dec-23	5/1/2023	6/1/2023
10118284	23OWNG-REP-SVC-71 MULBERRY LN	$ 1,829	$ 1,829	Jan-23	Dec-23	5/1/2023	6/1/2023
10118290	23OWNG-REP-SVC-12189 HWY 60	$ 3,581	$ 3,581	Jan-23	Dec-23	7/1/2023	8/1/2023
10118291	23OWNG-REP-SVC-980 OLD MIDLAND TRAIL	$ 3,645	$ 3,645	Jan-23	Dec-23	7/1/2023	8/1/2023
10118292	23OWNG-REP-SVC-934 OLD MIDLAND TRAIL	$ 1,924	$ 1,924	Jan-23	Dec-23	7/1/2023	8/1/2023
10118293	23OWNG-REP-SVC-934 OLD MIDLAND TRAIL	$ 1,890	$ 1,890	Jan-23	Dec-23	7/1/2023	8/1/2023
10118294	23OWNG-REP-SVC-12813 HWY 60	$ 3,498	$ 3,498	Jan-23	Dec-23	7/1/2023	8/1/2023
10118297	23OWNG-REP-SVC-72 RIVER RD	$ 1,391	$ 1,391	Jan-23	Dec-23	5/1/2023	9/1/2023
10118299	23OWNG-REP-SVC-365 OLD HWY 60	$ 3,848	$ 3,848	Jan-23	Dec-23	5/1/2023	6/1/2023
10118300	23OWNG-REP-SVC-295 OLD HWY 60	$ 1,371	$ 1,371	Jan-23	Dec-23	5/1/2023	9/1/2023
10118301	23OWNG-REP-SVC-7490 HWY 60 WEST	$ 3,053	$ 3,053	Jan-23	Dec-23	5/1/2023	6/1/2023
10118302	23OWNG-REP-SVC-105 OLD HWY 60	$ 1,985	$ 1,985	Jan-23	Dec-23	5/1/2023	6/1/2023
10118303	23OWNG-REP-SVC-51 WHITT-STAMPER RD	$ 1,405	$ 1,405	Jan-23	Dec-23	7/1/2023	9/1/2023
10118304	23OWNG-REP-SVC-60 WHITT-STAMPER RD	$ 1,368	$ 1,368	Jan-23	Dec-23	7/1/2023	9/1/2023
10118307	23-nich-sev-113 watkins	$ 2,410	$ 2,410	Jan-23	Dec-23	3/1/2023	5/1/2023
10118340	23OWNG-REP-SVC-6165 HWY 60 W	$ 1,466	$ 1,466	Jan-23	Dec-23	7/1/2023	9/1/2023
10118344	23OWNG-REP-SVC-127 HUNGRY HOLLOW RD	$ 1,493	$ 1,493	Jan-23	Dec-23	7/1/2023	9/1/2023
10118911	23LOND-SVC-4192 BARV-PR#61518520	$ 1,667	$ 1,667	Jan-23	Dec-23	5/1/2023	7/1/2023
10119167	23 BERA SVC 131 HERNDON LN LOT 2-B	$ 1,246	$ 1,246	Jan-23	Dec-23	5/1/2023	6/1/2023
10119282	23STAT-SVC 163 PLUM ST #GARAGE	$ 498	$ 498	Jan-23	Dec-23	6/1/2023	8/1/2023
10119283	23STAT-SVC 163 PLUM ST	$ 516	$ 516	Jan-23	Dec-23	6/1/2023	8/1/2023
10119288	23STAT-REP SVC 145 PLUM ST	$ 417	$ 417	Jan-23	Dec-23	6/1/2023	8/1/2023
10119347	23-nich-sev-209 waxwing	$ 830	$ 830	Jan-23	Dec-23	5/14/2023	6/1/2023
10119357	23MIDD-SVC-PATEL 812 TN AVE PINEVILLE KY	$ 1,283	$ 1,283	Jan-23	Dec-23	5/1/2023	7/1/2023
10119444	23CORB-RETSVC-10414THSTRPR#61330946	$ 569	$ 569	Jan-23	Dec-23	5/1/2023	6/1/2023
10119445	23CORB-SVC-75BUCHANONBLVDPR#61523508	$ 1,442	$ 1,442	Jan-23	Dec-23	5/1/2023	7/1/2023
10119452	23BARB-RET-VACANT-50 POPE HOLLOW RD 1	$ 1,433	$ 1,433	Jan-23	Dec-23	5/1/2023	6/1/2023
10119453	23BARB-RET-VACANT-50 1/2 POPE HOLLOW RD	$ 848	$ 848	Jan-23	Dec-23	5/1/2023	6/1/2023
10119489	23-nich-sev-116 McAfee	$ 843	$ 843	Jan-23	Dec-23	5/1/2023	6/1/2023
10119490	23-nich-sev-400 Friendly	$ 2,073	$ 2,073	Jan-23	Dec-23	5/1/2023	6/1/2023
10119491	23-nich-sev-231 east oak	$ 1,076	$ 1,076	Jan-23	Dec-23	5/1/2023	6/1/2023
10119492	23-nich-sev-213 waxwing	$ 592	$ 592	Jan-23	Dec-23	5/1/2023	6/1/2023
10119493	23-nich-sev-216 little leaf	$ 816	$ 816	Jan-23	Dec-23	5/1/2023	6/1/2023
10119499	23 BERA SVC 5004 OLEANDER WAY	$ 2,099	$ 2,099	Jan-23	Dec-23	5/1/2023	6/1/2023
10119506	23CORB-SVC-1093SHWY1223	$ 2,737	$ 2,737	Jan-23	Dec-23	7/1/2023	9/1/2023
10119519	23-nich-sev-107 carolina ash point	$ 585	$ 585	Jan-23	Dec-23	5/1/2023	6/1/2023
10119537	22CORB-SVC-470IKEMONHOLLENPR#61522510	$ 1,437	$ 1,437	Jan-23	Dec-23	6/1/2023	8/1/2023
10119539	23LOND-SVC-522CARIBOUDRPR#61522512	$ 2,503	$ 2,503	Jan-23	Dec-23	5/1/2023	6/1/2023
10119544	23STAT-RET SVC 1755 BEDFORD RD	$ 99	$ 99	Jan-23	Dec-23	6/1/2023	7/1/2023
10119545	23STAT-RET SVC 170 STOKLEY LOOP RD	$ 50	$ 50	Jan-23	Dec-23	5/1/2023	6/1/2023
10119552	23-nich-sev-220 waxwing	$ 939	$ 939	Jan-23	Dec-23	5/1/2023	6/1/2023
10119553	23-nich-sev-160A hope ct	$ 1,146	$ 1,146	Jan-23	Dec-23	5/1/2023	6/1/2023
10119554	23-nich-sev-160B hope ct	$ 939	$ 939	Jan-23	Dec-23	5/1/2023	6/1/2023
10119580	23WILL-SVC-1606SUS25WPR#61522514	$ 3,256	$ 3,256	Jan-23	Dec-23	8/14/2023	10/1/2023
10119600	23 BERA SVC 300 FAZIO LOT 4	$ 1,944	$ 1,944	Jan-23	Dec-23	5/1/2023	6/1/2023
10119608	23LOND-SVC-333CARIBOUDRPR#61525088	$ 1,850	$ 1,850	Jan-23	Dec-23	5/1/2023	6/1/2023
10119843	23 BERA SVC 829 WIMLETON TERRRACE	$ 2,469	$ 2,469	Jan-23	Dec-23	5/1/2023	6/1/2023
10119844	23 BERA SVC 1012 PRAIRE VIEW # 5	$ 1,601	$ 1,601	Jan-23	Dec-23	5/1/2023	6/1/2023
10119845	23 BERA SVC 1010 PRAIRE VIEW #4	$ 1,041	$ 1,041	Jan-23	Dec-23	5/1/2023	6/1/2023
10119846	23 BERA SVC 1014 PRARIE VIEW DR #6	$ 1,237	$ 1,237	Jan-23	Dec-23	5/1/2023	6/1/2023
10119885	23 BERA SVC 501 RAINER DR LOT # 1	$ 2,326	$ 2,326	Jan-23	Dec-23	5/1/2023	6/1/2023
10119887	23CORB-RETSVC-217NMAINPR#61309909	$ 854	$ 854	Jan-23	Dec-23	5/1/2023	6/1/2023
10119974	23STAT SVC 184 HALLS BRANCH RD	$ 99	$ 99	Jan-23	Dec-23	5/1/2023	6/1/2023
10120000	23-nich-sev-118 blueberry	$ 1,736	$ 1,736	Jan-23	Dec-23	5/1/2023	6/1/2023
10120010	23STAT-RET SVC 295 POWELL RD	$ 50	$ 50	Jan-23	Dec-23	5/1/2023	6/1/2023
10120034	23CORB-SVC-218VERBENADRPR#61528000	$ 4,203	$ 4,203	Jan-23	Dec-23	5/1/2023	7/1/2023
10120152	23MIDD-RET-1331 DORCHESTER AVE- CHRIS D.	$ 581	$ 581	Jan-23	Dec-23	5/1/2023	6/1/2023
10120180	23 BERA SVC 246 STONEY CREEK WAY # 69	$ 737	$ 737	Jan-23	Dec-23	6/1/2023	7/1/2023
10120181	23 BERA SVC 250 STONEY CREEK WAY #68	$ 729	$ 729	Jan-23	Dec-23	6/1/2023	7/1/2023
10120182	23 BERA SVC 108 STILLWATER DR # 67	$ 750	$ 750	Jan-23	Dec-23	6/1/2023	7/1/2023
10120183	23 BERA SVC 133 STILLWATER # 71	$ 416	$ 416	Jan-23	Dec-23	9/1/2023	10/1/2023
10120184	23 BERA SVC 129 STILLWATER DR # 72	$ 412	$ 412	Jan-23	Dec-23	9/1/2023	10/1/2023
10120185	23 BERA SVC 242 STONEY CREEK DR # 70	$ 750	$ 750	Jan-23	Dec-23	6/1/2023	7/1/2023
10120207	23-nich-main line continuation shun road	$ 13,777	$ 13,777	Jan-23	Dec-23	6/1/2023	8/1/2023
10120288	23 BERA SVC 240 BANYANS BLVD # 39	$ 2,368	$ 2,368	Jan-23	Dec-23	5/1/2023	6/1/2023
10120289	23 BERA REP SVC GBL -S-287 BGAD	$ 1,012	$ 1,012	Jan-23	Dec-23	5/1/2023	7/1/2023
10120336	23LOND-SVC-425SLAURELRDPR#61308197	$ 1,106	$ 1,106	Jan-23	Dec-23	5/1/2023	6/1/2023

10120353	23BARB-SVC-856 KY 3441- LEDFORD	$ 713	$ 713	Jan-23	Dec-23	5/1/2023	7/1/2023
10120441	23 BERA SVC 5029 BENTWOOD DR #8	$ 1,120	$ 1,120	Jan-23	Dec-23	6/1/2023	7/1/2023
10120442	23 BERA SVC 5025 BENTWOOD DR #7	$ 878	$ 878	Jan-23	Dec-23	6/1/2023	7/14/2023
10120443	23 BERA SVC 5017 BENTWOOD DR # 5	$ 1,036	$ 1,036	Jan-23	Dec-23	6/1/2023	7/1/2023
10120444	23 BERA SVC 5021 BENTWOOD DR # 6	$ 1,033	$ 1,033	Jan-23	Dec-23	6/1/2023	7/1/2023
10120447	23CORB-REPSVC-48KNOXSTPR#61309514	$ 1,585	$ 1,585	Jan-23	Dec-23	5/1/2023	7/1/2023
10120455	23 BERA RET SVC 218 PROSPECT ST	$ 199	$ 199	Jan-23	Dec-23	5/1/2023	6/1/2023
10120581	23-nich-sev-124 carolina ash point	$ 939	$ 939	Jan-23	Dec-23	5/1/2023	6/1/2023
10120582	23-nich-sev-119 carolina ash point	$ 939	$ 939	Jan-23	Dec-23	5/1/2023	6/1/2023
10120583	23-nich-sev-300 little leaf dr	$ 939	$ 939	Jan-23	Dec-23	6/1/2023	7/1/2023
10120584	23-nich-sev-504 hawks nest point	$ 2,828	$ 2,828	Jan-23	Dec-23	6/1/2023	7/1/2023
10120597	23MIDD-SVC-208 DEAN HILL DRIVE-PVILLE	$ 3,583	$ 3,583	Jan-23	Dec-23	6/1/2023	8/14/2023
10120607	23OWNG-INS-SVC-4585 HWY 60	$ 10,014	$ 10,014	Jan-23	Dec-23	7/1/2023	9/1/2023
10120608	23OWNG-INS-SVC-64 OAKDALE COURT	$ 2,143	$ 2,143	Jan-23	Dec-23	6/14/2023	7/1/2023
10120612	23 BERA SVC 107 ALPINE DR	$ 2,639	$ 2,639	Jan-23	Dec-23	7/1/2023	9/1/2023
10120633	23BARB-EXT-2371 KY 225-ERSEL BLEVINS	$ 1,476	$ 1,476	Jan-23	Dec-23	6/1/2023	8/1/2023
10120634	23BARB-EXT-719 MANCHESTER ST. MESSER	$ 2,282	$ 2,282	Jan-23	Dec-23	6/1/2023	8/1/2023
10120665	23LOND-SVC-212ARMORYSTPR#61531531	$ 2,393	$ 2,393	Jan-23	Dec-23	5/1/2023	7/1/2023
10120666	23CORB-SVC-14892NHWY25EPR#61531527	$ 2,162	$ 2,162	Jan-23	Dec-23	6/1/2023	8/1/2023
10120667	23CORB-SVC-400MILLCRKRDPR#61531528	$ 1,318	$ 1,318	Jan-23	Dec-23	5/1/2023	7/1/2023
10120668	23CORB-SVC-138SANDYROCKPR#61531529	$ 1,270	$ 1,270	Jan-23	Dec-23	5/1/2023	7/1/2023
10120743	23LOND-SVC-190JOYLYNNDRPR#61528510	$ 1,628	$ 1,628	Jan-23	Dec-23	7/1/2023	8/1/2023
10120763	23OWNG-RET-SVC-1369 HWY 36	$ 469	$ 469	Jan-23	Dec-23	6/1/2023	7/1/2023
10120767	23OWNG-RET-SVC-1383 HWY 36	$ 939	$ 939	Jan-23	Dec-23	6/1/2023	7/1/2023
10120768	23OWNG-RET-SVC-1359 HWY 36	$ 469	$ 469	Jan-23	Dec-23	6/1/2023	7/1/2023
10120787	23 BERA SVC 104 PATRIOT TRAIL # 33	$ 3,733	$ 3,733	Jan-23	Dec-23	6/1/2023	7/1/2023
10120806	23STAT SVC 62 ELEVENTH ST	$ 2,604	$ 2,604	Jan-23	Dec-23	6/1/2023	8/14/2023
10120807	23STAT SVC 189 KATIE DR	$ 326	$ 326	Jan-23	Dec-23	6/1/2023	7/1/2023
10120898	23 BERA SVC 1467 MASON LAKE RD	$ 2,191	$ 2,191	Jan-23	Dec-23	6/14/2023	8/1/2023
10120920	23CORB-SVC-108MARTINRDPR#61531010	$ 1,088	$ 1,088	Jan-23	Dec-23	6/1/2023	7/1/2023
10120923	23 BERA SVC 617 IMPERIAL LAKES DR	$ 1,369	$ 1,369	Jan-23	Dec-23	7/1/2023	9/1/2023
10120949	23MIDD-RET-609 S 34TH STREET-E GREEN	$ 884	$ 884	Jan-23	Dec-23	6/1/2023	8/1/2023
10120950	23MIDD-RET-209 NELSON LANE	$ 578	$ 578	Jan-23	Dec-23	6/1/2023	8/1/2023
10120951	23MIDD-RET-1111 EXETER AVE- GOBLE	$ 805	$ 805	Jan-23	Dec-23	6/1/2023	8/1/2023
10120961	23 BERA REP SVC 142 BALDWIN ST	$ 2,342	$ 2,342	Jan-23	Dec-23	6/1/2023	7/1/2023
10120963	23OWNG-INS-SVC-357 MALIBU DR	$ 2,077	$ 2,077	Jan-23	Dec-23	6/1/2023	7/1/2023
10120964	23OWNG-INS-SVC-155 BACK ST	$ 2,078	$ 2,078	Jan-23	Dec-23	6/1/2023	7/1/2023
10121006	23CORB/SVC/117BELLWOODLN/61531538	$ 1,224	$ 1,224	Jan-23	Dec-23	6/1/2023	7/1/2023
10121012	23OWNG-INS-SVC-1217 E HWY 60	$ 1,569	$ 1,569	Jan-23	Dec-23	8/1/2023	10/1/2023
10121013	23OWNG-INS-SVC-196 W WALNUT	$ 101	$ 101	Jan-23	Dec-23	11/1/2023	12/1/2023
10121014	23OWNG-INS-SVC-6675 E HWY 60	$ 991	$ 991	Jan-23	Dec-23	8/1/2023	9/1/2023
10121017	23BARB-SVC-212 N. BROADWAY- MRS. GRAY	$ 5,935	$ 5,935	Jan-23	Dec-23	7/1/2023	9/1/2023
10121018	23 BERA REP SVC 408 OAK ST	$ 2,466	$ 2,466	Jan-23	Dec-23	6/1/2023	8/1/2023
10121032	23 BERA SVC 119 WOODS LN	$ 2,508	$ 2,508	Jan-23	Dec-23	7/1/2023	8/1/2023
10121066	23WILL/RETSVC502SYCAMOREST/PR61336958	$ 853	$ 853	Jan-23	Dec-23	6/1/2023	7/1/2023
10121067	23WILL/RETSVC/909CROLEYBEND/PR61324239	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	7/1/2023
10121068	23LOND/RETSVC/63JACKSONCHRD/PR61320003	$ 804	$ 804	Jan-23	Dec-23	6/1/2023	7/1/2023
10121183	23BARB-RET-VACANT-N. ALLISON - BK GARAGE	$ 2,239	$ 2,239	Jan-23	Dec-23	6/1/2023	8/1/2023
10121231	23CORB-REPSVC-411VANDORNPR#61309711	$ 1,381	$ 1,381	Jan-23	Dec-23	6/1/2023	7/4/2023
10121272	23STAT-RETSVC 5220 MAIN ST	$ 519	$ 519	Jan-23	Dec-23	8/1/2023	9/1/2023
10121274	23WILL-RETSVC-1415HEMLOCKDRPR#61325348	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	7/1/2023
10121275	23WILL-131WHAVENDRPR#6132318	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	7/1/2023
10121276	23WILL-RETSVC-211SHELBYHURSTRDPRN6132538	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	7/1/2023
10121277	23WILL-RETSVC-8390HWY26PR61320453	$ 519	$ 519	Jan-23	Dec-23	7/1/2023	8/1/2023
10121278	23WILL-RETSVC-80SHORTSTPR61321075	$ 519	$ 519	Jan-23	Dec-23	7/1/2023	8/1/2023
10121279	23WILL-RETSVC-315WESTSIDESTPR61334409	$ 599	$ 599	Jan-23	Dec-23	6/1/2023	8/1/2023
10121288	23LOND-RETSVC-158OLDWHITLEYPR#61308468	$ 1,138	$ 1,138	Jan-23	Dec-23	6/1/2023	7/1/2023
10121299	23 BERA SVC 131 MT VIEW DR	$ 3,416	$ 3,416	Jan-23	Dec-23	11/1/2023	12/1/2023
10121327	23STAT-RET SVC 395 REFFIT RD	$ 100	$ 100	Jan-23	Dec-23	6/1/2023	7/1/2023
10121350	23-nich-sev-106 lesley trail	$ 1,878	$ 1,878	Jan-23	Dec-23	7/1/2023	8/1/2023
10121391	23MANC-SVC-464 CIRCLE DRIVE	$ 1,803	$ 1,803	Jan-23	Dec-23	7/1/2023	8/1/2023
10121393	23WILL-RETSVC-65RDRAINSRDPR#61322993	$ 569	$ 569	Jan-23	Dec-23	7/1/2023	8/1/2023
10121394	23WILL-197RDRAINSRDPR#61323510	$ 569	$ 569	Jan-23	Dec-23	7/1/2023	8/1/2023
10121395	23WILL-RETSVC-141W92PR#61339268	$ 569	$ 569	Jan-23	Dec-23	7/1/2023	8/1/2023
10121397	23WILL-RETSVC-119PENNYLN-PN#61323969	$ 854	$ 854	Jan-23	Dec-23	7/1/2023	8/1/2023
10121398	23WILL-RETSVC-245RAINSSTPR#61320493	$ 854	$ 854	Jan-23	Dec-23	6/1/2023	8/1/2023
10121401	23-nich-sev-170 Jennette dr	$ 106	$ 106	Jan-23	Dec-23	7/1/2023	8/1/2023
10121407	23MIDD-RET-706 W ROCHESTER AVE- VACANT	$ 132	$ 132	Jan-23	Dec-23	6/1/2023	7/1/2023

10121454	WILL23-RETSVC-73RAILRDLNPR#61322526	$ 854	$ 854	Jan-23	Dec-23	6/1/2023	7/1/2023
10121456	23BARB-REP-385 HIGGINS BRANCH ROAD-G.BLK	$ 1,661	$ 1,661	Jan-23	Dec-23	7/1/2023	9/1/2023
10121457	23WILL-RETSVC-268REDWITTRDPR#61342091	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	8/1/2023
10121458	23STAT RETSVC 749 IRVINE (STEEL SERV)	$ 852	$ 852	Jan-23	Dec-23	8/1/2023	9/1/2023
10121459	23STAT RETSVC 2319 ROBIN LN	$ 116	$ 116	Jan-23	Dec-23	7/1/2023	8/1/2023
10121482	23WILL-RETSVC-23HEMLOCKPR#61325175	$ 983	$ 983	Jan-23	Dec-23	6/1/2023	9/4/2023
10121484	23WILL-RETSVC-1029WATTSCRKPR#61325354	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	7/1/2023
10121540	23WILL-RETSVC-41B&GRD-PR#61345092	$ 854	$ 854	Jan-23	Dec-23	6/1/2023	7/1/2023
10121541	23WILL-RETSVC-899SAVOYCLEARCR-PR#6134377	$ 854	$ 854	Jan-23	Dec-23	6/1/2023	7/1/2023
10121542	23WILL-RETSVC-744SVYCLEARCR-PR#61346996	$ 1,156	$ 1,156	Jan-23	Dec-23	7/1/2023	9/1/2023
10121543	23WILL-RETSVC-80EVERRETRAIN-PR#61348355	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	7/1/2023
10121544	?????	$ 853	$ 853	Jan-23	Dec-23	6/1/2023	7/1/2023
10121545	23WILL-RETSVC-5531HWY25PR#61339525	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	8/1/2023
10121546	23WILL-RETSVC-463STEVANLNPR#61308991	$ 854	$ 854	Jan-23	Dec-23	8/1/2023	9/1/2023
10121547	23WILL-RETSVC-355EMLYNCEMRDPR#61322132	$ 569	$ 569	Jan-23	Dec-23	7/1/2023	8/1/2023
10121557	23-nich-sev-101 glenridge way	$ 1,829	$ 1,829	Jan-23	Dec-23	8/1/2023	10/1/2023
10121560	23 BERA SVC 208 JAMES THOMAS WAY	$ 1,271	$ 1,271	Jan-23	Dec-23	7/1/2023	8/1/2023
10121561	23 BERA SVC 408 ARLINGTON CT LOT 19	$ 1,332	$ 1,332	Jan-23	Dec-23	7/1/2023	8/1/2023
10121562	23 BERA SVC 216 BERKLEY HALL LOT 3	$ 2,543	$ 2,543	Jan-23	Dec-23	6/1/2023	8/1/2023
10121567	23WILL-RETSVC-431N3RDSTPR#61324453	$ 854	$ 854	Jan-23	Dec-23	7/14/2023	8/1/2023
10121568	23WILL-RETSVC-435 N3RDSTPR#61343684	$ 1,138	$ 1,138	Jan-23	Dec-23	7/14/2023	8/1/2023
10121569	23WILL-RETSVC-2110SHWY25PR#61339750	$ 569	$ 569	Jan-23	Dec-23	7/14/2023	8/1/2023
10121570	23WILL-RETSVC-126SAVOYCHRDPR#61323910	$ 569	$ 569	Jan-23	Dec-23	7/14/2023	8/1/2023
10121571	23WILL-RETSVC-16INCLINERDPR#61325140	$ 519	$ 519	Jan-23	Dec-23	7/14/2023	8/1/2023
10121572	23WILL-RETSVC-49ESTESDRPR#61322199	$ 569	$ 569	Jan-23	Dec-23	8/1/2023	9/1/2023
10121573	23WILL-RETSVC-2308HWY25PRN#6132279	$ 569	$ 569	Jan-23	Dec-23	7/4/2023	8/1/2023
10121580	23WILL-RETSVC-39RAILRDLNPR#61335447	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	8/1/2023
10121581	23WILL-RETSVC-2984SHWY25PR#61322848	$ 569	$ 569	Jan-23	Dec-23	6/1/2023	8/1/2023
10121582	23WILL-RETSVC-2324SHWY25PR#61323565	$ 854	$ 854	Jan-23	Dec-23	8/1/2023	9/1/2023
10121697	23OWNG-RET-SVC-97 MILLER DR #2,3,4	$ 1,878	$ 1,878	Jan-23	Dec-23	6/1/2023	7/1/2023
10121704	23MIDD-REP-319 AVONDALE AVE -MARSEE	$ 1,288	$ 1,288	Jan-23	Dec-23	6/1/2023	8/1/2023
10121705	23MIDD-REP-1210 N.25TH ST. -CANCEL	$ 0	$ 0	Jan-23	Dec-23	6/1/2023	12/1/2023
10121782	23MANC-RET-71 HENSON RD	$ 673	$ 673	Jan-23	Dec-23	8/14/2023	10/1/2023
10121783	23CORB-RETSVC-6344HWY25PR#61333390	$ 569	$ 569	Jan-23	Dec-23	7/4/2023	8/1/2023
10121804	23BARB-RET-1065 KY 3440- VACANT	$ 848	$ 848	Jan-23	Dec-23	6/1/2023	8/1/2023
10121826	23-nich-sev-125 growers field	$ 469	$ 469	Jan-23	Dec-23	7/14/2023	8/1/2023
10121841	23-nich-retire ser-118 Bertram Ct	$ 58	$ 58	Jan-23	Dec-23	6/1/2023	7/1/2023
10121842	23-nich-sev-161 Zakk ct	$ 939	$ 939	Jan-23	Dec-23	7/4/2023	8/1/2023
10121843	23-nich-sev-169 zakk ct	$ 939	$ 939	Jan-23	Dec-23	7/4/2023	8/1/2023
10121844	23-nich-sev-133 kinglet point	$ 939	$ 939	Jan-23	Dec-23	7/4/2023	8/1/2023
10121845	23-nich-sev-156 kinglet point	$ 939	$ 939	Jan-23	Dec-23	7/4/2023	8/1/2023
10121968	23 BERA SVC 3305 BEREA RD	$ 1,164	$ 1,164	Jan-23	Dec-23	7/1/2023	9/1/2023
10121972	23MIDD-RET-1210 N. 25TH STREET-TRAC	$ 1,051	$ 1,051	Jan-23	Dec-23	11/1/2023	12/1/2023
10122024	23BARB-SVC-371 VALENTINE HOLLOW RD-MILLS	$ 1,342	$ 1,342	Jan-23	Dec-23	7/1/2023	9/1/2023
10122105	23CORB-RETSVC-103CHURCHSTREETPR#61328382	$ 1,139	$ 1,139	Jan-23	Dec-23	7/1/2023	8/1/2023
10122121	23 BERA SVC 7069 ARBOR RIDGE DR	$ 1,076	$ 1,076	Jan-23	Dec-23	7/1/2023	9/1/2023
10122122	23 BERA SVC 7073 ARBOR RIDGE DR	$ 5,226	$ 5,226	Jan-23	Dec-23	7/1/2023	9/1/2023
10122172	NICH-SEV-CON- 129 MEANS	$ 2,105	$ 2,105	Jan-23	Dec-23	7/1/2023	9/1/2023
10122173	23-nich-sev-104 little leaf	$ 939	$ 939	Jan-23	Dec-23	7/1/2023	8/1/2023
10122174	23-nich-sev-164 kinglet point	$ 469	$ 469	Jan-23	Dec-23	7/1/2023	8/1/2023
10122176	23MIDD-RET-71 BUELL HILL ROAD PVILLE	$ 231	$ 231	Jan-23	Dec-23	7/1/2023	8/1/2023
10122232	23-nich-sev-404 hawthorne	$ 939	$ 939	Jan-23	Dec-23	7/1/2023	8/1/2023
10122264	23-nich-sev-1201 south main B	$ 939	$ 939	Jan-23	Dec-23	7/1/2023	8/1/2023
10122273	23STAT SVC 55 WEST VIEW	$ 1,085	$ 1,085	Jan-23	Dec-23	8/1/2023	9/1/2023
10122274	23STAT SVC 92 MEADOW BROOKE	$ (110)	$ (110)	Jan-23	Dec-23	8/1/2023	12/1/2023
10122275	23STAT SVC 19 COMPTON RD	$ 1,437	$ 1,437	Jan-23	Dec-23	8/1/2023	9/1/2023
10122280	WILL-SERVICE LINE REPLACE	$ 1,170	$ 1,170	Jan-23	Dec-23	7/1/2023	8/1/2023
10122290	23-nich-sev-116 singing lark cove	$ 1,688	$ 1,688	Jan-23	Dec-23	7/1/2023	9/1/2023
10122291	23-nich-sev-137 kinglet point	$ 1,204	$ 1,204	Jan-23	Dec-23	7/1/2023	9/1/2023
10122295	23 BERA SVC 2009 PARTRIDGE WAY # 107	$ 823	$ 823	Jan-23	Dec-23	7/1/2023	9/1/2023
10122296	23 BERA SVC 2007 PARTRIDGE WAY # 108	$ 804	$ 804	Jan-23	Dec-23	7/1/2023	9/1/2023
10122297	23 SVC 251 STONEY CREEK WAY # 82	$ 203	$ 203	Jan-23	Dec-23	8/1/2023	9/1/2023
10122298	23 BERA SVC 255 STONEY CREEK WAY # 83	$ 928	$ 928	Jan-23	Dec-23	7/1/2023	9/1/2023
10122299	23 BERA SVC 259 STONEY CREEK WAY # 84	$ 928	$ 928	Jan-23	Dec-23	7/1/2023	9/1/2023
10122305	23WILL-REPSERVIC	$ 1,692	$ 1,692	Jan-23	Dec-23	7/1/2023	8/1/2023
10122313	23LOND-24HIGHNOBBRD-PR#61537000	$ 1,553	$ 1,553	Jan-23	Dec-23	7/1/2023	8/1/2023
10122318	23BARB-RET-209 S. LIBERTY ST. -VACANT	$ 2,017	$ 2,017	Jan-23	Dec-23	8/1/2023	9/1/2023
10122319	23BARB-RET-109 3RD STREET-VACANT	$ 2,876	$ 2,876	Jan-23	Dec-23	8/1/2023	11/1/2023

10122352	23 BERA SVC 243 STONEY CREEK WAY # 80	$ 1,067	$ 1,067	Jan-23	Dec-23	7/1/2023	9/1/2023
10122353	23 BERA SVC 247 STONEY CREEK WAY # 81	$ 773	$ 773	Jan-23	Dec-23	7/1/2023	9/1/2023
10122354	23 BERA SVC 152 HERNDON LANE	$ 2,577	$ 2,577	Jan-23	Dec-23	9/1/2023	10/1/2023
10122355	23 BERA SVC 1409 RICHMOND RD	$ 5,239	$ 5,239	Jan-23	Dec-23	7/1/2023	9/1/2023
10122373	23CORB-SERVICE-2005CEDARLN-PR#6158002	$ 1,523	$ 1,523	Jan-23	Dec-23	7/1/2023	8/1/2023
10122374	23LOND-RETSERV-105OAKLEYST-PR61308160	$ 50	$ 50	Jan-23	Dec-23	7/1/2023	8/1/2023
10122380	23OWNG-INS-SVC-5480 HWY 627	$ 5,347	$ 5,347	Jan-23	Dec-23	8/1/2023	9/1/2023
10122383	23 BERA SVC 105 CRESENT DR	$ 4,193	$ 4,193	Jan-23	Dec-23	8/1/2023	9/1/2023
10122389	23STAT-RET SVC 1401 CAUDIL RD	$ 519	$ 519	Jan-23	Dec-23	8/1/2023	9/1/2023
10122390	23STAT-RET SVC 330 HWY 587	$ 106	$ 106	Jan-23	Dec-23	10/1/2023	11/1/2023
10122496	23MIDD-RET-603 CHESTER AVE	$ 369	$ 369	Jan-23	Dec-23	8/1/2023	10/1/2023
10122497	23MIDD-RET-1106 ROCHESTER AVE	$ 731	$ 731	Jan-23	Dec-23	8/14/2023	11/1/2023
10122498	23MIDD-RET-1809 EXETER AVE	$ 385	$ 385	Jan-23	Dec-23	8/1/2023	10/1/2023
10122499	23MIDD-RET-903 CHESTER AVE	$ 652	$ 652	Jan-23	Dec-23	8/1/2023	10/1/2023
10122500	23BARB-SVC-5306 KY 1304-MICHAEL BAYS	$ 2,310	$ 2,310	Jan-23	Dec-23	8/1/2023	9/1/2023
10122501	23BARB-EXT-1788 KY 3439-NICK BOLES	$ 1,246	$ 1,246	Jan-23	Dec-23	8/1/2023	10/1/2023
10122504	23 BERA SVC 319 BOCOTE DR	$ 1,377	$ 1,377	Jan-23	Dec-23	8/1/2023	9/1/2023
10122516	23 BERA SVC 244 BANYANS BLVD	$ 1,346	$ 1,346	Jan-23	Dec-23	7/1/2023	9/1/2023
10122517	23 BERA SVC 2025 HIDDEN FALLS TRAIL	$ 1,280	$ 1,280	Jan-23	Dec-23	8/1/2023	9/1/2023
10122561	23 BERA SVC 1038 VINEYARD WAY # 55	$ 1,075	$ 1,075	Jan-23	Dec-23	8/1/2023	9/1/2023
10122562	23 BERA SVC 1040 VINEYARD WAY # 56	$ 1,078	$ 1,078	Jan-23	Dec-23	8/1/2023	9/1/2023
10122564	23-nich-sev-cont-1280 jessamine station	$ 1,799	$ 1,799	Jan-23	Dec-23	7/1/2023	8/1/2023
10122580	23MIDD-RET-814 CHESTER AVE	$ 418	$ 418	Jan-23	Dec-23	7/1/2023	8/1/2023
10122581	23MIDD-RET-809 CHESTER AVE	$ 418	$ 418	Jan-23	Dec-23	8/1/2023	10/1/2023
10122582	23MIDD-RET-113 PARKER LANE	$ 420	$ 420	Jan-23	Dec-23	8/1/2023	10/1/2023
10122583	23MIDD-RET-3190 HWY 441	$ 420	$ 420	Jan-23	Dec-23	8/1/2023	10/1/2023
10122585	23CORB-RETSVC-1900MCHARGUEPR#61332054	$ 804	$ 804	Jan-23	Dec-23	7/1/2023	8/1/2023
10122606	23-nich-sev-ret-lexington rd 503-s4965	$ 1,302	$ 1,302	Jan-23	Dec-23	8/1/2023	9/1/2023
10122607	23-nich-sev-ret-hwy 27 3280/ 503-s2031	$ 1,302	$ 1,302	Jan-23	Dec-23	8/1/2023	9/1/2023
10122674	23LOND-RETSVC-143OLDUNOINCHRDPR#61323756	$ 285	$ 285	Jan-23	Dec-23	7/1/2023	8/1/2023
10122675	23MIDD-SVC-2 ENNISMORE DR.- JEFF ALLEN	$ 1,460	$ 1,460	Jan-23	Dec-23	8/1/2023	9/1/2023
10122676	23MIDD-SVC-23 ENNISMORE-SAMUEL MULLINS	$ 532	$ 532	Jan-23	Dec-23	8/1/2023	11/1/2023
10122677	23MIDD-SVC-7 ENNISMORE DRIVE-JIMMY ROSE	$ 1,541	$ 1,541	Jan-23	Dec-23	8/1/2023	9/1/2023
10122678	23MIDD-SVC-20 ENNISMORE-NEIL&MERYL WARD	$ 4,064	$ 4,064	Jan-23	Dec-23	8/1/2023	9/1/2023
10122679	23MIDD-SVC-4 ENNISMORE DR.-DANIEL TUTTLE	$ 2,022	$ 2,022	Jan-23	Dec-23	8/1/2023	9/1/2023
10122692	23-nich-sev-321 friendly ave	$ 1,794	$ 1,794	Jan-23	Dec-23	7/1/2023	9/1/2023
10122718	23BARB-RET-581 KY 2418-VACANT	$ 157	$ 157	Jan-23	Dec-23	7/1/2023	8/1/2023
10122740	23MIDD-SVC-21 ENNISMORE DR.-JERRY MCDANI	$ 824	$ 824	Jan-23	Dec-23	8/1/2023	9/1/2023
10122741	23 BERA SVC REP SVC OLIVER DR	$ 1,568	$ 1,568	Jan-23	Dec-23	10/1/2023	11/1/2023
10122787	23LOND-SVC-170FOISTERHTSPR#61539004	$ 2,032	$ 2,032	Jan-23	Dec-23	7/1/2023	9/1/2023
10122796	23WILL-RETSVC-227BPERKINSRDPR#61321336	$ 1,204	$ 1,204	Jan-23	Dec-23	7/1/2023	9/1/2023
10122797	23WILL-RETSVC-327BPERKINSRDPR#61321353	$ 1,139	$ 1,139	Jan-23	Dec-23	7/4/2023	9/1/2023
10122822	23 BERA SVC BEREA COLLEGE SCIENCE B	$ 2,626	$ 2,626	Jan-23	Dec-23	9/1/2023	12/1/2023
10122833	23-nich-sl-repl-121 magnolia	$ 1,913	$ 1,913	Jan-23	Dec-23	9/1/2023	12/1/2023
10122835	23-nich-sl-repl-952 south main	$ 1,326	$ 1,326	Jan-23	Dec-23	9/1/2023	10/1/2023
10122836	23-nich-sl-repl-209 longview	$ 1,910	$ 1,910	Jan-23	Dec-23	8/1/2023	9/1/2023
10122837	23-nich-sl-repl-204 longview	$ 1,848	$ 1,848	Jan-23	Dec-23	8/1/2023	10/1/2023
10122838	23-nich-sl-repl-207 longview	$ 3,456	$ 3,456	Jan-23	Dec-23	8/1/2023	9/1/2023
10122839	23-nich-sl-repl-202 longview	$ 1,848	$ 1,848	Jan-23	Dec-23	8/1/2023	10/1/2023
10122849	23-nich-sl-repl-220 longview	$ 2,568	$ 2,568	Jan-23	Dec-23	8/4/2023	10/1/2023
10122850	23-nich-sl-repl-218 longview	$ 2,265	$ 2,265	Jan-23	Dec-23	8/1/2023	10/1/2023
10122851	23-nich-sl-repl-221 longview	$ 2,704	$ 2,704	Jan-23	Dec-23	8/1/2023	9/1/2023
10122853	23-nich-sl-repl-217 longview	$ 3,546	$ 3,546	Jan-23	Dec-23	8/1/2023	9/1/2023
10122857	23LOND-SVC-10951ELAURELRDPR#6153901	$ 4,003	$ 4,003	Jan-23	Dec-23	9/4/2023	12/1/2023
10122902	23MANC-RET-4040 SOUTH HWY 421	$ 1,143	$ 1,143	Jan-23	Dec-23	8/1/2023	10/1/2023
10122929	CORB-SERVICE LINE NEW	$ 1,933	$ 1,933	Jan-23	Dec-23	8/1/2023	10/1/2023
10122932	23 BERA SVC 4442 HAYS FORK RD	$ 569	$ 569	Jan-23	Dec-23	8/1/2023	9/1/2023
10122937	23BARB-REP-2748 KY 3441-JAMES MILLER	$ 3,241	$ 3,241	Jan-23	Dec-23	8/1/2023	10/1/2023
10122973	23-nich-sl-repl-906 s main	$ 1,027	$ 1,027	Jan-23	Dec-23	12/1/2023	12/1/2023
10122975	23-nich-sl-repl-103 magnolia	$ 3,680	$ 3,680	Jan-23	Dec-23	9/1/2023	12/1/2023
10122978	23-nich-sl-repl-104 magnolia	$ 936	$ 936	Jan-23	Dec-23	8/4/2023	9/14/2023
10122979	23-nich-sl-repl-102 magnolia	$ 804	$ 804	Jan-23	Dec-23	8/1/2023	9/1/2023
10122981	23-nich-sev-205 waxwing	$ 825	$ 825	Jan-23	Dec-23	8/1/2023	9/1/2023
10123002	23-nich-sl-repl-111 magnolia	$ 1,905	$ 1,905	Jan-23	Dec-23	9/1/2023	12/1/2023
10123003	23-nich-sl-repl-109 magnolia	$ 1,766	$ 1,766	Jan-23	Dec-23	9/1/2023	12/1/2023
10123004	23-nich-sl-repl-912 s main	$ 820	$ 820	Jan-23	Dec-23	12/1/2023	12/1/2023
10123005	23-nich-sl-repl-114 magnolia	$ 1,233	$ 1,233	Jan-23	Dec-23	8/1/2023	9/1/2023
10123006	23-nich-sl-repl-110 magnolia	$ 3,683	$ 3,683	Jan-23	Dec-23	8/1/2023	10/1/2023

10123007	23-nich-sl-repl-108 magnolia	$ 1,214	$ 1,214	Jan-23	Dec-23	8/1/2023	9/1/2023
10123008	23-nich-sl-repl-106 magnolia	$ 1,216	$ 1,216	Jan-23	Dec-23	8/1/2023	9/1/2023
10123010	23-nich-sl-repl-107 magnolia	$ 998	$ 998	Jan-23	Dec-23	9/1/2023	12/1/2023
10123016	23 BERA SVC 212 JAMES THOMAS WAY LOT 4	$ 2,201	$ 2,201	Jan-23	Dec-23	8/1/2023	9/1/2023
10123020	23-nich-sl-repl-205 longview	$ 174	$ 174	Jan-23	Dec-23	8/1/2023	9/1/2023
10123021	23-nich-sl-repl-203 longview	$ 161	$ 161	Jan-23	Dec-23	8/1/2023	9/1/2023
10123022	23-nich-sl-repl-201 longview	$ 202	$ 202	Jan-23	Dec-23	8/1/2023	9/1/2023
10123024	23-nich-sl-repl-118 magnolia	$ 695	$ 695	Jan-23	Dec-23	8/1/2023	9/1/2023
10123025	23-nich-sl-repl-950 s main	$ 1,326	$ 1,326	Jan-23	Dec-23	9/1/2023	10/1/2023
10123028	23-nich-sl-repl-119 magnolia	$ 1,909	$ 1,909	Jan-23	Dec-23	9/1/2023	12/1/2023
10123029	23-nich-sl-repl-942 s main	$ 1,673	$ 1,673	Jan-23	Dec-23	9/1/2023	10/14/2023
10123030	23-nich-sl-repl-940 s main	$ 1,673	$ 1,673	Jan-23	Dec-23	9/1/2023	10/14/2023
10123031	23-nich-sl-repl-938 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123032	23-nich-sl-repl-936 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123034	23-nich-sl-repl-117 magnolia	$ 1,966	$ 1,966	Jan-23	Dec-23	8/1/2023	12/1/2023
10123035	23-nich-sl-repl-934 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123036	23-nich-sl-repl-932 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123037	23-nich-sl-repl-930 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123038	23-nich-sl-repl-926 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123039	23-nich-sl-repl-924 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123040	23-nich-sl-repl-922 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123041	23-nich-sl-repl-920 s main	$ 1,767	$ 1,767	Jan-23	Dec-23	9/1/2023	10/14/2023
10123042	23-nich-sl-repl-113 magnolia	$ 1,901	$ 1,901	Jan-23	Dec-23	9/1/2023	12/1/2023
10123043	23-nich-sl-repl-918 s main	$ 1,199	$ 1,199	Jan-23	Dec-23	12/1/2023	12/1/2023
10123048	23-nich-sl-repl-212 longview	$ 1,886	$ 1,886	Jan-23	Dec-23	8/1/2023	10/1/2023
10123049	23-nich-sl-repl-213 longview	$ 1,802	$ 1,802	Jan-23	Dec-23	8/1/2023	9/1/2023
10123050	23-nich-sl-repl-210 longview	$ 1,854	$ 1,854	Jan-23	Dec-23	8/1/2023	10/1/2023
10123051	23-nich-sl-repl-211 longview	$ 3,514	$ 3,514	Jan-23	Dec-23	8/1/2023	9/1/2023
10123052	23-nich-sl-repl-208 longview	$ 1,754	$ 1,754	Jan-23	Dec-23	8/1/2023	10/1/2023
10123053	23-nich-sl-repl-206 longview	$ 1,848	$ 1,848	Jan-23	Dec-23	8/1/2023	10/1/2023
10123054	23-nich-sl-repl-116 redbud	$ 708	$ 708	Jan-23	Dec-23	8/1/2023	10/1/2023
10123055	23-nich-sl-repl-103 redbud	$ 821	$ 821	Jan-23	Dec-23	8/1/2023	10/1/2023
10123056	23-nich-sl-repl-107 dogwood	$ 1,059	$ 1,059	Jan-23	Dec-23	9/1/2023	10/1/2023
10123058	23-nich-sl-repl-109 dogwood	$ 1,047	$ 1,047	Jan-23	Dec-23	9/1/2023	10/1/2023
10123059	23-nich-sl-repl-111 dogwood	$ 1,591	$ 1,591	Jan-23	Dec-23	9/1/2023	12/1/2023
10123060	23-nich-sl-repl-100 magnolia	$ 1,330	$ 1,330	Jan-23	Dec-23	8/1/2023	9/1/2023
10123061	23-nich-sl-repl-104 edgewood	$ 1,328	$ 1,328	Jan-23	Dec-23	9/1/2023	12/1/2023
10123064	23-nich-sl-repl-201 rebel rd	$ 854	$ 854	Jan-23	Dec-23	11/1/2023	12/1/2023
10123066	23-nich-sl-repl-800 s main	$ 6,680	$ 6,680	Jan-23	Dec-23	12/1/2023	12/1/2023
10123067	23-nich-sl-repl-800 s main (11)	$ 1,208	$ 1,208	Jan-23	Dec-23	11/1/2023	12/1/2023
10123068	23-nich-sl-repl-53 beauford	$ 1,625	$ 1,625	Jan-23	Dec-23	11/1/2023	12/1/2023
10123069	23-nich-sl-repl-109 beauford	$ 1,204	$ 1,204	Jan-23	Dec-23	11/1/2023	12/1/2023
10123071	23-nich-sl-repl-three coins apt,	$ 1,996	$ 1,996	Jan-23	Dec-23	9/1/2023	12/1/2023
10123081	23-nich-sl-repl-100 dogwood	$ 813	$ 813	Jan-23	Dec-23	8/1/2023	10/1/2023
10123082	23 BERA SVC 512 CAPERTON DR	$ 14,811	$ 14,811	Jan-23	Dec-23	9/1/2023	12/1/2023
10123083	23-nich-sl-repl-102 dogwood	$ 946	$ 946	Jan-23	Dec-23	8/1/2023	10/1/2023
10123084	23-nich-sl-repl-103 dogwood	$ 1,693	$ 1,693	Jan-23	Dec-23	9/1/2023	10/1/2023
10123085	23-nich-sl-repl-101 dogwood	$ 967	$ 967	Jan-23	Dec-23	8/1/2023	10/1/2023
10123086	23-nich-sl-repl-204 edgewood	$ 471	$ 471	Jan-23	Dec-23	9/1/2023	12/1/2023
10123087	23-nich-sl-repl-300 edgewood	$ 3,511	$ 3,511	Jan-23	Dec-23	9/1/2023	12/1/2023
10123090	23-nich-sl-repl-305 edgewood	$ 2,520	$ 2,520	Jan-23	Dec-23	8/1/2023	10/1/2023
10123091	23-nich-ser-new-113 growers field	$ 805	$ 805	Jan-23	Dec-23	8/1/2023	9/1/2023
10123092	23 BERA SVC 975 MISTI DR GARAGE	$ 3,840	$ 3,840	Jan-23	Dec-23	8/1/2023	10/1/2023
10123111	23MIDD-SVC-141 TECH PARK DRIVE	$ 2,792	$ 2,792	Jan-23	Dec-23	8/14/2023	10/1/2023
10123112	23LOND-RETSVC-705WHITLEYSTPR#61321115	$ 519	$ 519	Jan-23	Dec-23	8/4/2023	9/1/2023
10123113	23LOND-RETSVC705WHITLEYSTPR#61339306	$ 285	$ 285	Jan-23	Dec-23	8/4/2023	9/1/2023
10123124	23OWNG-INS-SVC-177 DERRICKSON LN	$ 395	$ 395	Jan-23	Dec-23	8/4/2023	9/1/2023
10123137	23BARB-RET-104 JUDGE ST. -VACANT	$ 157	$ 157	Jan-23	Dec-23	8/4/2023	9/1/2023
10123222	23STAT-RET SVC 4646 CAMARGO RD	$ 50	$ 50	Jan-23	Dec-23	8/4/2023	9/1/2023
10123263	23OWNG-INS-SVC-10 ROLLING ACRES RD	$ 3,370	$ 3,370	Jan-23	Dec-23	8/4/2023	9/1/2023
10123265	23OWNG-INS-SVC-106 CLAYTON LN	$ 804	$ 804	Jan-23	Dec-23	8/4/2023	9/1/2023
10123266	23OWNG-INS-SVC-28 GRAYSON DR	$ 2,306	$ 2,306	Jan-23	Dec-23	8/1/2023	10/1/2023
10123267	23OWNG-RET-SVC-35 MAPLEVIEW DR	$ 939	$ 939	Jan-23	Dec-23	8/4/2023	9/1/2023
10123268	23OWNG-RET-SVC-177 BREIRLY RIDGE RD	$ 598	$ 598	Jan-23	Dec-23	8/1/2023	10/1/2023
10123269	23OWNG-RET-SVC-19 E ASH ST	$ 704	$ 704	Jan-23	Dec-23	8/4/2023	9/1/2023
10123270	23OWNG-INS-SVC-1536 HWY 519	$ 1,338	$ 1,338	Jan-23	Dec-23	8/4/2023	9/1/2023
10123271	23OWNG-INS-SVC-1540 HWY 519	$ 1,539	$ 1,539	Jan-23	Dec-23	8/4/2023	9/1/2023
10123272	23OWNG-INS-SVC-1544 HWY 519	$ 1,635	$ 1,635	Jan-23	Dec-23	8/4/2023	9/1/2023

10123273	23OWNG-INS-SVC-55 ARMSTRONG LN	$ 1,167	$ 1,167	Jan-23	Dec-23	8/1/2023	10/1/2023
10123274	23OWNG-RET-SVC-105 PINHOOK RD	$ 587	$ 587	Jan-23	Dec-23	8/4/2023	9/1/2023
10123302	23 BERA SVC 193 BRYSON WAY	$ 3,157	$ 3,157	Jan-23	Dec-23	9/1/2023	10/1/2023
10123404	23CORB-RETSVC-3475LILYRDPR#61329453	$ 854	$ 854	Jan-23	Dec-23	8/4/2023	9/1/2023
10123408	23-nich-ser-new-141 kinglet pint	$ 940	$ 940	Jan-23	Dec-23	8/4/2023	9/1/2023
10123410	23-nich-ser-new-100 growers field	$ 1,127	$ 1,127	Jan-23	Dec-23	8/4/2023	9/1/2023
10123411	23-nich-ser-new-121 gowers field	$ 1,115	$ 1,115	Jan-23	Dec-23	8/4/2023	9/1/2023
10123412	23-nich-ser-new-609 shelburne way	$ 1,183	$ 1,183	Jan-23	Dec-23	8/4/2023	9/1/2023
10123414	23CORB-RETSVC-1858FARISTONPR#61333105	$ 854	$ 854	Jan-23	Dec-23	8/4/2023	9/1/2023
10123415	23CORB-RETSVC-500HORSECRKRDPR#61348	$ 569	$ 569	Jan-23	Dec-23	10/1/2023	11/1/2023
10123417	23OWNG-INS-SVC-293 E HWY 460	$ 1,114	$ 1,114	Jan-23	Dec-23	8/4/2023	10/1/2023
10123422	23BARB-REP-276 EVERGREEN ROAD-HELTO	$ 2,267	$ 2,267	Jan-23	Dec-23	10/1/2023	12/1/2023
10123423	23BARB-SVC-PATRICK GOODIN- 105 CREST ST.	$ 1,573	$ 1,573	Jan-23	Dec-23	8/4/2023	11/1/2023
10123442	23MANC-SVC-48 HYDE STREET	$ 1,347	$ 1,347	Jan-23	Dec-23	8/4/2023	10/1/2023
10123456	23-nich-ser-new-4541 price albert way	$ 1,522	$ 1,522	Jan-23	Dec-23	8/4/2023	9/1/2023
10123477	23CORB-SVC-305YOUNGCRKRDPR#61545010	$ 2,022	$ 2,022	Jan-23	Dec-23	9/1/2023	10/1/2023
10123493	23STAT-RET SVC 415 W COLLEGE AVE	$ 48	$ 48	Jan-23	Dec-23	8/4/2023	9/1/2023
10123502	23 BERA SVC 1016 RUBRUM WAY	$ 2,581	$ 2,581	Jan-23	Dec-23	9/1/2023	10/1/2023
10123507	23-nich-ser-new-417 friendly ave	$ 1,171	$ 1,171	Jan-23	Dec-23	8/4/2023	9/1/2023
10123509	23-nich-ser-new-1013 n main st	$ 2,041	$ 2,041	Jan-23	Dec-23	8/4/2023	9/1/2023
10123596	23MIDD-SVC-14 ENNISMORE DR.- ROBINSON	$ 4,042	$ 4,042	Jan-23	Dec-23	8/4/2023	9/1/2023
10123597	23LOND REPSVC-106PARMENSTPR#6134177	$ 5,169	$ 5,169	Jan-23	Dec-23	10/1/2023	11/1/2023
10123609	23-nich-ser-retire-200 n second st	$ 199	$ 199	Jan-23	Dec-23	8/4/2023	9/1/2023
10123610	23LOND-SVC-216RAYOVERBAYRDPR#615450	$ 1,455	$ 1,455	Jan-23	Dec-23	9/1/2023	10/1/2023
10123611	23LOND-SVC-566HALROGERDRPR#61545006	$ 820	$ 820	Jan-23	Dec-23	8/4/2023	9/1/2023
10123623	23CORB-REPSVC-7672KY1232PR#61331743	$ 1,263	$ 1,263	Jan-23	Dec-23	9/1/2023	10/1/2023
10123626	23-nich-sl-repl-107 edgewood	$ 2,365	$ 2,365	Jan-23	Dec-23	8/4/2023	10/1/2023
10123629	23LOND-SVC-141BOONETRLPR#61542002	$ 1,060	$ 1,060	Jan-23	Dec-23	9/1/2023	11/1/2023
10123653	23BARB-REP-396 RAMSEY BRANCH ROAD	$ 5,160	$ 5,160	Jan-23	Dec-23	8/4/2023	10/1/2023
10123667	23-nich-sl-repl-48 beauford place	$ 1,606	$ 1,606	Jan-23	Dec-23	11/1/2023	12/1/2023
10123668	23-nich-sl-repl-4 beauford place	$ 1,413	$ 1,413	Jan-23	Dec-23	11/1/2023	12/1/2023
10123669	23-nich-sl-repl- 7 beauford place	$ 1,407	$ 1,407	Jan-23	Dec-23	11/1/2023	12/1/2023
10123670	23-nich-sl-repl- 806 s main	$ 1,466	$ 1,466	Jan-23	Dec-23	12/1/2023	12/1/2023
10123674	23-nich-ser-new-101 loose leaf ct	$ 1,886	$ 1,886	Jan-23	Dec-23	8/4/2023	9/1/2023
10123695	23MIDD-REP-382 HWY 92-BROOKS TIRE	$ 2,321	$ 2,321	Jan-23	Dec-23	8/4/2023	10/1/2023
10123744	23-nich-sl-repl- 104 grosser st	$ 2,933	$ 2,933	Jan-23	Dec-23	11/1/2023	12/1/2023
10123745	23-nich-sl-repl- 529 brown st	$ 2,088	$ 2,088	Jan-23	Dec-23	10/1/2023	12/1/2023
10123746	23-nich-sl-repl- 531 w brown	$ 1,805	$ 1,805	Jan-23	Dec-23	10/1/2023	12/1/2023
10123752	23-nich-ser-retire-201 coburn	$ 150	$ 150	Jan-23	Dec-23	9/1/2023	10/1/2023
10123753	23-nich-ser-retire-209 coburn	$ 150	$ 150	Jan-23	Dec-23	9/1/2023	10/1/2023
10123871	23CORB-REPSVC-813PHILLIPSLNPR#61329	$ 2,376	$ 2,376	Jan-23	Dec-23	9/1/2023	10/1/2023
10123877	23OWNG-INS-SVC-344 W WALNUT ST	$ 1,504	$ 1,504	Jan-23	Dec-23	8/4/2023	10/1/2023
10123935	23CORB-SVC-41CROSSRDS#CPR#61545513	$ 1,098	$ 1,098	Jan-23	Dec-23	9/1/2023	10/1/2023
10123998	23 BERA SVC 7230 CARTERSVILLE RD	$ 1,244	$ 1,244	Jan-23	Dec-23	11/1/2023	12/1/2023
10124000	23STAT SVC 1181 CLAY LICK RD	$ 1,596	$ 1,596	Jan-23	Dec-23	8/4/2023	10/1/2023
10124001	23STAT SVC 3113 COOPER LN	$ 1,536	$ 1,536	Jan-23	Dec-23	10/1/2023	11/1/2023
10124008	23 BERA SVC 248 BANYANS BLVD	$ 1,370	$ 1,370	Jan-23	Dec-23	9/1/2023	10/1/2023
10124009	23 BERA SVC 5008 BENTWOOD DR	$ 2,562	$ 2,562	Jan-23	Dec-23	10/1/2023	11/1/2023
10124044	23-nich-ser-new-100 LITTLE LEAF DR	$ 89	$ 89	Jan-23	Dec-23	9/1/2023	10/1/2023
10124045	23-nich-ser-new-108 carolina ash po	$ 100	$ 100	Jan-23	Dec-23	9/1/2023	10/1/2023
10124047	23-nich-sl-repl- 42 beauford place	$ 1,416	$ 1,416	Jan-23	Dec-23	11/1/2023	12/1/2023
10124048	23-nich-sl-repl- 1beauford place	$ 1,881	$ 1,881	Jan-23	Dec-23	11/1/2023	12/1/2023
10124049	23-nich-sl-repl-49 beauford place	$ 1,511	$ 1,511	Jan-23	Dec-23	11/1/2023	12/1/2023
10124050	23-nich-sl-repl-60beauford place	$ 1,557	$ 1,557	Jan-23	Dec-23	11/1/2023	12/1/2023
10124051	23-nich-sl-repl-13 beauford place	$ 1,737	$ 1,737	Jan-23	Dec-23	10/1/2023	12/1/2023
10124052	23-nich-sl-repl-9 beauford place	$ 1,573	$ 1,573	Jan-23	Dec-23	10/1/2023	11/1/2023
10124053	23-nich-sl-repl-19 beauford place	$ 3,854	$ 3,854	Jan-23	Dec-23	10/1/2023	12/1/2023
10124054	23-nich-sl-repl-65 beauford place	$ 1,217	$ 1,217	Jan-23	Dec-23	11/1/2023	12/1/2023
10124055	23-nich-sl-repl-61 beauford place	$ 876	$ 876	Jan-23	Dec-23	11/1/2023	12/1/2023
10124056	23-nich-sl-repl-71 beauford place	$ 1,177	$ 1,177	Jan-23	Dec-23	11/1/2023	12/1/2023
10124057	23-nich-sl-repl-28 beauford place	$ 3,080	$ 3,080	Jan-23	Dec-23	11/1/2023	12/1/2023
10124058	23-nich-sl-repl-77 beauford place	$ 1,592	$ 1,592	Jan-23	Dec-23	11/1/2023	12/1/2023
10124059	23-nich-sl-repl-23 beauford place	$ 1,884	$ 1,884	Jan-23	Dec-23	10/1/2023	12/1/2023
10124080	23-nich-sl-repl-33 beauford place	$ 1,946	$ 1,946	Jan-23	Dec-23	10/1/2023	12/1/2023
10124082	23-nich-sl-repl-70 beauford place	$ 1,037	$ 1,037	Jan-23	Dec-23	11/1/2023	12/1/2023
10124088	23CORB-RETSVC-74VICTORYLNPR#6133136	$ 519	$ 519	Jan-23	Dec-23	9/1/2023	10/1/2023
10124091	23 BERA SVC 2005 PARTRIDGE WAY #109	$ 2,223	$ 2,223	Jan-23	Dec-23	9/1/2023	10/1/2023
10124094	23MANC-SVC-648 CONWAY RD	$ 3,013	$ 3,013	Jan-23	Dec-23	10/1/2023	12/1/2023

10124095	23MANC-SVC-3696 HWY 3630	$ 2,461	$ 2,461	Jan-23	Dec-23	10/1/2023	12/1/2023
10124129	23-nich-sl-new- 120 growers field	$ 379	$ 379	Jan-23	Dec-23	9/1/2023	10/1/2023
10124147	23LOND-SVC-513TAYLORDRPR#61545516	$ 2,094	$ 2,094	Jan-23	Dec-23	9/1/2023	10/1/2023
10124168	23 BERA REP SVC 208 BERKLEY HALL	$ 1,945	$ 1,945	Jan-23	Dec-23	9/1/2023	10/1/2023
10124174	23BARB-EXT-201 TYLER ST FOR ALBERT	$ 227	$ 227	Jan-23	Dec-23	9/1/2023	10/1/2023
10124201	23-nich-sl-104 dogwood ct	$ 695	$ 695	Jan-23	Dec-23	8/4/2023	10/1/2023
10124203	23OWNG-INS-SVC-123 LAKE POINT DR	$ 2,163	$ 2,163	Jan-23	Dec-23	8/4/2023	10/1/2023
10124230	23 BERA SVC 121 STILLWATER DR # 74	$ 921	$ 921	Jan-23	Dec-23	9/1/2023	10/1/2023
10124231	23 BERA SVC 125 STILLWATER DR # 73	$ 921	$ 921	Jan-23	Dec-23	9/1/2023	10/1/2023
10124272	23-nich-sl-new- 200 ivy green place	$ 474	$ 474	Jan-23	Dec-23	9/1/2023	10/1/2023
10124273	23-nich-sl-new- 105 stepping stone	$ 484	$ 484	Jan-23	Dec-23	9/1/2023	10/1/2023
10124274	23-nich-sl-new- 409 friendly ave	$ 356	$ 356	Jan-23	Dec-23	9/1/2023	10/1/2023
10124282	23MANC-SVC-2103 S. HWY 421	$ 2,472	$ 2,472	Jan-23	Dec-23	10/1/2023	12/1/2023
10124400	23MIDD-SVC-501 19TH STREET-JR HOE & SON	$ 770	$ 770	Jan-23	Dec-23	8/4/2023	10/1/2023
10124455	23MIDD-SVC-1101 25TH STREET-SHARLEN	$ 2,889	$ 2,889	Jan-23	Dec-23	9/1/2023	12/1/2023
10124462	23-nich-sl-new- 204 ivy green place	$ 78	$ 78	Jan-23	Dec-23	9/1/2023	10/1/2023
10124463	23-nich-sl-new- 606 east main, wilm	$ 620	$ 620	Jan-23	Dec-23	10/1/2023	11/1/2023
10124473	23BARB-710 OLD FLAT LICK ROAD- JARV	$ 4,660	$ 4,660	Jan-23	Dec-23	9/1/2023	10/1/2023
10124474	23BARB-710 OLD FLAT LICK SCHOOL RD.	$ 56	$ 56	Jan-23	Dec-23	9/1/2023	10/1/2023
10124506	23CORB-SVC-11HICKORYRIDGEPR#6154502	$ 1,488	$ 1,488	Jan-23	Dec-23	10/1/2023	11/1/2023
10124530	23LONDON -REPSVC-409BOMONTPR#613227	$ 1,181	$ 1,181	Jan-23	Dec-23	9/1/2023	10/1/2023
10124546	23 BERA SVC LINE CONTINUATION 3002	$ 2,367	$ 2,367	Jan-23	Dec-23	9/1/2023	10/1/2023
10124569	23-nich-sl-repl-128 shannon park	$ 1,135	$ 1,135	Jan-23	Dec-23	11/1/2023	12/1/2023
10124571	23-nich-sl-repl-140 shannon park	$ 1,461	$ 1,461	Jan-23	Dec-23	11/1/2023	12/1/2023
10124572	23-nich-sl-repl-144 shannon park	$ 1,455	$ 1,455	Jan-23	Dec-23	11/1/2023	12/1/2023
10124573	23-nich-sl-repl-148 shannon park	$ 1,460	$ 1,460	Jan-23	Dec-23	11/1/2023	12/1/2023
10124574	23-nich-sl-repl-152 shannon park	$ 1,788	$ 1,788	Jan-23	Dec-23	11/1/2023	12/1/2023
10124576	23-nich-sl-repl-168 shannon park	$ 1,122	$ 1,122	Jan-23	Dec-23	11/1/2023	12/1/2023
10124595	23BARB-REP-405 MATTHEW ST. HARDY	$ 1,937	$ 1,937	Jan-23	Dec-23	9/1/2023	10/1/2023
10124606	23-nich-sl-new-204 watkins	$ 824	$ 824	Jan-23	Dec-23	10/1/2023	11/1/2023
10124611	23MANC-SVC-29 MAPLE GROVE RD	$ 2,434	$ 2,434	Jan-23	Dec-23	10/1/2023	12/1/2023
10124619	23CORB-RETSVC-1010FOXRUNPR#61339963	$ 640	$ 640	Jan-23	Dec-23	9/1/2023	10/1/2023
10124678	23-nich-sl-repl-100 brookview	$ 1,476	$ 1,476	Jan-23	Dec-23	11/1/2023	12/1/2023
10124679	23-nich-sl-repl-102 brookview	$ 1,478	$ 1,478	Jan-23	Dec-23	11/1/2023	12/1/2023
10124684	23-nich-sl-repl-172 shannon park	$ 1,463	$ 1,463	Jan-23	Dec-23	11/1/2023	12/1/2023
10124685	23-nich-sl-repl-176 shannon park	$ 1,133	$ 1,133	Jan-23	Dec-23	11/1/2023	12/1/2023
10124687	23-nich-sl-repl-157 shannon park	$ 2,802	$ 2,802	Jan-23	Dec-23	11/1/2023	12/1/2023
10124688	23-nich-sl-repl-153 shannon park	$ 1,787	$ 1,787	Jan-23	Dec-23	11/1/2023	12/1/2023
10124690	23-nich-sl-repl-141 shannon park	$ 1,457	$ 1,457	Jan-23	Dec-23	11/1/2023	12/1/2023
10124691	23-nich-sl-repl-137 shannon park	$ 1,454	$ 1,454	Jan-23	Dec-23	11/1/2023	12/1/2023
10124692	23-nich-sl-repl-133 shannon park	$ 1,459	$ 1,459	Jan-23	Dec-23	11/1/2023	12/1/2023
10124693	23-nich-sl-repl-129 shannon park	$ 1,475	$ 1,475	Jan-23	Dec-23	11/1/2023	12/1/2023
10124694	23-nich-sl-repl-132 shannon park	$ 5,462	$ 5,462	Jan-23	Dec-23	12/1/2023	12/1/2023
10124695	23-nich-sl-repl-139 shannon park	$ 2,827	$ 2,827	Jan-23	Dec-23	11/1/2023	12/1/2023
10124696	23-nich-sl-repl-143 shannon park	$ 1,411	$ 1,411	Jan-23	Dec-23	11/1/2023	12/1/2023
10124697	23-nich-sl-repl-147 shannon park	$ 1,418	$ 1,418	Jan-23	Dec-23	11/1/2023	12/1/2023
10124698	23-nich-sl-repl-151 shannon park	$ 2,890	$ 2,890	Jan-23	Dec-23	11/1/2023	12/1/2023
10124699	23-nich-sl-repl-155 shannon park	$ 2,875	$ 2,875	Jan-23	Dec-23	11/1/2023	12/1/2023
10124700	23-nich-sl-repl-159 shannon park	$ 2,207	$ 2,207	Jan-23	Dec-23	11/1/2023	12/1/2023
10124702	23-nich-sl-repl-162 shannon park	$ 1,573	$ 1,573	Jan-23	Dec-23	11/1/2023	12/1/2023
10124703	23-nich-sl-repl-158 shannon park	$ 1,515	$ 1,515	Jan-23	Dec-23	11/1/2023	12/1/2023
10124704	23-nich-sl-repl-150 shannon park	$ 1,170	$ 1,170	Jan-23	Dec-23	11/1/2023	12/1/2023
10124705	23-nich-sl-repl-142 shannon park	$ 4,170	$ 4,170	Jan-23	Dec-23	12/1/2023	12/1/2023
10124707	23-nich-sl-new- 134 lake point	$ 129	$ 129	Jan-23	Dec-23	9/1/2023	11/1/2023
10124708	23-nich-sl-new-136 lake point	$ 108	$ 108	Jan-23	Dec-23	9/1/2023	10/1/2023
10124709	23-nich-sl-new-168 waxwing	$ 433	$ 433	Jan-23	Dec-23	9/1/2023	10/1/2023
10124710	23-nich-sl-new-117 crest ct	$ 1,939	$ 1,939	Jan-23	Dec-23	11/1/2023	12/1/2023
10124725	23-nich-sl-repl-132 chrisman lane	$ 1,620	$ 1,620	Jan-23	Dec-23	11/1/2023	12/1/2023
10124726	23-nich-sl-repl-136 edwards dr	$ 1,564	$ 1,564	Jan-23	Dec-23	11/1/2023	12/1/2023
10124734	23-nich-sl-repl-120 robin rd	$ 6,237	$ 6,237	Jan-23	Dec-23	12/1/2023	12/1/2023
10124735	23-nich-sl-repl-122 robin rd	$ 4,619	$ 4,619	Jan-23	Dec-23	12/1/2023	12/1/2023
10124736	23-nich-sl-repl-124 robin rd	$ 1,964	$ 1,964	Jan-23	Dec-23	12/1/2023	12/1/2023
10124737	23-nich-sl-repl-122 meadowlark	$ 1,077	$ 1,077	Jan-23	Dec-23	11/1/2023	12/1/2023
10124738	23-nich-sl-repl-126 meadowlark	$ 1,067	$ 1,067	Jan-23	Dec-23	11/1/2023	12/1/2023
10124739	23-nich-sl-repl-128 meadowlark	$ 747	$ 747	Jan-23	Dec-23	11/1/2023	12/1/2023
10124740	23-nich-sl-new-220 little leaf	$ 454	$ 454	Jan-23	Dec-23	9/1/2023	10/1/2023
10124755	23-nich-sl-repl-121 brookview	$ 1,395	$ 1,395	Jan-23	Dec-23	11/1/2023	12/1/2023
10124756	23-nich-sl-repl-114 robin rd	$ 2,644	$ 2,644	Jan-23	Dec-23	12/1/2023	12/1/2023

10124757	23-nich-sl-repl-116 robin rd	$ 1,174	$ 1,174	Jan-23	Dec-23	12/1/2023	12/1/2023
10124758	23-nich-sl-repl-118 robin rd	$ 3,246	$ 3,246	Jan-23	Dec-23	12/1/2023	12/1/2023
10124765	23MIDD-RET-715 DORCHESTER AVE-PARTI	$ 817	$ 817	Jan-23	Dec-23	9/1/2023	10/1/2023
10124823	23-nich-sl-new- 510 friendly ave.	$ 3,930	$ 3,930	Jan-23	Dec-23	10/1/2023	12/1/2023
10124852	23STAT SVC 72 OAK ST	$ 548	$ 548	Jan-23	Dec-23	10/1/2023	11/1/2023
10124880	23CORB-RETSVC-1501PALMER STPR#61329	$ 1,281	$ 1,281	Jan-23	Dec-23	9/1/2023	10/1/2023
10124881	23CORB-REPSVC-1401MAPLELNPR#6134595	$ 1,252	$ 1,252	Jan-23	Dec-23	9/1/2023	11/1/2023
10124886	23BARB-SVC-DAVID KING-EPPERSON RD	$ 190	$ 190	Jan-23	Dec-23	10/1/2023	11/1/2023
10124900	23-nich-sl-repl-103 brookview	$ 1,468	$ 1,468	Jan-23	Dec-23	11/1/2023	12/1/2023
10124901	23-nich-sl-repl-101 brookview	$ 1,480	$ 1,480	Jan-23	Dec-23	11/1/2023	12/1/2023
10124902	23-nich-sl-repl-110 robin rdw	$ 2,433	$ 2,433	Jan-23	Dec-23	12/1/2023	12/1/2023
10124903	23-nich-sl-repl-112 robin rd	$ 2,154	$ 2,154	Jan-23	Dec-23	12/1/2023	12/1/2023
10124904	23-nich-sl-repl-114 meadow lark	$ 1,101	$ 1,101	Jan-23	Dec-23	11/1/2023	12/1/2023
10124905	23-nich-sl-repl-105 brookview	$ 763	$ 763	Jan-23	Dec-23	11/1/2023	12/1/2023
10124907	23-nich-sl-repl-106 brookview	$ 800	$ 800	Jan-23	Dec-23	11/1/2023	12/1/2023
10124908	23-nich-sl-repl-107 brookview	$ 1,363	$ 1,363	Jan-23	Dec-23	11/1/2023	12/1/2023
10124909	23-nich-sl-repl-108 brookview	$ 807	$ 807	Jan-23	Dec-23	11/1/2023	12/1/2023
10124910	23-nich-sl-repl-109 brookview	$ 770	$ 770	Jan-23	Dec-23	11/1/2023	12/1/2023
10124911	23-nich-sl-repl-110 brookview	$ 803	$ 803	Jan-23	Dec-23	11/1/2023	12/1/2023
10124912	23-nich-sl-repl-111 brookview	$ 758	$ 758	Jan-23	Dec-23	11/1/2023	12/1/2023
10124913	23-nich-sl-repl-112 brookview	$ 813	$ 813	Jan-23	Dec-23	11/1/2023	12/1/2023
10124915	23-nich-sl-repl-113 brookview	$ 762	$ 762	Jan-23	Dec-23	11/1/2023	12/1/2023
10124916	23-nich-sl-repl-114 brookview	$ 1,458	$ 1,458	Jan-23	Dec-23	11/1/2023	12/1/2023
10124917	23-nich-sl-repl-115 brookview	$ 1,082	$ 1,082	Jan-23	Dec-23	11/1/2023	12/1/2023
10124918	23-nich-sl-repl-116 brookview	$ 1,477	$ 1,477	Jan-23	Dec-23	11/1/2023	12/1/2023
10124919	23-nich-sl-repl-117 brookview	$ 1,081	$ 1,081	Jan-23	Dec-23	11/1/2023	12/1/2023
10124926	23CORB-SVC-1401MAPELNPR#61330982	$ 2,360	$ 2,360	Jan-23	Dec-23	9/1/2023	10/1/2023
10124941	23-nich-sl-repl-119 brookview	$ 758	$ 758	Jan-23	Dec-23	11/1/2023	12/1/2023
10124942	23-nich-sl-repl-120 brookview	$ 1,471	$ 1,471	Jan-23	Dec-23	11/1/2023	12/1/2023
10124960	23-nich-sl-repl-119 meadowlark	$ 798	$ 798	Jan-23	Dec-23	11/1/2023	12/1/2023
10124961	23-nich-sl-repl-121 meadowlark	$ 1,170	$ 1,170	Jan-23	Dec-23	11/1/2023	12/1/2023
10124962	23-nich-sl-new-228 ivy green place	$ 135	$ 135	Jan-23	Dec-23	9/1/2023	11/1/2023
10124963	23-nich-sl-new-100 carolina ash poi	$ 999	$ 999	Jan-23	Dec-23	10/1/2023	11/1/2023
10124964	23-nich-sl-new-119 anderson way	$ 198	$ 198	Jan-23	Dec-23	10/1/2023	11/1/2023
10125074	23BARB-RET-196 DANIEL BOONE DRIVE	$ 457	$ 457	Jan-23	Dec-23	12/1/2023	12/1/2023
10125091	23-nich-sl-new-105 halfhill lane	$ 841	$ 841	Jan-23	Dec-23	10/1/2023	11/1/2023
10125129	23STAT SVC 216 BROOKE DR.	$ 3,004	$ 3,004	Jan-23	Dec-23	10/1/2023	11/1/2023
10125130	23STAT SVC 124 HURT AVE	$ 2,426	$ 2,426	Jan-23	Dec-23	10/1/2023	11/1/2023
10125138	23 BERA RET SVC 532 MT VERNON RD	$ 360	$ 360	Jan-23	Dec-23	10/1/2023	12/1/2023
10125145	23STAT SVC 597 SNOW CREEK (GARAGE)	$ 1,334	$ 1,334	Jan-23	Dec-23	10/1/2023	11/1/2023
10125164	23WILL-SVC-832NHWY25WPR#61548001	$ 3,333	$ 3,333	Jan-23	Dec-23	10/1/2023	12/1/2023
10125170	23 BERA SVC 242 PATRIOT TRAIL # 45	$ 5,603	$ 5,603	Jan-23	Dec-23	10/1/2023	12/1/2023
10125171	23 BERA SVC 632 KING LUKE CT	$ 3,028	$ 3,028	Jan-23	Dec-23	10/1/2023	11/1/2023
10125178	23-nich-sl-new-111 carolina ash	$ 973	$ 973	Jan-23	Dec-23	10/1/2023	11/1/2023
10125189	23OWNG-REP-SVC-109 SMOOT DR	$ 1,106	$ 1,106	Jan-23	Dec-23	10/1/2023	12/1/2023
10125192	23OWNG-INS-SVC-128 CHARLIE WILSON R	$ 1,092	$ 1,092	Jan-23	Dec-23	10/1/2023	11/1/2023
10125193	23OWNG-INS-SVC-308 TOWER RD	$ 1,084	$ 1,084	Jan-23	Dec-23	10/1/2023	11/1/2023
10125200	23-nich-sl-new-592 southpoint dr	$ 2,421	$ 2,421	Jan-23	Dec-23	10/1/2023	11/1/2023
10125201	23MANC-SVC-1314 PACES CREEK RD	$ 1,791	$ 1,791	Jan-23	Dec-23	10/1/2023	12/1/2023
10125293	23 BERA SVC 5000 BENTWOOD DR	$ 1,672	$ 1,672	Jan-23	Dec-23	10/1/2023	12/1/2023
10125294	23 BERA SVC 5001 BENTWOOD DR	$ 3,019	$ 3,019	Jan-23	Dec-23	9/1/2023	11/1/2023
10125295	23 BERA SVC 5004 BENTWOOD DR	$ 2,465	$ 2,465	Jan-23	Dec-23	10/1/2023	12/1/2023
10125296	23 BERA SVC 5005 BENTWOOD DR	$ 628	$ 628	Jan-23	Dec-23	10/1/2023	12/1/2023
10125297	23 BERA SVC 5009 BENTWOOD DR	$ 2,149	$ 2,149	Jan-23	Dec-23	9/1/2023	12/1/2023
10125298	23 BERA SVC 5012 BENTWOOD DR	$ 4,047	$ 4,047	Jan-23	Dec-23	9/1/2023	12/1/2023
10125299	23 BERA SVC 5016 BENTWOOD DR	$ 2,341	$ 2,341	Jan-23	Dec-23	9/1/2023	12/1/2023
10125306	23OWNG-INS-SVC-18 MILLER SCENIC DR	$ 2,145	$ 2,145	Jan-23	Dec-23	10/1/2023	11/1/2023
10125307	23OWNG-INS-SVC-120 SAYRE DR	$ 2,129	$ 2,129	Jan-23	Dec-23	10/1/2023	11/1/2023
10125316	23 BERA SVC 128 HERNDON LANE	$ 2,367	$ 2,367	Jan-23	Dec-23	11/1/2023	12/1/2023
10125322	23 BERA SVC 105 WANAMAKER DR	$ 1,644	$ 1,644	Jan-23	Dec-23	11/1/2023	12/1/2023
10125337	23OWNG-INS-SVC-250 NICOLE LN	$ 332	$ 332	Jan-23	Dec-23	11/1/2023	12/1/2023
10125348	23BARB-SVC-LALINDA CARMACK-86 YEAGE	$ 2,921	$ 2,921	Jan-23	Dec-23	9/1/2023	12/1/2023
10125385	23 BERA SVC 256 RIVER RUN	$ 630	$ 630	Jan-23	Dec-23	10/1/2023	11/1/2023
10125386	23 BERA SVC 264 RIVER RUN	$ 397	$ 397	Jan-23	Dec-23	10/1/2023	11/1/2023
10125387	23 BERA SVC 149 HERNDON LANE # 2C	$ 2,407	$ 2,407	Jan-23	Dec-23	11/1/2023	12/1/2023
10125400	23-nich-sl-new-200 singing lark pas	$ 768	$ 768	Jan-23	Dec-23	10/1/2023	11/1/2023
10125401	23-nich-sl-new-164 waxwing	$ 701	$ 701	Jan-23	Dec-23	10/1/2023	11/1/2023
10125463	23CORB-REPSVC-607JOHNPR#61309630	$ 830	$ 830	Jan-23	Dec-23	10/1/2023	11/1/2023

10125464	23LOND-SVC-4773HWY552PR#61546012	$ 1,362	$ 1,362	Jan-23	Dec-23	11/1/2023	12/1/2023
10125473	23 BERA SVC 231 BERKLEY HALL #28	$ 1,117	$ 1,117	Jan-23	Dec-23	11/1/2023	12/1/2023
10125474	23 BERA SVC 117 STILLWATER DR # 75	$ 1,462	$ 1,462	Jan-23	Dec-23	10/1/2023	12/1/2023
10125475	23 BERA SVC 113 STILLWATER # 76	$ 577	$ 577	Jan-23	Dec-23	10/1/2023	12/1/2023
10125476	23 BERA SVC 109 STILLWATER DR # 77	$ 580	$ 580	Jan-23	Dec-23	10/1/2023	12/1/2023
10125532	23 BERA SVC 2033 PARTRIDGE WAY # 55	$ 824	$ 824	Jan-23	Dec-23	11/1/2023	12/1/2023
10125540	23 BERA SVC 715 C CHESTNUT ST	$ 3,320	$ 3,320	Jan-23	Dec-23	10/1/2023	12/1/2023
10125541	23 BERA SVC 715 B CHESTNUT ST	$ 1,903	$ 1,903	Jan-23	Dec-23	10/1/2023	12/1/2023
10125548	23STAT-SVC 530 MCQUIRE AVE	$ 1,063	$ 1,063	Jan-23	Dec-23	10/1/2023	11/1/2023
10125549	23CORB-RETSVC-196WGREENDALEPR#61333	$ 569	$ 569	Jan-23	Dec-23	10/1/2023	11/1/2023
10125595	23STAT-RET SVC 1075 BEDFORD RD	$ 988	$ 988	Jan-23	Dec-23	10/1/2023	11/1/2023
10125611	23 BERA REP SVC 106 LILAC ST	$ 735	$ 735	Jan-23	Dec-23	10/1/2023	11/1/2023
10125659	23MANC-SVC-2015 N. HWY 421	$ 2,463	$ 2,463	Jan-23	Dec-23	10/1/2023	12/1/2023
10125742	23WILL-SVC-965HWY25WPR#61346408	$ 1,137	$ 1,137	Jan-23	Dec-23	10/1/2023	11/1/2023
10125780	23LOND-SVC-6350KEAVYRDPR#61567002	$ 1,438	$ 1,438	Jan-23	Dec-23	10/1/2023	12/1/2023
10125895	23CORB-SVC-755HWY1223-PR#61546056	$ 3,898	$ 3,898	Jan-23	Dec-23	10/1/2023	12/1/2023
10125945	23-nich-sl-new-209 crawfords creek	$ 197	$ 197	Jan-23	Dec-23	10/1/2023	11/1/2023
10125950	23 BERA SVC 420 RIVER TRACE	$ 615	$ 615	Jan-23	Dec-23	11/1/2023	12/1/2023
10125953	23 BERA SVC 424 RIVER TRACE DR	$ 628	$ 628	Jan-23	Dec-23	11/1/2023	12/1/2023
10125954	23 BERA SVC 7004 ARBOR RIDGE # 58	$ 967	$ 967	Jan-23	Dec-23	11/1/2023	12/1/2023
10125955	23 BERA SVC 7012 ARBOR RIDGE DR # 5	$ 752	$ 752	Jan-23	Dec-23	11/1/2023	12/1/2023
10125956	23 BERA SVC 7016 ARBOR RIDGE DR # 5	$ 755	$ 755	Jan-23	Dec-23	11/1/2023	12/1/2023
10125958	23-nich-sl-replace 215 e maple	$ 3,697	$ 3,697	Jan-23	Dec-23	10/1/2023	12/1/2023
10125959	23 BERA RET SVC 2436 HWY 1016	$ 360	$ 360	Jan-23	Dec-23	10/1/2023	12/1/2023
10126007	23-nich-sl-new-116 growers field rd	$ 559	$ 559	Jan-23	Dec-23	11/1/2023	12/1/2023
10126008	23-nich-sl-new-424 friendly	$ 915	$ 915	Jan-23	Dec-23	11/1/2023	12/1/2023
10126009	23-nich-sl-new-209 golden burley	$ 790	$ 790	Jan-23	Dec-23	11/1/2023	12/1/2023
10126010	23-nich-sl-replace-40 beauford plac	$ 1,418	$ 1,418	Jan-23	Dec-23	11/1/2023	12/1/2023
10126011	23-nich-sl-new-108 judy ct	$ 1,021	$ 1,021	Jan-23	Dec-23	11/1/2023	12/1/2023
10126012	23-nich-sl-new-110 judy ct	$ 1,021	$ 1,021	Jan-23	Dec-23	11/1/2023	12/1/2023
10126013	23-nich-sl-replace-110 beechmont	$ 1,342	$ 1,342	Jan-23	Dec-23	11/1/2023	12/1/2023
10126014	23-nich-sl-replace-112 beechmont	$ 1,342	$ 1,342	Jan-23	Dec-23	11/1/2023	12/1/2023
10126025	23-nich-sl-new-101 pavillion trail	$ 563	$ 563	Jan-23	Dec-23	10/1/2023	12/1/2023
10126026	23-nich-sl-new-213 pavillion trail	$ 981	$ 981	Jan-23	Dec-23	10/1/2023	11/1/2023
10126027	23-nich-sl-new-209 pavillion trail	$ 1,058	$ 1,058	Jan-23	Dec-23	10/1/2023	11/1/2023
10126028	23-nich-sl-new-208 ivt green	$ 631	$ 631	Jan-23	Dec-23	10/1/2023	12/1/2023
10126029	23-nich-sl-new-123 carolina ash	$ 706	$ 706	Jan-23	Dec-23	10/1/2023	11/1/2023
10126030	23-nich-sl-new-323 e maple	$ 458	$ 458	Jan-23	Dec-23	11/1/2023	12/1/2023
10126041	23STAT-SVC 223 EIGHTH AVE	$ 1,258	$ 1,258	Jan-23	Dec-23	10/1/2023	11/1/2023
10126112	23STAT-RET SVC 249 SOUTHFORK RD	$ 939	$ 939	Jan-23	Dec-23	10/1/2023	11/1/2023
10126113	23WILL-SVC-350BOLOFCHAMP PR#6155250	$ 950	$ 950	Jan-23	Dec-23	10/1/2023	12/1/2023
10126114	23CORB-SVC-275IKEMONHOLLENRD-PR#615	$ 521	$ 521	Jan-23	Dec-23	10/1/2023	11/1/2023
10126142	23BARB-SVC-GREG RAMEY-129 KING FORK	$ 2,867	$ 2,867	Jan-23	Dec-23	10/1/2023	12/1/2023
10126143	23BARB-SVC-BILL&JUDY SMITH-HAM CEM	$ 4,312	$ 4,312	Jan-23	Dec-23	10/1/2023	12/1/2023
10126200	23STAT SVC 4410 MCCORMICK RD	$ 2,096	$ 2,096	Jan-23	Dec-23	10/1/2023	11/1/2023
10126226	23 BERA SVC 5024 BENTWOOD CT # 17	$ 1,922	$ 1,922	Jan-23	Dec-23	11/1/2023	12/1/2023
10126230	23-nich-sl-new-113 peaceful landing	$ 1,074	$ 1,074	Jan-23	Dec-23	11/1/2023	12/1/2023
10126232	23-nich-sl-new-405 friendly ave.	$ 1,021	$ 1,021	Jan-23	Dec-23	11/1/2023	12/1/2023
10126233	23-nich-sl-new-413 friendly ave.	$ 1,024	$ 1,024	Jan-23	Dec-23	11/1/2023	12/1/2023
10126234	23-nich-sl-new-428 friendly ave.	$ 6,046	$ 6,046	Jan-23	Dec-23	11/1/2023	12/1/2023
10126252	23OWNG-REP-SVC-72 MUSKIE RD	$ 1,100	$ 1,100	Jan-23	Dec-23	10/1/2023	11/1/2023
10126254	23 BERA SVC 200 AVAWAM	$ 1,196	$ 1,196	Jan-23	Dec-23	11/1/2023	12/1/2023
10126271	23STAT-SVC 230 TABOR RD	$ 1,297	$ 1,297	Jan-23	Dec-23	10/1/2023	11/1/2023
10126306	23WILL-SVC-3846TIDALWAVEPR#61552507	$ 2,901	$ 2,901	Jan-23	Dec-23	11/1/2023	12/1/2023
10126307	23WILL-SVC-131WHAVENPR#61553513	$ 1,120	$ 1,120	Jan-23	Dec-23	10/1/2023	11/1/2023
10126308	23WILL-SVC-3353RDPR#61553514	$ 1,254	$ 1,254	Jan-23	Dec-23	10/1/2023	12/1/2023
10126309	23CORB-SVC-3040HWY1223PR#61553511	$ 1,961	$ 1,961	Jan-23	Dec-23	11/1/2023	12/1/2023
10126310	23CORB-SVC-1509BAGCRDPR#61553512	$ 1,494	$ 1,494	Jan-23	Dec-23	10/1/2023	12/1/2023
10126326	23BARB-10 WHITE CEDAR DRIVE-AMBER C	$ 926	$ 926	Jan-23	Dec-23	11/1/2023	12/1/2023
10126332	23-nich-sl-new-207 grandview trai	$ 1,049	$ 1,049	Jan-23	Dec-23	11/1/2023	12/1/2023
10126347	23-nich-sl-new-105 waller ct	$ 4,283	$ 4,283	Jan-23	Dec-23	11/1/2023	12/1/2023
10126348	23-nich-sl-new-145 kinglet point	$ 984	$ 984	Jan-23	Dec-23	10/1/2023	11/1/2023
10126409	23-nich-sl-replace 527 w brown	$ 1,802	$ 1,802	Jan-23	Dec-23	11/1/2023	12/1/2023
10126425	23LOND-RETSVC-354SUNSHINEHILLRDPR#6	$ 1,189	$ 1,189	Jan-23	Dec-23	10/1/2023	12/1/2023
10126436	23-nich-sl-replace 525 w brown	$ 1,771	$ 1,771	Jan-23	Dec-23	10/1/2023	12/1/2023
10126441	23MANC-SVC-99 ALFRED MOORE RD	$ 2,016	$ 2,016	Jan-23	Dec-23	11/1/2023	12/1/2023
10126501	23CORB-REPSVC-9MCFADDENPR#61332127	$ 1,008	$ 1,008	Jan-23	Dec-23	10/1/2023	11/1/2023
10126512	23WILL-SVC-9401HWY26PR#61553006	$ 2,651	$ 2,651	Jan-23	Dec-23	10/1/2023	12/1/2023

10126518	23-nich-sl-new-2404 sulpher well rd	$ 816	$ 816	Jan-23	Dec-23	10/1/2023	12/1/2023
10126546	23-nich-sl-new-132 carolina ash	$ 944	$ 944	Jan-23	Dec-23	10/1/2023	11/1/2023
10126547	23BARB-324 SOUTH ALLISON AVE-D. COL	$ 1,191	$ 1,191	Jan-23	Dec-23	11/1/2023	12/1/2023
10126548	23BARB-RET-1038 EVERGREEN RD -CRAWF	$ 445	$ 445	Jan-23	Dec-23	11/1/2023	12/1/2023
10126549	23BARB-INS CURB VALVE-262 EVERGREEN	$ 704	$ 704	Jan-23	Dec-23	11/1/2023	12/1/2023
10126554	23-nich-sl-replace 321 williams roa	$ 1,452	$ 1,452	Jan-23	Dec-23	11/1/2023	12/1/2023
10126556	23-nich-sl-replace-101 hillcrestt	$ 2,480	$ 2,480	Jan-23	Dec-23	11/1/2023	12/1/2023
10126557	23-nich-sl-replace-102 hillcrest	$ 754	$ 754	Jan-23	Dec-23	11/1/2023	12/1/2023
10126558	23-nich-sl-replace-103 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126559	23-nich-sl-replace-104 hillcrest	$ 772	$ 772	Jan-23	Dec-23	11/1/2023	12/1/2023
10126576	23-nich-sl-replace-118 beechmont	$ 1,342	$ 1,342	Jan-23	Dec-23	11/1/2023	12/1/2023
10126577	23-nich-sl-replace-120 beechmont	$ 1,420	$ 1,420	Jan-23	Dec-23	11/1/2023	12/1/2023
10126578	23-nich-sl-replace-122 beechmont	$ 1,342	$ 1,342	Jan-23	Dec-23	11/1/2023	12/1/2023
10126579	23-nich-sl-replace-126 beechmont	$ 2,690	$ 2,690	Jan-23	Dec-23	11/1/2023	12/1/2023
10126585	23OWNG-INS-SVC-209 CIRCLE DR	$ 1,293	$ 1,293	Jan-23	Dec-23	12/1/2023	12/1/2023
10126588	23 SVC 140 MINI MALL DR	$ 2,332	$ 2,332	Jan-23	Dec-23	11/1/2023	12/1/2023
10126626	23LOND-SVC-215MORGANPR#61555508	$ 1,810	$ 1,810	Jan-23	Dec-23	11/1/2023	12/1/2023
10126649	23BARB-REP-2047 EVERGREEN ROAD- L.	$ 3,276	$ 3,276	Jan-23	Dec-23	10/1/2023	12/1/2023
10126650	23BARB-RET-4856 KY 1304-VACANT	$ 445	$ 445	Jan-23	Dec-23	11/1/2023	12/1/2023
10126663	23OWNG-INS-SVC-35 RAIL ROAD ST	$ 2,505	$ 2,505	Jan-23	Dec-23	12/1/2023	12/1/2023
10126665	23OWNG-RET-SVC-65 SOUTH LN	$ 432	$ 432	Jan-23	Dec-23	12/1/2023	12/1/2023
10126667	23 BERA SVC 140 AVAWAM DR	$ 1,433	$ 1,433	Jan-23	Dec-23	11/1/2023	12/1/2023
10126676	23MANC-RET SVC-31 PENNINGTON HILL R	$ 967	$ 967	Jan-23	Dec-23	11/1/2023	12/1/2023
10126696	23-nich-sl-replace-517 west brown	$ 1,373	$ 1,373	Jan-23	Dec-23	11/1/2023	12/1/2023
10126715	23-nich-sl-replace-105 ash drive	$ 785	$ 785	Jan-23	Dec-23	11/1/2023	12/1/2023
10126716	23-nich-sl-replace-107 ash drive	$ 1,118	$ 1,118	Jan-23	Dec-23	11/1/2023	12/1/2023
10126717	23-nich-sl-replace-109 ash drive	$ 1,064	$ 1,064	Jan-23	Dec-23	11/1/2023	12/1/2023
10126718	23-nich-sl-replace-111 ash drive	$ 1,175	$ 1,175	Jan-23	Dec-23	11/1/2023	12/1/2023
10126719	23-nich-sl-replace-108 ash drive	$ 1,177	$ 1,177	Jan-23	Dec-23	11/1/2023	12/1/2023
10126720	23-nich-sl-replace-105 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126721	23-nich-sl-replace-106 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126722	23-nich-sl-replace-107 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126723	23-nich-sl-replace-108 hillcrest	$ 758	$ 758	Jan-23	Dec-23	11/1/2023	12/1/2023
10126724	23-nich-sl-replace-109 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126725	23-nich-sl-replace-110 hillcrest	$ 672	$ 672	Jan-23	Dec-23	11/1/2023	12/1/2023
10126726	23-nich-sl-replace-111 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126727	23-nich-sl-replace-112 hillcrest	$ 1,008	$ 1,008	Jan-23	Dec-23	11/1/2023	12/1/2023
10126728	23-nich-sl-replace-113 hillcrest	$ 930	$ 930	Jan-23	Dec-23	11/1/2023	12/1/2023
10126729	23-nich-sl-replace-115 hillcrest	$ 930	$ 930	Jan-23	Dec-23	11/1/2023	12/1/2023
10126730	23-nich-sl-replace-116 hillcrest	$ 1,008	$ 1,008	Jan-23	Dec-23	11/1/2023	12/1/2023
10126731	23-nich-sl-replace-117 hillcrest	$ 1,240	$ 1,240	Jan-23	Dec-23	11/1/2023	12/1/2023
10126732	23-nich-sl-replace-118 hillcrest	$ 672	$ 672	Jan-23	Dec-23	11/1/2023	12/1/2023
10126733	23-nich-sl-replace-119 hillcrest	$ 1,240	$ 1,240	Jan-23	Dec-23	11/1/2023	12/1/2023
10126734	23-nich-sl-replace-120 hillcrest	$ 672	$ 672	Jan-23	Dec-23	11/1/2023	12/1/2023
10126735	23-nich-sl-replace-121 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126736	23-nich-sl-replace-122 hillcrest	$ 672	$ 672	Jan-23	Dec-23	11/1/2023	12/1/2023
10126737	23-nich-sl-replace-123 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126738	23-nich-sl-replace-124 hillcrest	$ 672	$ 672	Jan-23	Dec-23	11/1/2023	12/1/2023
10126739	23-nich-sl-replace-125 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126740	23-nich-sl-replace-127 hillcrest	$ 620	$ 620	Jan-23	Dec-23	11/1/2023	12/1/2023
10126741	23-nich-sl-replace-100 beechmont	$ 1,418	$ 1,418	Jan-23	Dec-23	11/1/2023	12/1/2023
10126742	23-nich-sl-replace-102 beechmont	$ 1,488	$ 1,488	Jan-23	Dec-23	11/1/2023	12/1/2023
10126743	23-nich-sl-replace-104 beechmont	$ 1,418	$ 1,418	Jan-23	Dec-23	11/1/2023	12/1/2023
10126744	23-nich-sl-replace-106 beechmont	$ 1,342	$ 1,342	Jan-23	Dec-23	11/1/2023	12/1/2023
10126745	23-nich-sl-replace-108 beechmont	$ 1,342	$ 1,342	Jan-23	Dec-23	11/1/2023	12/1/2023
10126751	23-nich-sl-new-124 growers field rd	$ 562	$ 562	Jan-23	Dec-23	10/1/2023	12/1/2023
10126755	23-nich-sl-replace-115 ash drive	$ 787	$ 787	Jan-23	Dec-23	11/1/2023	12/1/2023
10126793	23MIDD-REP-1305 GLOUCESTER AVE	$ 815	$ 815	Jan-23	Dec-23	12/1/2023	12/1/2023
10126797	23 BERA SVC 404 ABINGTON CT # 18	$ 1,176	$ 1,176	Jan-23	Dec-23	11/1/2023	12/1/2023
10126800	23-nich-sl-replace-305 lake street	$ 1,428	$ 1,428	Jan-23	Dec-23	11/1/2023	12/1/2023
10126801	23-nich-sl-replace-305 lake street	$ 1,428	$ 1,428	Jan-23	Dec-23	11/1/2023	12/1/2023
10126802	23-nich-sl-replace-305 lake street	$ 1,008	$ 1,008	Jan-23	Dec-23	11/1/2023	12/1/2023
10126803	23-nich-sl-replace-305 lake street	$ 672	$ 672	Jan-23	Dec-23	11/1/2023	12/1/2023
10126804	23-nich-sl-replace-102 ash drive	$ 1,063	$ 1,063	Jan-23	Dec-23	11/1/2023	12/1/2023
10126805	23-nich-sl-replace-103 ash drive	$ 1,152	$ 1,152	Jan-23	Dec-23	11/1/2023	12/1/2023
10126820	23-nich-sl-replace-110 ash drive	$ 1,465	$ 1,465	Jan-23	Dec-23	11/1/2023	12/1/2023
10126821	23-nich-sl-replace-112 ash drive	$ 1,483	$ 1,483	Jan-23	Dec-23	11/1/2023	12/1/2023
10126822	23-nich-sl-replace-114 ash drive	$ 1,485	$ 1,485	Jan-23	Dec-23	11/1/2023	12/1/2023

10126842	23 BERA SVC 211 BEKLEY HALL DR #33	$ 1,935	$ 1,935	Jan-23	Dec-23	11/1/2023	12/1/2023
10126858	23 BERA SVC 140 STILLWATER DR # 18	$ 852	$ 852	Jan-23	Dec-23	11/1/2023	12/1/2023
10126859	23 BERA SVC 132 STILLWATER # 61	$ 865	$ 865	Jan-23	Dec-23	11/1/2023	12/1/2023
10126865	23LOND-RETSVC-1840NMILLPR#61322266	$ 753	$ 753	Jan-23	Dec-23	11/1/2023	12/1/2023
10126866	23 BERA SVC 119 PATRIOT TRAIL	$ 913	$ 913	Jan-23	Dec-23	11/1/2023	12/1/2023
10126867	23CORB-RETSVC-354HWY6PR#61337694	$ 915	$ 915	Jan-23	Dec-23	11/1/2023	12/1/2023
10126879	23WILL-SVC-110EDGEWOODPR#61554024	$ 1,034	$ 1,034	Jan-23	Dec-23	11/1/2023	12/1/2023
10126888	23 BERA SVC 263 STONEY CREEK WAY #	$ 865	$ 865	Jan-23	Dec-23	11/1/2023	12/1/2023
10126904	23LOND-SVC-1727LAURELRDPR#61552084	$ 607	$ 607	Jan-23	Dec-23	11/1/2023	12/1/2023
10126920	23 BERA SVC 141 STILLWATER # 19	$ 857	$ 857	Jan-23	Dec-23	11/1/2023	12/1/2023
10126925	23-nich- ser-retire-156 Brome	$ 538	$ 538	Jan-23	Dec-23	11/1/2023	12/1/2023
10126926	23-nich-sl-new-221 waxwing	$ 111	$ 111	Jan-23	Dec-23	12/1/2023	12/1/2023
10126927	23-nich-sl-new-101 little leaf	$ 104	$ 104	Jan-23	Dec-23	12/1/2023	12/1/2023
10126928	23-nich-sl-new-131 carolina ash	$ 96	$ 96	Jan-23	Dec-23	12/1/2023	12/1/2023
10126929	23-nich-sl-new-401 perry	$ 686	$ 686	Jan-23	Dec-23	11/1/2023	12/1/2023
10126980	23BARB-REP-400 CATRON AVE-DENNIS MI	$ 382	$ 382	Jan-23	Dec-23	11/1/2023	12/1/2023
10126987	23STAT SVC 4646 CAMARGO RD	$ 925	$ 925	Jan-23	Dec-23	11/1/2023	12/1/2023
10126998	23-nich-sl-new-900 shelburne way	$ 723	$ 723	Jan-23	Dec-23	12/1/2023	12/1/2023
10126999	23-nich-sl-new-904 shelburne way	$ 800	$ 800	Jan-23	Dec-23	11/1/2023	12/1/2023
10127002	23-nich-sl-new-120 leann	$ 686	$ 686	Jan-23	Dec-23	11/1/2023	12/1/2023
10127004	23OWNG-INS-SVC-1349 DRY CREEK RD	$ 77	$ 77	Jan-23	Dec-23	11/1/2023	12/1/2023
10127043	23LOND-SVC-1173PARKERRDPR#61554021	$ 61	$ 61	Jan-23	Dec-23	12/1/2023	12/1/2023
10127044	23LOND-SVC-310ROYALDRPR#61554022	$ 1,083	$ 1,083	Jan-23	Dec-23	11/1/2023	12/1/2023
10127046	23WILL-SVC-791SHWY25PR#61554025	$ 966	$ 966	Jan-23	Dec-23	11/1/2023	12/1/2023
10127100	23CORB-SVC-4422KY1232PR#61554019	$ 516	$ 516	Jan-23	Dec-23	12/1/2023	12/1/2023
10127101	23CORB-SVC-247WGREENDALEPR#61554026	$ 791	$ 791	Jan-23	Dec-23	11/1/2023	12/1/2023
10127102	23OWNG-INS-SVC-240 MAIN ST	$ 1,952	$ 1,952	Jan-23	Dec-23	12/1/2023	12/1/2023
10127160	23-nich-sl-new-908 shelburne way	$ 1,410	$ 1,410	Jan-23	Dec-23	11/1/2023	12/1/2023
10127182	23 BERA SVC 236 TRILLIUM LOOP # 45	$ 367	$ 367	Jan-23	Dec-23	12/1/2023	12/1/2023
10127183	23 BERA SVC 240 TRILLIUM LOOP DR #	$ 367	$ 367	Jan-23	Dec-23	12/1/2023	12/1/2023
10127223	23OWNG-INS-SVC-1619 HWY 801 N	$ 603	$ 603	Jan-23	Dec-23	11/1/2023	12/1/2023
10127237	23OWNG-INS-SVC-4075 HWY 801 N	$ 1,674	$ 1,674	Jan-23	Dec-23	12/1/2023	12/1/2023
10127264	23-nich-sl-replace-164 shannon pkwy	$ 104	$ 104	Jan-23	Dec-23	12/1/2023	12/1/2023
10127270	23LOND-SVC-1727192PR#61556507	$ 168	$ 168	Jan-23	Dec-23	12/1/2023	12/1/2023
10127424	23CORB-SVC-40HARRISRDPR#61556506	$ 1,050	$ 1,050	Jan-23	Dec-23	11/1/2023	12/1/2023
10127426	23 BERA SVC 103 BOWMAN RD # 15	$ 183	$ 183	Jan-23	Dec-23	12/1/2023	12/1/2023
10127443	23-nich-sl-replace-305 lake st	$ 1,008	$ 1,008	Jan-23	Dec-23	11/1/2023	12/1/2023
10127500	23BARB-EXT-88 FROG POND VALLEY- CRA	$ 235	$ 235	Jan-23	Dec-23	11/1/2023	12/1/2023
10127535	23 BERA SVC 107 HERNDON LN	$ 183	$ 183	Jan-23	Dec-23	12/1/2023	12/1/2023
10127536	23 BERA SVC 158 ANGEL RD	$ 1,312	$ 1,312	Jan-23	Dec-23	11/1/2023	12/1/2023
10127537	23 BERA RETIRE SVC 2768 PAINT LICK	$ 515	$ 515	Jan-23	Dec-23	11/1/2023	12/1/2023
10127541	23STAT REPSVC 315 COMPTON RD	$ 1,831	$ 1,831	Jan-23	Dec-23	11/1/2023	12/1/2023
10127542	23STAT REPSVC 355 COMPTON RD	$ 1,817	$ 1,817	Jan-23	Dec-23	11/1/2023	12/1/2023
10127585	23CORB-SVC-15SANDYROCKPR#61563002	$ 1,277	$ 1,277	Jan-23	Dec-23	11/1/2023	12/1/2023
10127586	23CORB-SVC-519ROYKIDDAVEPR#61563003	$ 724	$ 724	Jan-23	Dec-23	11/1/2023	12/1/2023
10127613	23-nich-sl-new-421 friendly ave	$ 1,210	$ 1,210	Jan-23	Dec-23	12/1/2023	12/1/2023
10127614	23-nich-sl-new-116 lily pond lane	$ 1,028	$ 1,028	Jan-23	Dec-23	12/1/2023	12/1/2023
10127615	23-nich-sl-new-118 lily pond lane	$ 1,043	$ 1,043	Jan-23	Dec-23	12/1/2023	12/1/2023
10127616	23WILL-SVC-107S7THPR#61565001	$ 764	$ 764	Jan-23	Dec-23	11/1/2023	12/1/2023
10127617	23CORB-SVC-116ACORNDRPR#61565000	$ 1,308	$ 1,308	Jan-23	Dec-23	12/1/2023	12/1/2023
10127645	23 BERA SVC 123 ADAMS ST	$ 1,491	$ 1,491	Jan-23	Dec-23	11/1/2023	12/1/2023
10127688	23-nich-sl-new-4744 windstar way	$ 481	$ 481	Jan-23	Dec-23	12/1/2023	12/1/2023
10127689	23-nich-sl-new-800 east Brannon rd	$ 186	$ 186	Jan-23	Dec-23	12/1/2023	12/1/2023
10127691	23-nich-sl-new-116 carolina ash	$ 238	$ 238	Jan-23	Dec-23	12/1/2023	12/1/2023
10127709	23OWNG-INS-SVC-443 W WALNUT	$ 1,283	$ 1,283	Jan-23	Dec-23	12/1/2023	12/1/2023
10127710	23OWNG-INS-SVC-41075 HWY 62	$ 2,281	$ 2,281	Jan-23	Dec-23	12/1/2023	12/1/2023
10127711	23OWNG-INS-SVC-394 HWY 36 GARAGE	$ 2,079	$ 2,079	Jan-23	Dec-23	12/1/2023	12/1/2023
10127716	23STAT SVC 1325 BLACK CREEK RD	$ 1,543	$ 1,543	Jan-23	Dec-23	12/1/2023	12/1/2023
10127717	23STAT RETSVC 7895 HWY 460	$ 422	$ 422	Jan-23	Dec-23	11/1/2023	12/1/2023
10127730	23-nich-retire 856 wilmore rd	$ 92	$ 92	Jan-23	Dec-23	12/1/2023	12/1/2023
10127732	23-nich-sl-new-132 locust heights	$ 437	$ 437	Jan-23	Dec-23	12/1/2023	12/1/2023
10127750	23 BERA NEW SVC 2768 PAINT LICK RD	$ 1,518	$ 1,518	Jan-23	Dec-23	11/1/2023	12/1/2023
10127761	23MIDD-SVC-104 DELMAR STREET - DEWE	$ 839	$ 839	Jan-23	Dec-23	12/1/2023	12/1/2023
10127795	23CORB-SVC-1442BARTMILRDPR#61565504	$ 4,354	$ 4,354	Jan-23	Dec-23	12/1/2023	12/1/2023
10127803	23LOND-RPSVC-107CARDHILLPR#61307778	$ 1,318	$ 1,318	Jan-23	Dec-23	12/1/2023	12/1/2023
10127806	23MIDD-SVC-2631 CUMBERLAND AVE-CAME	$ 1,390	$ 1,390	Jan-23	Dec-23	12/1/2023	12/1/2023
10127820	23-nich-sl-new-305 ivy green place	$ 899	$ 899	Jan-23	Dec-23	12/1/2023	12/1/2023
10127831	23LOND-SVC-1301SASERSCHRDPR#6156500	$ 1,336	$ 1,336	Jan-23	Dec-23	12/1/2023	12/1/2023

10127835	23OWNG-INS-SVC-625 HWY 519	$ 2,203				$ 2,203	Jan-23	Dec-23	12/1/2023	12/1/2023
10127858	23STAT RETSVC 20 NOLAN CT	$ 476				$ 476	Jan-23	Dec-23	12/1/2023	12/1/2023
10127862	23WILL-SVC-71NEWSTPR#61564004	$ 825				$ 825	Jan-23	Dec-23	12/1/2023	12/1/2023
10127903	23BARB-RET-148 KY 225-VACANT-SMALLW	$ 483				$ 483	Jan-23	Dec-23	12/1/2023	12/1/2023
10127951	23BARB-SVC-JAMES WARREN- 682 KY 344	$ 2,294				$ 2,294	Jan-23	Dec-23	12/1/2023	12/1/2023
10127952	23BARB-SVC-PAT JORDAN 107 MEADOW TR	$ 1,101				$ 1,101	Jan-23	Dec-23	12/1/2023	12/1/2023
10127962	23 BERA SVC 252 BANYANS BLVD # 42	$ 210				$ 210	Jan-23	Dec-23	12/1/2023	12/1/2023
10127963	23 BERA SVC 9505 HWY 52 EAST	$ 1,477				$ 1,477	Jan-23	Dec-23	12/1/2023	12/1/2023
10128062	23MIDD-SVC-315 CEDAR STREET - LYNCH	$ 1,470				$ 1,470	Jan-23	Dec-23	12/1/2023	12/1/2023
10128202	23 BERA REP SVC	$ 1,024				$ 1,024	Jan-23	Dec-23	12/1/2023	12/1/2023
10128236	23STAT-SVC 4520 MCCORMICK RD	$ 1,043				$ 1,043	Jan-23	Dec-23	12/1/2023	12/1/2023
10128237	23STAT-RET SVC 32 COURTNEY LN	$ 262				$ 262	Jan-23	Dec-23	12/1/2023	12/1/2023
10128238	23STAT-RET SVC 32 COURTNEY LN	$ 308				$ 308	Jan-23	Dec-23	12/1/2023	12/1/2023
10128288	23-nich-sl-new-212 ivy green	$ 723				$ 723	Jan-23	Dec-23	12/1/2023	12/1/2023
10128289	23-nich-sl-new-112 lily pond	$ 913				$ 913	Jan-23	Dec-23	12/1/2023	12/1/2023
10128290	23-nich-sl-new-114 lily pond	$ 892				$ 892	Jan-23	Dec-23	12/1/2023	12/1/2023
10128295	23BARB-SVC-TYE@632 KY 3449	$ 230				$ 230	Jan-23	Dec-23	12/1/2023	12/1/2023
10128296	23-nich-sl-new-107 witts lane	$ 487				$ 487	Jan-23	Dec-23	12/1/2023	12/1/2023
10128343	23-nich-sl-new-600 friendly ave	$ 868				$ 868	Jan-23	Dec-23	12/1/2023	12/1/2023
10128365	23-nich-sl-new-308 blackthorne	$ 1,117				$ 1,117	Jan-23	Dec-23	12/1/2023	12/1/2023
10128369	23-nich-sl-new-224 waxwing lane	$ 838				$ 838	Jan-23	Dec-23	12/1/2023	12/1/2023
10128370	23-nich-sl-new-547e brannon	$ 1,978				$ 1,978	Jan-23	Dec-23	12/1/2023	12/1/2023
10128421	23STAT-SVC 188 CRABTREE LN	$ 644				$ 644	Jan-23	Dec-23	12/1/2023	12/1/2023
3800		$ 1,587,418	1,900,000	312,582	16.45%	$ 0	$ 1,711,154				
10120153	23WILL-LVM-INS@1606S25WPR#61522514	$ 6,488				$ 6,488	Jan-23	Dec-23	Aug-23	Dec-23
10126377	23-nich-rotary meter @ 220 Stevens	$ 6,527				$ 6,527	Jan-23	Dec-23	Nov-23	Dec-23
10126572	23 BERA LVM 512 CAPERTON DR	$ 4,807				$ 4,807	Jan-23	Dec-23	Nov-23	Dec-23
10126573	23 BERA LVM BEREA COLLEGE SCIENCE B	$ 3,845				$ 3,845	Jan-23	Dec-23	Nov-23	Dec-23
131100PKYC	PKYC Meter Change	$ 24,877				$ 29,996	Jan-23	Dec-23	Mar-22	Dec-23
133800PKYC	PKYC New Meter Installation Residential	$ 102,042				$ 102,042	Jan-23	Dec-23	N/A	N/A
139700KMTR	Purchase Meters- PGKY	$ 10,791				$ 10,791	Jan-23	Dec-23	N/A	N/A
161100DG02	Meter Install/Replace BARBOURVILLE CITY	$ 324				$ 324	Jan-23	Dec-23	N/A	N/A
161100DG03	Meter Install/Replace BATH	$ 3,848				$ 3,848	Jan-23	Dec-23	N/A	N/A
161100DG04	Meter Install/Replace BELL	$ 419				$ 419	Jan-23	Dec-23	N/A	N/A
161100DG05	Meter Install/Replace BEREA CITY	$ 1,261				$ 1,261	Jan-23	Dec-23	N/A	N/A
161100DG06	Meter Install/Replace CLAY	$ 1,571				$ 1,571	Jan-23	Dec-23	N/A	N/A
161100DG07	Meter Install/Replace CLAY CITY	$ 116				$ 116	Jan-23	Dec-23	N/A	N/A
161100DG08	Meter Install/Replace CORBIN CITY.WHITLE	$ 218				$ 218	Jan-23	Dec-23	N/A	N/A
161100DG09	Meter Install/ReplaceFRENCHBURG CITY	$ 212				$ 212	Jan-23	Dec-23	N/A	N/A
161100DG10	Meter Install/Replace JACKSON	$ 43				$ 43	Jan-23	Dec-23	N/A	N/A
161100DG11	Meter Install/Replace JESSAMINE	$ 2,332				$ 2,332	Jan-23	Dec-23	N/A	N/A
161100DG12	Meter Install/Replace KNOX	$ 2,560				$ 2,560	Jan-23	Dec-23	N/A	N/A
161100DG13	Meter Install/Replace LAKEVIEW HEIGHTS	$ 262				$ 262	Jan-23	Dec-23	N/A	N/A
161100DG14	Meter Install/Replace LAUREL	$ 426				$ 426	Jan-23	Dec-23	N/A	N/A
161100DG16	Meter Install/Replace LONDON CITY	$ 662				$ 662	Jan-23	Dec-23	N/A	N/A
161100DG17	Meter Install/Replace MADISON	$ 1,486				$ 1,486	Jan-23	Dec-23	N/A	N/A
161100DG18	Meter Install/Replace MANCHESTER CI	$ 150				$ 150	Jan-23	Dec-23	N/A	N/A
161100DG19	Meter Install/Replace MIDDLESBORO CITY	$ 472				$ 472	Jan-23	Dec-23	N/A	N/A
161100DG20	Meter Install/Replace MONTGOMERY	$ 416				$ 416	Jan-23	Dec-23	N/A	N/A
161100DG21	Meter Install/Replace NICHOLASVILLE CITY	$ 15,715				$ 15,715	Jan-23	Dec-23	N/A	N/A
161100DG22	Meter Install/Replace OWINGSVILLE CITY	$ 398				$ 398	Jan-23	Dec-23	N/A	N/A
161100DG23	Meter Install/Replace PINEVILLE CITY	$ 294				$ 294	Jan-23	Dec-23	N/A	N/A
161100DG24	Meter Install/Replace POWELL	$ 732				$ 732	Jan-23	Dec-23	N/A	N/A
161100DG25	Meter Install/Replace RICHMOND CITY	$ 177				$ 177	Jan-23	Dec-23	N/A	N/A
161100DG26	Meter Install/Replace ROWAN	$ 5,265				$ 5,265	Jan-23	Dec-23	N/A	N/A
161100DG27	Meter Install/Replace SALT LICK CITY	$ 654				$ 654	Jan-23	Dec-23	N/A	N/A
161100DG28	Meter Install/Replace STANTON CITY	$ 502				$ 502	Jan-23	Dec-23	N/A	N/A
161100DG29	Meter Install/Replace WHITLEY	$ 441				$ 441	Jan-23	Dec-23	N/A	N/A
161100DG30	Meter Install/Replace WILLIAMSBURG CITY	$ 174				$ 174	Jan-23	Dec-23	N/A	N/A
161100DG31	Meter Install/Replace WILMORE CITY	$ 225				$ 225	Jan-23	Dec-23	N/A	N/A
161100DG32	Meter Install/Replace BEATTYVILLE CITY	$ 73				$ 73	Jan-23	Dec-23	N/A	N/A
161100DG33	Meter Install/Replace MT OLIVET CITY	$ 237				$ 237	Jan-23	Dec-23	N/A	N/A
161100DG34	Meter Install/Replace MENIFEE	$ 191				$ 191	Jan-23	Dec-23	N/A	N/A
161100DG35	Meter Install/Replace CORBINCITY.KNOX	$ 44				$ 44	Jan-23	Dec-23	N/A	N/A
161100DG37	Meter Install/Replace CLARK	$ 238				$ 238	Jan-23	Dec-23	N/A	N/A
161100DG38	Meter Install/Replace FAYETTE	$ 293				$ 293	Jan-23	Dec-23	N/A	N/A

161100DG42	Meter Install/Replace MASON	$ 73					$ 73	Jan-23	Dec-23	N/A	N/A		
161100DG45	Meter Install/Replace SHARPSBURG CI	$ 88					$ 88	Jan-23	Dec-23	N/A	N/A		
161100DG46	Meter Install/Replace FLOYD	$ 477					$ 477	Jan-23	Dec-23	N/A	N/A		
161100DG48	Meter Install/Replace KNOTT	$ 66					$ 66	Jan-23	Dec-23	N/A	N/A		
163800DG02	New Meter/Manifold BARBOURVILLE CITY	$ 11,623					$ 11,623	Jan-23	Dec-23	N/A	N/A		
163800DG03	New Meter/Manifold BATH	$ 1,294					$ 1,294	Jan-23	Dec-23	N/A	N/A		
163800DG04	New Meter/Manifold BELL	$ 9,260					$ 9,260	Jan-23	Dec-23	N/A	N/A		
163800DG05	New Meter/Manifold BEREA CITY	$ 6,307					$ 6,307	Jan-23	Dec-23	N/A	N/A		
163800DG06	New Meter/Manifold CLAY	$ 18,781					$ 18,781	Jan-23	Dec-23	N/A	N/A		
163800DG07	New Meter/Manifold CLAY CITY	$ 3,784					$ 3,784	Jan-23	Dec-23	N/A	N/A		
163800DG08	New Meter/Manifold CORBIN CITY.WHITLE	$ 18,194					$ 18,194	Jan-23	Dec-23	N/A	N/A		
163800DG10	New Meter/Manifold JACKSON	$ 6,682					$ 6,682	Jan-23	Dec-23	N/A	N/A		
163800DG11	New Meter/Manifold JESSAMINE	$ 2,707					$ 2,707	Jan-23	Dec-23	N/A	N/A		
163800DG12	New Meter/Manifold KNOX	$ 31,118					$ 31,118	Jan-23	Dec-23	N/A	N/A		
163800DG14	New Meter/Manifold LAUREL	$ 32,448					$ 32,448	Jan-23	Dec-23	N/A	N/A		
163800DG15	New Meter/Manifold LEE	$ 48					$ 48	Jan-23	Dec-23	N/A	N/A		
163800DG16	New Meter/Manifold LONDON CITY	$ 2,252					$ 2,252	Jan-23	Dec-23	N/A	N/A		
163800DG17	New Meter/Manifold MADISON	$ 6,944					$ 6,944	Jan-23	Dec-23	N/A	N/A		
163800DG18	New Meter/Manifold MANCHESTER CITY	$ 7,363					$ 7,363	Jan-23	Dec-23	N/A	N/A		
163800DG19	New Meter/Manifold MIDDLESBORO CITY	$ 6,852					$ 6,852	Jan-23	Dec-23	N/A	N/A		
163800DG20	New Meter/Manifold MONTGOMERY	$ 17,599					$ 17,599	Jan-23	Dec-23	N/A	N/A		
163800DG21	New Meter/Manifold NICHOLASVILLE CITY	$ 67,462					$ 67,462	Jan-23	Dec-23	N/A	N/A		
163800DG23	New Meter/Manifold PINEVILLE CITY	$ 704					$ 704	Jan-23	Dec-23	N/A	N/A		
163800DG24	New Meter/Manifold POWELL	$ 6,965					$ 6,965	Jan-23	Dec-23	N/A	N/A		
163800DG25	New Meter/Manifold RICHMOND CITY	$ 2,340					$ 2,340	Jan-23	Dec-23	N/A	N/A		
163800DG27	New Meter/Manifold SALT LICK CITY	$ 788					$ 788	Jan-23	Dec-23	N/A	N/A		
163800DG28	New Meter/Manifold STANTON CITY	$ 2,844					$ 2,844	Jan-23	Dec-23	N/A	N/A		
163800DG29	New Meter/Manifold WHITLEY	$ 12,212					$ 12,212	Jan-23	Dec-23	N/A	N/A		
163800DG30	New Meter/Manifold WILLIAMSBURG CITY	$ 4,088					$ 4,088	Jan-23	Dec-23	N/A	N/A		
163800DG31	New Meter/Manifold WILMORE CITY	$ 8,714					$ 8,714	Jan-23	Dec-23	N/A	N/A		
163800DG32	New Meter/Manifold BEATTYVILLE CITY	$ 75					$ 75	Jan-23	Dec-23	N/A	N/A		
163800DG35	New Meter/Manifold CORBINCITY.KNOX	$ 7,313					$ 7,313	Jan-23	Dec-23	N/A	N/A		
163800DG40	New Meter/Manifold LESLIE	$ 3,703					$ 3,703	Jan-23	Dec-23	N/A	N/A		
163800DG41	New Meter/Manifold LINCOLN	$ 2,458					$ 2,458	Jan-23	Dec-23	N/A	N/A		
163800DG46	New Meter/Manifold FLOYD	$ 33,860					$ 33,860	Jan-23	Dec-23	N/A	N/A		
163800DG47	New Meter/Manifold JOHNSON	$ 1,102					$ 1,102	Jan-23	Dec-23	N/A	N/A		
163800DG48	New Meter/Manifold KNOTT	$ 14,351					$ 14,351	Jan-23	Dec-23	N/A	N/A		
163800DG49	New Meter/Manifold-LAWRENCE	$ 1,000					$ 1,000	Jan-23	Dec-23	N/A	N/A		
163800DG50	New Meter/Manifold LETCHER	$ 4,090					$ 4,090	Jan-23	Dec-23	N/A	N/A		
163800DG51	New Meter/Manifold MAGOFFIN	$ 107					$ 107	Jan-23	Dec-23	N/A	N/A		
163800DG52	New Meter/Manifold MARTIN	$ 6,936					$ 6,936	Jan-23	Dec-23	N/A	N/A		
163800DG53	New Meter/ Manifold PERRY	$ 1,347					$ 1,347	Jan-23	Dec-23	N/A	N/A		
163800DG54	New Meter/Manifild PIKE	$ 8,396					$ 8,396	Jan-23	Dec-23	N/A	N/A		
169700DMTR	Purchase Meters - Delta	$ 40,266					$ 40,266	Jan-23	Dec-23	N/A	N/A		
3810		$ 616,890	586,500	(30,390)	-5.18%	$ 0	$ 622,010						
10120830	23BERA-REP- CONTROLS ON ODORIZER	$ 21,717					$ 21,717	Jan-23	Dec-23	9/1/2023	10/1/2023		
169700DERT	Purchase ERT Device - Delta.	$ 144,315					$ 144,315	Jan-23	Dec-23	N/A	N/A		
10125114	23MIDD-INS. RECONNECT KPI OLD STA.	$ 2,466					$ 2,466	Jan-23	Dec-23	11/1/2023	12/1/2023		
3820		$ 168,498	200,000	31,502	15.75%	$ 0	$ 168,498						
3830		$ -	144,000	144,000	100.00%	$ -	$ -					Anticipated projects did not materialize	
3850		$ -	50,400	50,400	100.00%	$ -	$ -					Anticipated projects did not materialize	
2301040	REPL MAIN ENTRY DOOR AT WINCH OFFICE	$ 600					$ 4,895	Jan-23	Dec-23	Oct-22	Feb-23		
2301221	SECURITY SYSTEM WINCHESTER FRONT DOOR	$ 210					$ 3,823	Jan-23	Dec-23	Oct-22	Nov-23		
2301360	NICH OFC CAPRET INSTALL, IMPROVEMENT	$ 6,341					$ 10,185	Jan-23	Dec-23	Sep-22	Dec-23		
2301981	WINCHESTER SHOP PIPE/DRYWALL RENOVATION	$ 23,715					$ 23,715	Jan-23	Dec-23	Jan-23	Feb-23		
2302001	WILLIAMSBURG OFFICE DEHUMIDIFIER	$ 4,541					$ 4,541	Jan-23	Dec-23	Mar-23	Mar-23		
2302260	5 TON AC SYSTEM WINCHESTER SHOP	$ 10,424					$ 10,424	Jan-23	Dec-23	May-23	May-23		
2302680	NICHOLASVILLE BLACKTOP SEAL, STRIPE	$ 4,800					$ 4,800	Jan-23	Dec-23	Jul-23	Jul-23		
10125633	23Owng-ins- Fence at Farmers Station	$ 6,426					$ 6,426	Jan-23	Dec-23	Oct-23	Oct-23		
3900		$ 57,057	580,400	523,343	90.17%	$ 0	$ 68,809					Fewer needs than budgeted	
2302382	PRESTONSBURG OFFICE ICE MACHINE	$ 7,436					$ 7,436	Jan-23	Dec-23	May-23	May-23		
2302520	CANON IR ADV COPIER ENGINEERING WINC	$ 13,881					$ 13,881	Jan-23	Dec-23	Jun-23	Jun-23		
2302641	WILLIAMSBURG OFFICE ICE MACHINE	$ 6,555					$ 6,555	Jan-23	Dec-23	Jul-23	Jul-23		
2302642	MANCHESTER OFFICE ICE MACHINE	$ 6,555					$ 6,555	Jan-23	Dec-23	Jul-23	Jul-23		
3910		$ 34,427	76,000	41,573	54.70%	$ 0	$ 34,427					Fewer needs than budgeted	

3912		$ -	569,807	569,807	100.00%	$ -	$ -						
1300216936	2022 FORD F250 OPEN UTILITY BODY	$ 622					$ 50,238	Jan-23	Dec-23	Oct-22	Aug-23		
1301331800	PKY-VEHICLE SALVAGE	$ (27,607)					$ (27,607)	Jan-23	Dec-23	N/A	N/A		
1600216946	2023 CHEVROLET SILVERADO 1500 CREW CAB	$ 45,779					$ 45,779	Jan-23	Dec-23	Jan-23	Feb-23		
1600216947	2023 CHEVROLET SILVERADO 1500 CREW CAB	$ 45,779					$ 45,779	Jan-23	Dec-23	Jan-23	Feb-23		
1600216949	2023 CHEVROLET SILVERADO 1500 CREW CAB	$ 45,779					$ 45,779	Jan-23	Dec-23	Jan-23	Feb-23		
1600216950	2023 CHEVROLET SILVERADO 1500 CREW CAB	$ 45,779					$ 45,779	Jan-23	Dec-23	Jan-23	Feb-23		
1600216951	2023 Ford F550 Open Utility	$ 131,945					$ 131,945	Jan-23	Dec-23	Jun-23	Sep-23		
1600216952	2024 Kenworth T380 Dumptruck	$ 160,919					$ 160,919	Jan-23	Dec-23	May-23	Sep-23		
1600216953	2024 Kenworth T380 Dumptruck	$ 155,327					$ 155,327	Jan-23	Dec-23	May-23	Sep-23		
1600216954	2023 Ford F250 Open Utility	$ 76,325					$ 76,325	Jan-23	Dec-23	Jun-23	Nov-23		
1600216955	2023 Ford F250 Open Utility	$ 76,325					$ 76,325	Jan-23	Dec-23	Jun-23	Nov-23		
1600216958	2023 55-TON EQUIPMENT TRAILER 110SDGN	$ 94,905					$ 94,905	Jan-23	Dec-23	Jul-23	Dec-23		
1600217533	2024 CHEVY SILVERADO 1500	$ 58,375					$ 58,375	Jan-23	Dec-23	Nov-23	Nov-23		
1600217534	2024 CHEVROLET SILVERADO 1500	$ 104,127					$ 104,127	Jan-23	Dec-23	Dec-23	Dec-23		
1600217535	2024 CHEVROLET SILVERADO 1500	$ 104,127					$ 104,127	Jan-23	Dec-23	Dec-23	Dec-23		
1600217536	2024 CHEVROLET SILVERADO 1500	$ 100,127					$ 100,127	Jan-23	Dec-23	Dec-23	Dec-23		
1600217537	2024 CHEVROLET SILVERADO 1500	$ 104,127					$ 104,127	Jan-23	Dec-23	Dec-23	Dec-23		
1601331800	DELTA- VEHICLE SALVAGE	$ (21,304)					$ (21,304)	Jan-23	Dec-23	N/A	N/A		
3920		$ 1,301,459	668,200	(633,259)	-94.77%	$ 0	$ 1,351,075						Catchup on purchases from 2020-2021 delays
2300121	TDW TAPPING GEAR EQUIPMENT WINCHESTER	$ 10,279					$ 10,279	Jan-23	Dec-23	Jan-23	Apr-23		
2301921	PORTAFUSE MACHINE WINCHESTER	$ 5,479					$ 5,479	Jan-23	Dec-23	Jan-23	Jan-23		
2301922	PORTAFUSE MACHINE CORBIN WAREHOUSE	$ 4,840					$ 4,840	Jan-23	Dec-23	Feb-23	Feb-23		
2302110	SPHERICAL 3 WAY TEE	$ 4,038					$ 4,038	Jan-23	Dec-23	Mar-23	Mar-23		
2302140	FUSE BOX CORBIN WAREHOUSE	$ 4,947					$ 4,947	Jan-23	Dec-23	Mar-23	Mar-23		
2302306	FUSE BOX CORBIN WAREHOUSE-SM	$ 4,934					$ 4,934	Jan-23	Dec-23	Mar-23	Mar-23		
2302640	TURFMAKER STRAW BLOWER CORBIN WH	$ 14,469					$ 14,469	Jan-23	Dec-23	Oct-23	Oct-23		
2302660	DCI-FT2 HDD TRANSMITTER CORBIN WAREHOUSE	$ 4,346					$ 4,346	Jan-23	Dec-23	Jun-23	Jun-23		
2302732	G1 INDUSTRIAL SCBA BREATHING APPARATUS	$ 3,700					$ 3,700	Jan-23	Dec-23	Jul-23	Sep-23		
3940		$ 57,032	61,500	4,468	7.26%	$ 0	$ 57,032						More replacements needed than anticipated
3950		$ -	10,000	10,000	100.00%	$ -	$ -						Anticipated projects did not materialize
3960		$ -	273,000	273,000	100.00%	$ -	$ -						Anticipated projects did not materialize
3970		$ -	11,671	11,671	100.00%	$ -	$ -						Anticipated projects did not materialize
3991		$ -	104,916	104,916	100.00%	$ -	$ -						Anticipated projects did not materialize
2023 TOTAL		**$ 14,277,606**	**15,782,030**	**1,504,424**	**9.53%**	**90%**	**$ 29,229,239**						

Schedule I2

Delta Natural Gas Company, Inc.
Calculation of Capital Construction Project Slippage Factor
Calculation of Capital Construction Project Slippage Factor

Source: Schedule I1 - Construction Projects

Year	Annual Actual Cost	Annual Original Budget	Variance in Dollars	Variance as Percent	Slippage Factor
1	14,355,903	13,646,600	(709,303)	-5.20%	105.198%
2	12,851,168	13,499,800	648,632	4.80%	95.195%
3	23,983,787	18,535,700	(5,448,087)	-29.39%	129.392%
4	19,820,679	17,636,234	(2,184,445)	-12.39%	112.386%
5	14,277,606	15,782,030	1,504,424	9.53%	90.467%
Totals	85,289,143	79,100,364	(6,188,779)	-7.82%	107.824%
5 Year Average Slippage Factor (Mathematic Average of Yearly Slippage Factors / 5 years)					106.528%

The Annual Actual Cost, Annual Original Budget, Variance in Dollars, and Variance as Percent are to be taken from Schedule I1. Total all projects for a given year.

The Slippage Factor is calculated by dividing the Annual Actual Cost by the Annual Original Budget. Calculate a Slippage Factor for each year and the Totals line. Carry Slippage Factor percentages to 3 decimal places.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

28. Describe in detail how the base period capitalization rate was determined. If different rates were used for specific expenses (i.e., payroll, clearing accounts, depreciation, etc.), indicate the rate and how it was determined. Indicate all proposed changes to the capitalization rate and how the changes were determined.

Response:

There is no predetermined capitalization rate. Employees charge their labor to either expense or capital based on activity performed. The clearing account overheads are distributed between capital and operating expense based on the labor charged. Non-labor costs are charged to capital or operating expense based on the type of activity (i.e., in support of a capital project or normal operating expenses).

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

29. Provide a calculation of the rate or rates used to capitalize interest during construction for the three most recent calendar years. Explain each component entering into the calculation of the rate(s).

Response:

No interest has been capitalized during the periods referred to by this request.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

30. State whether any changes have been made to Delta's internal accounting manuals, directives, and policies and procedures since Delta's most recent rate case. If so, provide each item that was changed and identify the changes.

Response:

Because Delta is part of the consolidated Essential Utilities, Inc. group of companies, Delta follows the significant accounting policies as summarized in the Essential 10k. There were no significant changes as a result of Delta conforming to these policies.

Company: Delta Natural Gas Company, Inc.

Witness: Morphew, Jonathan W **Title:** Operations Director

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

31. Provide Delta's long-term construction planning program.

Response:

The construction planning process is conducted on a continual basis. Every year, Delta performs a concentrated planning effort in order to maintain reliability in system supply and operations. Delta monitors and periodically reviews the progression and accuracy of system projects to ensure projects are completed successfully and timelines are met. In addition to the annual planning, Delta also prepares a four-year budget forecast of future projects.

All construction project planning is performed by thoroughly analyzing the existing system. Delta uses GasWorks software for pressure and volume calculations, which aids the design process. Potential load projections are considered in this process in addition to researching low pressure areas and potential bottleneck areas, which restrict volume and supply. Having knowledge of potential issues contributes to future system planning. Existing pressure ratings and volume capabilities play a significant role and impact the outcome of system design.

Engineering project design includes approximately 16 miles of pipe replacement annually. These replacement projects are designed to reduce bare and unprotected coated steel piping, as well as vintage plastic. These projects decrease the number of leaks throughout the system and enhance public safety by reducing methane emissions. The design for these projects is normally performed one year in advance of the construction.

Delta normally anticipates and budgets for distribution main extensions based on historic activity. The amount of economic activity plays an important role in the number of extensions to be constructed each year, making it very challenging to predict.

The rise in volumes needed from system growth generates the need for continual monitoring of transmission supply as well. Load demands of this type normally provide ample time for project design and construction. However, new industrial loads can and have created the need for transmission extensions or volume upgrades on a more urgent schedule. The continual process of facility analysis, planning, and design, provides a reliable supply of natural gas and the continual improvement of system facilities results in greater public safety.

Company: Delta Natural Gas Company, Inc.

Witness: Wernert, Jeff

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

32. Provide a copy of Delta's most recent depreciation study. If no such study exists, provide a copy of Delta's most recent depreciation schedule. The schedule should include a list of all facilities by account number, service life and accrual rate for each plant item, the methodology that supports the schedule, and the date the schedule was last updated.

Response:

Delta's most recent depreciation study was provided as an exhibit to the direct testimony of Jeffrey W. Wernert.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

33. For each of the following Accounting Standards Codification (ASC), provide the information listed concerning implementation by Delta.

a. ASC 410-20, “Asset Retirement Obligations.”

(1) The effect on the financial statements.

(2) Whether the base period or forecasted test period includes any impact of the implementation. If so, provide a detailed description of the impact.

b. A schedule comparing the depreciation rates utilized by Delta prior to and after the adoption of ASC 410-20. The schedule should identify the assets corresponding to the affected depreciation rates.

c. ASC 715-20, “Defined Benefit Plans - General.”

(1) The effect on the financial statements.

(2) Whether the base period or forecasted test period includes any impact of the implementation. If so, provide a detailed description of the impact.

Response:

a.

(1) Upon initial adoption of SFAS No. 143 on July 1, 2002, now referred to as Accounting Standards Codification (ASC) 410-20, Delta recorded an asset retirement obligation for eleven storage tanks. Upon adoption of Interpretation No. 47 on June 30, 2007, Delta recorded asset retirement obligations for its distribution mains and services. Any costs associated with the removal of mains and services are capitalized into the cost of the new main and/or service and

the expense is recognized through depreciation expense at the Commission approved rate. Consistent with industry practice, upon adoption of Interpretation No. 47 there has been no change in how the removal costs are expensed.

(2) Neither the base period nor the forecasted test period includes any impact from the implementation.

b. Depreciation rates did not change as a result of adopting ASC 410-20, formerly referred to as SFAS No. 143 and Interpretation No. 47.

c.

(1) Delta adopted SFAS No. 158, now referred to as Accounting Standards Codification (“ASC”) 715-20, effective June 30, 2007. The adoption of Statement No. 158 resulted in an increase in regulatory assets of $3,935,000, offset by a decrease in prepaid pension cost of $3,935,000 and had no impact on Delta’s consolidated results of operations or cash flows.

(2) Neither the base period nor the forecasted test period includes any impact from the implementation.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

34. Provide a complete description of Delta's Other Post-Employment Benefits package(s) provided to its employees.

Response:

Delta has never offered Other Post-Employment Benefits to its employees. There are 2 remaining legacy Peoples-Kentucky employees who belong to an OPEB plan having a frozen account balance which can be used upon retirement to pay for pre- or post-65 medical coverage. The total cost of the plan for the twelve months ended 2/29/2024 was $14,781. See the two attachments providing additional details about Peoples' OPEB plan.



Medical Spending Account Plan for Eligible Retirees

Summary Plan Description

This Summary Plan Description, revised February 22, 2012, reflects Plan provisions as of January 1, 2012 and supersedes any and all previous versions.

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Medical Spending Account Plan Overview

The EQT Corporation Medical Spending Account Plan (referred to as the "Plan" in this Summary Plan Description) gives eligible Company employees a way to cover some portion of the cost of health care coverage during retirement. This Plan is one component of the EQT Corporation Comprehensive Welfare Plan for Retirees that includes this Plan and other Company-sponsored retiree health care coverage options (medical, dental, vision). For purposes of eligibility for this Plan, the term "Company" includes EQT Corporation and all participating divisions, subsidiaries, and business segments of EQT Corporation.

Here are some highlights and an overview of the Plan.

<table>
<tr><th>Feature</th><th>Facts</th></tr>
<tr><td>Eligibility</td><td>You are eligible for a Medical Spending Account (referred to as an "MSA") if you retire or terminate employment from the Company after December 31, 2002, and one of the following statements applies to you:

♦ You are a non-represented full-time or Part Time I employee and you terminate employment or retire from the Company at age 55 or later with at least five Years of Service.

OR</td></tr>
<tr><td></td><td>♦ You are a represented employee, your hire or latest rehire date is on or before the applicable date on the following chart, and your collective bargaining agreement provides for your participation in this Plan. Represented employees hired after the applicable date on the chart below are not eligible to participate in this Plan.

<table>
<tr><th>Union</th><th>Eligible for Plan if Date of Hire or Latest Rehire Is On or Before*</th></tr>
<tr><td>IBEW Local 1956</td><td>November 28, 1998</td></tr>
<tr><td>USW Local 12050</td><td>December 31, 2008</td></tr>
<tr><td>IBEW Local 1935</td><td>May 21, 2004</td></tr>
<tr><td colspan="2">*Effective January 1, 2006, employees who are represented by United Steelworkers, Local Union 12050 must be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company to be eligible. All other represented employees must either: (i) be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company or (ii) meet the applicable "points" requirement under their collective bargaining agreement to be eligible.</td></tr>
</table>
</td></tr>
</table>

Feature	Facts
Medical Spending Account	If you are eligible for the Plan when your employment with the Company ends, you will have access to an MSA. Under the terms of the Plan in effect as of January 1, 2012, the Company will make a credit to your MSA on your behalf equal to $1,000 for each full Year of Service with the Company (as defined on Page 5). **Catch-Up Credit**—If you were age 50 or older and actively employed by the Company on December 31, 2002, you are eligible for an additional Company contribution to your MSA known as the Catch-Up Credit. The amount of the credit depends on your age as of December 31, 2002, as explained more fully under "Catch-Up Credit" in the "How the Plan Works" section below. The MSA is provided at no cost to you. You may be reimbursed from your MSA for your cost of coverage in the Company's retiree health care coverage options (if you enroll), for other health care coverage you buy on your own on an after-tax basis, and/or for eligible health care expenses that are not covered by another source.
Company-Sponsored Retiree Health Care Coverage Options	The MSA provides income to help reimburse you for health care expenses after your employment with the Company ends—it is not health care coverage. If you are eligible, you may enroll in the Company's retiree health care coverage options that include medical, dental, and vision coverage for retirees under age 65 ("early retirees") or medical and dental coverage for retirees age 65 or older. You will pay the full cost of coverage if you enroll in the Company-sponsored retiree health care coverage, but you can be reimbursed for this cost through the MSA.

IMPORTANT NOTE

This Summary Plan Description (referred to as the "SPD") explains key features of the Medical Spending Account Plan, as required under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is a component part of the EQT Corporation Comprehensive Welfare Plan for Retirees that includes medical, dental, and vision coverage offered to eligible retirees. Those benefit coverages are described in separate SPDs.

In this SPD, the term "Plan" refers ONLY to the Medical Spending Account Plan, not to the entire Comprehensive Welfare Plan for Retirees, of which this Plan is only a part. Please read this SPD and any enrollment material carefully so that you understand the provisions of the Plan and the benefits you may be eligible to receive.

This SPD summarizes the Plan's provisions as of January 1, 2012 and supersedes any and all previous communication. If you terminated employment or retired from the Company prior to January 1, 2012, your benefit will be determined under the terms of the Plan in effect as of the date your employment ended, unless provided expressly otherwise.

This SPD does not amend or modify the terms of the Comprehensive Welfare Plan for Retirees, and the provisions of any retiree health care benefits other than the Medical Spending Account are governed by the terms of the official plan document for the Comprehensive Welfare Plan for Retirees (including any of its component plans).

If there is a conflict between the SPD and the Plan document, or between advice given to you by a Plan representative and the Plan document, the Plan document will control. Any conflicts between this SPD and the Comprehensive Welfare Plan for Retirees shall be governed by the terms of the Comprehensive Welfare Plan for Retirees Plan document, as may be amended.

Questions? Problems	
The Company's Benefits Solutions Center, administered by Buck Consultants, can help you with questions about your EQT benefits, including retiree health coverage. However, Benefit Concepts, Inc. (BCI) administers the MSA and billing for EQT COBRA and retiree health coverage. Here is the contact information.	
For EQT Benefit Questions/Issues EQT Benefit Solutions Center **1.888.246.2449 or** **1.800.250.1891 (after retirement)** Monday-Friday, 8:00 am-6:00 pm	**For MSA or EQT Retiree Health Coverage Billing Questions/Issues** Benefit Concepts, Inc. **1.866.629.6415** Monday-Friday, 8:30 am-9:30 pm

Eligibility And Service

Who Is Eligible For The Plan

You are eligible for an MSA if you retire or terminate employment from the Company **after** December 31, 2002, **and** one of the following statements applies to you:

- You are a non-represented full-time or Part Time I employee and you terminate employment or retire from the Company at age 55 or later with at least five Years of Service.

OR

- You are a represented employee, your hire or latest rehire date is on or before the applicable date on the following chart, and your collective bargaining agreement provides for your participation in this Plan. Represented employees hired after the applicable date on the chart below are not eligible to participate in the Plan.

Union	Eligible for Plan if Date of Hire or Latest Rehire Is On or Before*
IBEW Local 1956	November 28, 1998
USW Local 12050	December 31, 2008
IBEW Local 1935	May 21, 2004

*Effective January 1, 2006, employees who are represented by United Steelworkers, Local Union 12050 must be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company to be eligible. All other represented employees must either: (i) be age 55 or older and have at least 5 Years of Service when they terminate employment or retire from the Company or (ii) meet the applicable "points" requirement under their collective bargaining agreement to be eligible.

If a union decertifies or otherwise ceases to be an employee representative, eligibility and all terms of coverage for employees formerly represented by such union will be based upon the same eligibility requirements and terms of coverage that apply to other non-represented employees, as then in effect at retirement, and not on any eligibility requirements or terms of coverage that may have been set forth in a prior collective bargaining agreement. However, if you retired prior to the date that the union decertified or otherwise ceases to be an employee representative, the terms of coverage may be governed by a prior collective bargaining agreement.

You also may be eligible for the Plan if you become disabled under the terms of the Plan while you are working for the Company. See "If You Become Disabled" for more information.

Special provisions that apply to rehired employees are described in more detail in the "If You Are Rehired" section.

Years Of Service

Your service with the Company is used to determine if you are eligible for the Plan and the value of your MSA balance.

Years Of Service For Eligibility

For ***eligibility*** in the Plan, your Years of Service will include years and **completed months** of service with the Company, including service with Stat Oil, the Carnegie Companies, Union Drilling or any other company acquired by the Company.

If you are rehired and are eligible for this Plan after your rehire date, your Years of Service for eligibility purposes will include the total time you have worked for the Company.

Years Of Service For Determining MSA Balance

The Years of Service used to determine the value of your MSA include the **full years** (months are not counted) you work for the Company, including time you are on an authorized leave of absence or layoff. Generally, service with Stat Oil or any other company acquired by the Company **will not** be used to determine the value of your MSA. However, if you retire or terminate employment on or after January 1, 2008, service with the Carnegie Companies will be used to determine the value of your MSA. For former Union Drilling employees, service with Union Drilling will be used to determine the value of your MSA if you retire or terminate employment on or after January 1, 2009.

If you are rehired, were not eligible for this Plan when you left the Company, and are eligible for this Plan after your rehire date, the Years of Service used to determine the value of your MSA will begin on the date that you were last rehired.

Examples

If You Were Hired On	And You Retire On	Your Eligibility For The Plan Is Based On	Your MSA Balance Is Based On
June 15, 1983	May 15, 2007	23 years and 11 months of service	23 full years of service
June 15, 1983	November 15, 2007	24 years and 5 months of service	24 full years of service

If You Become Disabled

If you are considered to have become disabled while you are working for the Company, the following provisions apply to your MSA:

- **If you are eligible for the Company's Long Term Disability (LTD) Plan**, you will be considered "disabled" for this Plan if you are entitled to receive benefits under the LTD Plan, as determined by the insurance company. If you are entitled to LTD benefits, you will receive credit under this Plan (for eligibility and for the amount of your MSA) for full Years of Service until the earlier of when your LTD benefits end, you retire, or you no longer get credit for Years of Service under any applicable Company rules and internal policies.

However, to actually have an MSA, you must have met the eligibility requirements described above ***at the earliest time you are no longer receiving credit for service under this Plan***. You may access your MSA only after you are no longer receiving service credit.

- **If at the relevant time you are a union represented employee and not eligible for the Company's LTD Plan**, you will be considered "disabled" for this Plan if you are totally and permanently disabled as the result of an injury or disease that is expected to prevent you from ever working in any occupation covered by your collective bargaining agreement. Injury or illness sustained while serving in the armed forces or merchant marine of any nation is not covered. Note that you must be actively employed by the Company as a member of the union at the time of your disability and have at least 10 years of eligibility service with your union to be considered "disabled" for purposes of determining your eligibility for an MSA. If you are so disabled, you will receive credit under this Plan for full Years of Service up to your disability retirement date (as determined under the terms of the pension plan that was collectively-bargained for you and others), and you may access your MSA as of your determined disability retirement date.

IF YOU TRANSFER

If you transfer into a business segment or eligible group that offers this Plan, you can later become eligible for an MSA under the Plan after the date of the transfer ***provided you terminate employment from the Company while in that business segment or eligible group and meet the other eligibility requirements***. However, to actually have an MSA, you must meet the applicable age/service requirements when your employment with the Company ends. If you transfer to a business segment or group that does not offer this Plan, you will not be eligible for an MSA if you terminate employment from the Company while in that business segment or group, no matter what age you are or service you have.

If you are eligible for the MSA and you meet the applicable age/service requirements for this Plan when your employment with the Company ends, your Years of Service with the Company (adjusted, if you are rehired) will be used to determine both your eligibility for the MSA and the value of your MSA as described below.

IF YOU DIE

Benefits under the MSA do not arise unless you terminate employment with the Company for reasons other than death. This means that if you die while you are an active employee (that is before your employment with the Company ends), there will be no MSA benefit for your surviving spouse, if any, or your dependent children, if any. It does not matter whether you met the applicable age/service requirements for an MSA at the time of your death, there will be no MSA benefit for anyone if you die at a time while employed by the Company.

IF YOU ARE REHIRED

You are considered a vested terminated employee if:

- You are an eligible full-time or Part Time I non-represented employee or a represented employee in Local 12050, and your employment with the Company ends while you are employed by a business segment or group that offers this Plan and after you are age 55 and have completed at least five Years of Service, or

- You are an eligible represented employee (other than in Local 12050) and your employment with the Company ends after you qualify for retirement under the terms of the pension plan that was collectively-bargained for you and others.

If you are a vested terminated employee, you are entitled to access your MSA when your employment with the Company ends. Your MSA balance is determined as of the date your employment with the Company ends.

The following chart shows how termination and rehire affect your MSA, assuming you are rehired on or after the effective date of this SPD (or, for represented employees, after the date specified in your collective bargaining agreement). This chart describes the most common situations, but it is not intended to cover every situation. For example, if you are rehired more than once, or, if you have an employment transfer and are rehired, this chart does not explain all of the provisions that could affect your MSA. Contact the EQT Benefit Solutions Center if you have questions.

Note: Since the MSA is intended to help reimburse you for health care premiums and expenses after your employment with the Company ends, you are not eligible for, and may not access, your MSA while you are an active employee.

If you are rehired and you are:	Then...
A full-time or Part-Time I non-represented employee	➢ Your Years of Service after you are rehired will be used to determine your eligibility for the MSA. ➢ If you were a vested terminated employee (that is, as explained above, eligible for an MSA) when your employment ended the first time, your Years of Service after you are rehired will be used to increase the value of your MSA when your employment ends. ➢ If you were not a vested terminated employee (that is, as explained above, not eligible for an MSA) when your employment ended the first time, the value of your MSA will be determined based on your Years of Service beginning on your latest rehire date. However, all of your Years of Service with the Company will be used to determine if you are eligible for an MSA when you terminate employment. ➢ You may enroll in the Company's health care options for active employees after you are rehired. ➢ After you terminate employment again, if you are eligible, you may enroll in the Company's retiree health care options, if any, regardless of whether or not you were enrolled in the retiree health care options when you were rehired.

If you are rehired and you are:	Then...
A full-time or Part-Time I non-represented employee (continued)	➢ If you are rehired after you have enrolled in the Company's retiree health care options, you may remain in those plans, if any, while you are re-employed, provided you continue to make your contributions. ➢ You may NOT access your MSA while you are reemployed.
A represented employee hired or rehired after the date specified in your collective bargaining agreement	➢ Your Years of Service after you are rehired will be used to determine your eligibility for the MSA. ➢ If you were a vested terminated employee (that is, as explained above, eligible for an MSA) when your employment ended the first time, your Years of Service after you are rehired will NOT be used to increase the value of your MSA. Your MSA will be the same amount that it was when you were rehired. ➢ If you were not a vested terminated employee (that is, as explained above, not eligible for an MSA) when your employment ended for the first time, you will not be eligible for this Plan when you are rehired. ➢ You may enroll in the Company's health care options for active employees. If you make this election and are enrolled in the Company's retiree health care options, you will **forfeit your right to** re-enroll in the Company's retiree health care options when you terminate employment again, even if you pay the full cost. If you are NOT enrolled in the Company's retiree health care options when you are rehired, you may enroll in these plans, if any, when you terminate employment again. ➢ If you are rehired after enrolling in the Company's retiree health care options, you may remain in those plans, if any, while you are re-employed, provided you continue to make your contributions. ➢ You may NOT access your MSA while you are reemployed.

How The Plan Works

If you are eligible, the Company will make a credit to an MSA on your behalf to help reimburse you for health care expenses that you pay after your employment with the Company ends. **This section describes:**

- How the value of your MSA is determined;
- How you use your MSA; and
- How you can enroll in the Company's retiree health care options.

THE VALUE OF YOUR MSA

The Company pays the full cost of your MSA. At the present time, the Company will credit $1,000 for each full Year of Service with the Company up to the date your employment ends or the date you retire—**whichever occurs first.** For more information about service for this purpose, see "Years of Service for Determining MSA Balance." To determine the value of your MSA, multiply your **full** Years of Service with the Company by the current credit amount of $1,000. For example, if you have 25½ Years of Service when your employment ends, your MSA account balance would be $25,000 (25 years times $1,000).

If you have met the eligibility requirements, your MSA balance is available following your termination of employment. It is a fixed amount that does not earn interest or otherwise grow. The Company may adjust the amount it credits for employees who become eligible in the future or otherwise amend, modify, or discontinue the MSA.

If you are eligible for the MSA when your employment with the Company ends, your MSA balance will be determined as of your date of termination and you will receive a statement that will show the amount of your MSA, including the Catch-Up Credit, if applicable. Even if you have met the eligibility requirements before your employment with the Company ends, you may not access your MSA until after your employment with the Company ends.

Catch-Up Credit

If you were age 50 or older on December 31, 2002 as an employee of the Company, the Company provides an additional one-time "Catch-Up Credit" to your MSA, as follows:

If You Were This Age on December 31, 2002	Your Catch-Up Credit Will Equal
50 but less than 55	$5,000
55 but less than 60	$10,000
60 or Older	$15,000

For example, if you were age 52 on December 31, 2002, the one-time Catch-Up Credit added to your MSA balance will be $5,000. If you have 20 Years of Service when your employment with the Company ends, your total MSA balance would be $25,000 (20 years times $1,000 plus $5,000 Catch-Up Credit).

USING YOUR MSA

If you are eligible for an MSA when your employment with the Company ends, your account is available immediately. You may receive reimbursement from your MSA for premiums or for certain other eligible health care expenses that are not covered by another source. The premiums and expenses must be incurred after your coverage under the Plan is in effect.

Premiums

You may be reimbursed from your MSA for your cost of coverage in the Company-sponsored retiree health care medical/dental/vision options, the cost of continuation coverage (COBRA) under a Company medical plan, ***or*** for the cost of health care coverage from another source, provided you pay for such coverage with after-tax dollars. For example, you could enroll in the Company-sponsored retiree health care coverage options—**or** you could enroll as your spouse's dependent if he/she is covered under another employer's health care plan—**or** you could buy individual health care coverage.

Note: If you enroll in one or more of the Company's retiree health care plans and stop paying premiums while coverage remains in effect, overdue premium payments will be deducted directly from your MSA, and without your involvement in a reimbursement, when the Plan Administrator determines that circumstances support this action.

Other Eligible Health Care Expenses

You may use your MSA to receive reimbursement for certain eligible health care expenses that you have incurred and paid for, but that are not covered by any medical, dental, or vision plan. The expenses must qualify as "eligible"—as defined by the IRS and determined by the Claims Administrator—and you may not receive payment for them from any other source. Your eligible expenses include those that are incurred for yourself or for your spouse or your dependent children, if they qualify as dependents within the meaning of the Company's retiree health care plan. Although you can submit claims for the eligible expenses of your dependents (spouse/children) who qualify, on their own they are not covered individuals under the Plan, except in some limited circumstances if steps are taken by you, as described in the "Continuation of Health Care Coverage (COBRA)" section below.

Eligible expenses include but are not limited to the following:

- Deductibles, copayments, and out-of-pocket expenses under your health care coverage which includes medical, dental, vision, or HMO plans;
- Health care expenses that exceed what the applicable plan considers reasonable and customary;
- Routine physical exams or associated tests that are not covered by health care coverage;
- Smoking cessation programs and the cost of medication to aid in coping with nicotine withdrawal;
- Charges for vision care, such as examinations, eyeglasses, or contact lenses (and supplies), or laser eye surgery, that are not covered under any other plan; and
- Charges for hearing aids and examinations.

A complete list of eligible health care expenses can be obtained from the IRS in Publication 502 (call 1-800-TAX FORM) or you can download a copy of the publication from the IRS website at http://www.irs.gov. This IRS publication is designed to provide guidance for taxpayers who take a deduction for medical expenses on their tax return. It does not include the rules for the Plan, but it does give you a list of expenses that are—and are not—eligible for reimbursement from your MSA.

Non-Eligible Expenses

You **cannot** use your MSA to be reimbursed for:

- Expenses that were already paid under a medical, dental, or vision plan;
- Non-prescription or over-the-counter items except insulin;
- Medical supplies not related to a disease or defect;
- Cosmetic surgery unless necessary to correct a deformity that is congenital or that resulted from an accident or disfiguring disease;
- Expenses not eligible for tax deduction from the IRS (such as expenses for health clubs, even if prescribed by a physician);
- Expenses you plan to itemize on your Federal income tax return (currently, you may itemize only if your expenses exceed 7.5% of your adjusted gross income); or
- Expenses (even if eligible) submitted after any maximum time limit set by the Plan or Plan Administrator.

Enrolling In The Company's Retiree Health Care Coverage Options

If you are eligible for the MSA when your employment with the Company ends, you may enroll in the Company-sponsored retiree medical, dental, and/or vision benefit plans, if any, offered to eligible retirees through the Comprehensive Welfare Plan for Retirees. **You must enroll for these plans when you terminate employment with the Company—you may not defer enrollment until a later date—even if you have coverage from another source.** You also may enroll dependents **who are eligible for coverage at the time your employment with the Company ends**. You pay the full cost of coverage for you and any covered dependents.

You will receive additional information about your Company-sponsored retiree health care coverage options, including the cost of this coverage and an application form. You may continue the existing coverage you have as an active employee for a limited time through COBRA and then enroll in the Company-sponsored retiree health care coverage options when your COBRA coverage for those Company plans ends.

If you elect COBRA coverage to continue existing coverage you have as an active employee, you would pay up to 100% of the cost plus up to 2% for administrative expenses.

- **If you do <u>not</u> take COBRA**, you must enroll in the Company's retiree health care coverage options immediately after your employment with the Company ends, or you will permanently forfeit your right to enroll in retiree health care coverage.
- **If you <u>do</u> take COBRA**, you must enroll in the Company's retiree health care coverage options immediately after your COBRA coverage ends for whatever reason, or you will permanently forfeit your right to enroll in retiree health care coverage.

Note: Your decision to enroll or to waive participation in the Company-sponsored retiree health care coverage options does NOT affect your right to any MSA that may be offered by the Company. If you do not enroll in the Company retiree health care options, you will still have your right to any MSA that may be offered by the Company.

Receiving Reimbursement From Your MSA

This section reviews how to submit claims for reimbursement from your MSA and how to request a review of any claim that is denied.

Account Balance

If you are eligible for the MSA when your employment with the Company ends, you will receive statements of your MSA balance at least two times each year.

Requests for reimbursement for eligible expenses may be submitted as long as there is a balance remaining for your MSA. However, the Plan will not reimburse claims submitted more than 12 months after the date you (or, if they become eligible, your dependents) are no longer eligible. See "If You Die" and "Continuation Of Health Care Coverage (COBRA)."

If you are participating in the Company-sponsored retiree health care coverage options at the time that your MSA balance is depleted (reaches zero), you may continue to participate in those plans while they are still offered, provided you continue to pay the full cost of such coverage.

Reimbursement Request Forms

You may request reimbursement from your MSA by completing a Medical Spending Account (MSA) Claim Form or other similar materials requested by the Claims Administrator. A sample form is enclosed at the end of this description, or you may request a form from Benefit Concepts, Inc. (1.866.629.6415). Submit your completed, signed form—with appropriate documentation—to the address below.

Benefit Concepts, Inc.
P.O. Box 90
Barrington, RI 02806-0090

Reimbursement Of Eligible Premiums

You may be reimbursed for health care plan premiums that are eligible expenses for you, your eligible spouse, and/or your eligible dependents. Except as described in the next paragraph, you must pay the health care plan premium first and then submit an MSA Claim Form and proof that you have paid for the health care coverage. If you enroll in one or more of the Company's retiree health care plans and stop paying premiums while coverage remains in effect, overdue premium payments will be deducted directly from your MSA (and without your involvement in a reimbursement), when the Plan Administrator determines that circumstances support this action.

If You Enroll In The Company's Retiree Health Care Plans

If you have an MSA and you enroll in the Company-sponsored retiree health care medical, dental, and/or vision coverage options when your employment with the Company ends (or, if later, when COBRA coverage ends), you must pay for your coverage AND submit an MSA Claim Form—but you do not need to provide proof of payment. You will be reimbursed for your contributions for coverage from your MSA automatically after BCI has processed your monthly payment—provided BCI has received your MSA Claim Form for the expense. Note that the payments and MSA claim forms need to be mailed to separate addresses.

If you enroll in one or more of the Company's retiree health care plans and stop paying premiums while coverage remains in effect, overdue premium payments will be deducted directly from your MSA (and without your involvement in a reimbursement), when the Plan Administrator determines that circumstances support this action.

If your health care coverage is provided through another source, such as your spouse's employer, you may be reimbursed for your contributions for coverage only if your contributions are made on an ***after-tax basis***. Pre-tax contributions will not be reimbursed.

Proof of payment can include any of the following:

- If you pay by check or have premiums automatically withdrawn from your bank account, you may submit a copy of your bank statement showing the deduction; feel free to mark out account numbers or any other confidential information. Canceled checks and credit card statements/receipts will NOT be accepted.
- A copy of a cashier's check or money order.
- A statement from an insurance company showing that premiums have been received.
- Your or your spouse's payroll stubs showing after tax payment of medical premiums.
- Other documentation showing that premiums have been paid.

Reimbursement Of Other Eligible Health Care Expenses

You must submit an MSA Claim Form for all expenses, including reimbursement for EQT health coverage. With each MSA Claim Form, you also must submit acceptable documentation for each expense, except for reimbursement for EQT health coverage. See the MSA Claim Form instructions.

No Taxes Deducted

After the claim has been processed, you will be reimbursed from your MSA. Under current regulations, the money you receive from your MSA when you submit an eligible expense is not considered income and therefore, it is not taxable. However, there is no guarantee that any amounts reimbursed from your MSA under this Plan will be excludable from your gross income for Federal, state, or local income tax purposes.

OVERPAYMENTS

If benefits are paid in error, the Plan reserves the right to have the overpayment refunded. This right to recovery applies when benefits have been paid by the Plan in excess of the amount the Plan is obligated to pay, including situations where claims or bills are, or later prove to be, incomplete, inaccurate, or fraudulent. The Plan Administrator and/or its delegates and representatives can take any action necessary and advisable in order to recover excess payments.

If you, or anyone else who may be involved, does not promptly refund an overpayment to the Plan on request, the Plan may reduce your MSA balance and any future benefit payments to you (including those on behalf of your dependents who may be eligible) until the full amount of the overpayment is recovered.

CLAIM APPEAL PROCESS

The Claims Administrator processes all claims for reimbursements from your MSA under an Administrative Services Only (ASO) contract. As part of the claims administration process, the Claims Administrator will:

- Process claims for benefits due under the Plan;
- Provide written explanations of the reasons for denied claims;
- Handle claimant requests for reviews of denied claims; and
- Make the final decision on denied claims.

For employees who are not eligible for the Company's LTD Plan, the Company may determine if you are considered totally and permanently disabled and eligible for an MSA under the Plan. For employees who are eligible for the LTD Plan, the insurance carrier for the Company's LTD Plan determines if you are "disabled" and eligible for an MSA under the Plan. See "If You Become Disabled."

Under ERISA, you have the right to appeal a denied claim. The following section describes the claim appeal process.

NOTE: The provisions outlined here apply to claims for reimbursement under the Plan and, for employees who are not eligible for the Company's LTD Plan, to determinations of eligibility for an MSA under the Plan due to disability. This section does not apply to claims for benefits from the Company-sponsored retiree health care coverage options. If you enroll in the Company-sponsored retiree health care coverage options when your employment with the Company ends (or, if later, when COBRA coverage ends), you will receive separate booklets that describe the provisions of that coverage, including the claim appeal process.

Claim Denial Notices

If your claim is wholly or partially denied, any adverse benefit determination will:

- State the specific reasons for the determination;
- Refer to specific Plan provisions on which the determination is based;
- Describe additional material or information necessary to complete the claim and the reason why such information is necessary;
- Disclose any internal rule, guidelines, protocol, or similar criterion relied on in making the adverse determination (or state that such information will be provided free of charge upon request);
- Describe Plan procedures and time limits for appealing the determination, and your right to obtain information about those procedures and the right to sue under Section 502 of ERISA if your claim is denied on review.

Claim Review Time Line

By law, your claim must be evaluated and processed within a certain period of time. You have the right to appeal a claim that is denied, provided you make your request within the time period allowed. If you do not request an appeal within the time period allowed, you will lose your right to appeal. This chart shows the time requirements for each type of claim.

Claim Review Time Limit Chart		
	All Claims Except Disability Claims	**Disability Claims for Employees Not Eligible For The LTD Plan***
Deadline for Plan Notice of Initial Claim Denial Decision	**30 days** after receiving the initial claim	**45 days** after receiving the initial claim
	45 days after receiving the claim if Plan needs extension for special circumstances and if Plan provides a written extension notice during initial 30-day period	**75 days** after receiving the claim if Plan needs more claimant information and if Plan provides a written extension notice during initial 45-day period. **105 days** if Plan needs another extension
Deadline for Claimant to Complete Claim	**45 days** after receiving extension notice	**45 days** after receiving extension notice
Deadline for Claimant to Appeal Decision	**180 days** after receiving claim denial	**180 days** after receiving claim denial
Deadline for Plan Notice of Appeal Decision	**60 days** after receiving the appeal	**45 days** after receiving appeal. **90 days** after receiving the appeal if Plan needs an extension
*Disability-related claims for employees who are eligible for the Company's LTD Plan are determined by the insurance carrier for that Plan.		

If The Plan Needs An Extension

If the Plan requests an extension of time to determine if you are disabled and eligible for the Plan as a result of that disability, the notice requesting the extension will describe the standards upon which the entitlement to benefits is based, explain the unresolved issues preventing a decision, and describe the additional information needed to resolve those issues. If the extension is based on your failure to provide required information, the period for making a benefit determination will be counted from the date on which you are sent the extension notification to the date you respond to the request for additional information.

Appealing A Denied Claim

You have the right to appeal any adverse benefit determination with which you disagree. Your appeal must be made in writing within 180 days following receipt of the adverse benefit determination. Generally, written appeals should be submitted to the Plan Administrator at EQT Corporation, EQT Plaza, 625 Liberty Avenue-Suite 1700, Pittsburgh, PA 15222-3111. However, claims for LTD Plan benefits (and for determination of disability for the MSA) are determined by MetLife and written appeals should be submitted to Metropolitan Life Insurance Company, One Madison Avenue, New York, NY 10010.

You may submit written comments, documents, or other information in support of your appeal and have access, upon request, to all relevant Plan documents free of charge. The review of the claim denial will take into account all new information, whether or not presented or available at the initial claim review, and will not be influenced by the initial claim decision.

A different person from the one who made the initial claim determination will conduct the appeal review, and such person will not work under the original decisionmaker's authority. If your claim was denied on the grounds of medical judgment, the Plan will consult with a health professional with appropriate training and experience. This health care professional will not be the individual who was consulted during the initial determination or his or her subordinate. If the advice of a medical or vocational expert was obtained by the Plan in connection with the denial of your claim, the Plan will provide you with the name of each such expert, regardless of whether the advice was relied upon.

If your appeal is denied, the denial notice will contain the following information:

- The specific reasons for the appeal determination;
- A reference to the specific Plan provisions on which the determination was based;
- A statement that you are entitled to receive upon request, and without charge, reasonable access to or copies of all documents, records, or other information relevant to your claim;
- A statement describing your right to bring a civil lawsuit under Section 502 of ERISA if your claim is denied on review; and
- A statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or a statement that such information will be provided free of charge upon request).

The appeal determination notice may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

The procedure outlined above applies to you, your eligible dependents, or any other person who has a right to benefits under the Plan.

Designation Of An Authorized Representative

You may authorize someone else to file and pursue a claim or file an appeal on your behalf. If you do so, you must notify the Company in writing of your choice of an authorized representative. Your notice must include the representative's name, address, phone number and a statement indicating the extent to which he or she is authorized to pursue the claim and/or file an appeal on your behalf. A consent form that you may use for this purpose will be provided to you upon request.

IMPORTANT—You Must Follow Plan Claim Procedures First

No claimants can bring any legal action to recover benefits under the Plan unless they have timely pursued and exercised the claim and appeal rights described above. A claimant who wishes to seek judicial review of a denied appeal must file any civil action within the time period prescribed by applicable law or you will be prohibited from commencing such action.

Other Important Information

Situations That May Result In Loss Of Coverage Or Reduction Of Benefits

It is important to be aware that the following events can result in a loss or reduction of benefits:

- You will be entitled to an MSA only if you meet the eligibility requirements (see "Who Is Eligible for the Plan").
- If you are a represented employee, your employment with the Company ends *after you are eligible for an MSA under this Plan*, and you are rehired after the date specified in your collective bargaining agreement for eligibility for Plan participation, additional Years of Service will not increase your MSA balance, unless you are rehired as a non-represented employee. In addition, you may not access your MSA while you are an active employee (see "If You Are Rehired").
- If your employment with Company ended prior to January 1, 2008 (or prior to January 1, 2009 for former Union Drilling employees), Years of Service with Stat Oil, the Carnegie Companies, Union Drilling, or any other company acquired by the Company will not be used to determine your MSA balance, but will be used to determine your eligibility for an MSA under the Plan.
- If you are rehired and are eligible for an MSA after your rehire date, but you were not eligible for an MSA when you first terminated employment with the Company, the Years of Service before your latest rehire date will not be used to determine your MSA balance, but will be used to determine your eligibility for an MSA under the Plan.
- Company-initiated Plan amendments or termination can affect your participation and benefits (see "Amendment Or Termination Of The Plan").
- If you use all of the money in your MSA, you are not eligible for additional reimbursements. However, if you are participating in the Company-sponsored retiree health care coverage options, you may continue to participate in those plans, provided you continue to pay the full cost of such coverage.

If Your Employment Ends

You are entitled to an MSA only if you meet the eligibility requirements outlined in the "Who Is Eligible for the Plan" section at the time your employment with the Company ends. If your employment with the Company ends and you have not then met the eligibility requirements applicable to you, you are not entitled to an MSA.

If You Die

If you die before becoming entitled to an MSA, no MSA benefits will be available to your surviving spouse or dependent children. For instance, if you die while you are an active employee, there will be no MSA benefit for your surviving spouse or dependent children, even if you met the age and service requirements for an MSA at the time of your death. You must terminate your employment for reasons other than death in order to become entitled to an MSA.

If you die after becoming entitled to an MSA, claims for eligible expenses incurred prior to your death may be submitted until 12 months after the date of death.

Generally, your MSA may not be used for expenses incurred after your death. However, once you are entitled to an MSA, your spouse or dependent children, if eligible and covered, may be entitled to access the balance of your MSA account for eligible health care expenses incurred by them for up to 36 months after your death or until there is no money left in the MSA account, whichever occurs first. This is considered COBRA continuation coverage as summarized in the "Continuation of Health Care Coverage (COBRA)" section below.

Continuation Of Health Care Coverage (COBRA)

A Federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), requires employers who sponsor health care plans to offer a temporary extension of coverage to specific persons who would otherwise lose coverage due to a "qualifying event." This section generally summarizes: the terms of COBRA coverage ***as it applies to your MSA (not to the Company retiree health care options);*** when COBRA coverage may become available to you, and, if they are eligible and covered, to your spouse (or ex-spouse) and dependent children; and what needs to be done to protect a right to receive COBRA coverage.

A person who qualifies for and elects COBRA coverage under this Plan has the right to access an MSA balance for a limited period of time—or until there is no more money in the MSA account—whichever occurs first. This section provides a summary description of COBRA coverage.

The Plan Administrator is responsible for ensuring that the Plan offers COBRA coverage as required. The Plan Administrator (EQT Corporation) has delegated the day-to-day administration of COBRA coverage to:

Benefit Concepts, Inc. (BCI)
P.O. Box 246
Barrington, RI 02806
(BCI may be reached at 1.866.629.6415.)

COBRA continuation health coverage must be made available in certain instances when health coverage would otherwise end due to a "qualifying event." Specific qualifying events are listed in the chart on the next page. Whether an event is a qualifying event depends on whether coverage under a plan relates to a former employee, spouse or a dependent child. The maximum period that COBRA coverage will last depends upon the qualifying event that happens.

COBRA coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who is covered by the Plan when a qualifying event occurs and who will lose coverage under the Plan as a result of that qualifying event. For this purpose, your covered dependents include ONLY individuals who would qualify as dependents within the meaning of the Company's retiree health care plan.

A loss of coverage occurs if benefits are no longer available under the same terms and conditions as a result of the event.

Generally, under COBRA, qualified beneficiaries who elect COBRA coverage must pay up to 102% of the full cost for this COBRA coverage. However, the Company currently does not charge qualified beneficiaries to continue to access the MSA for the COBRA continuation period, but the Company reserves the right to impose a cost in the future.

Individuals covered by the Plan who are covered by Medicare may, in some circumstances, also be allowed to elect COBRA coverage.

Although you, as a former EQT employee, may elect COBRA coverage for all qualified beneficiaries in the family, each qualified beneficiary (or the individual responsible for a minor or incapacitated individual) has the independent right to elect or decline COBRA coverage for himself or herself.

The rights to COBRA coverage apply separately to you, your covered spouse and/or covered dependent children.

COBRA Qualifying Events

This chart shows the qualifying events that may entitle you (or your covered spouse and/or covered dependent children) to COBRA coverage and the maximum length of time coverage may continue (in certain cases, this maximum period may be cut short).

Qualifying Event that occurs after you have become entitled to an MSA	Who May Continue Coverage	Maximum Period (may be shorter)
Divorce	Covered ex-spouse and/or covered dependent children eligible to receive MSA benefits at the time of your divorce	36 months
You Die	Covered spouse and/or dependent eligible to receive MSA benefits at the time of your death	36 months
Loss of Dependent Status	Covered dependent children eligible to receive MSA benefits at the time of the loss of dependent status	36 months
Former employer (the Company) declares bankruptcy)	Covered former employee, spouse and dependent children eligible to receive MSA benefits at the time bankruptcy is declared	For former employee, until death. For others, until the earlier of their death or 36 months after death of former employee

After a qualifying event, any individual who can and does elect COBRA coverage properly will have a separate MSA benefit that is equal to no more than the remaining MSA benefit that is in place when the qualifying event occurs. For this purpose, all eligible expenses incurred prior to a qualifying event, but submitted and reimbursed after the qualifying event, will reduce and be a downward adjustment to the remaining MSA benefit that is in place when the qualifying event occurs (and so will also reduce and adjust downward the separate MSA benefit of those who elect COBRA coverage properly).

In order to establish future MSA benefits for those who elect COBRA coverage properly, eligible expenses incurred before a qualifying event must be submitted within a limited period of time after a qualifying event. The Plan Administrator will determine and set the applicable time limit, which can be as short as 30 days, but will be no more than 12 months, after the last effective date for giving the Plan Administrator timely notice of the qualifying

event. Contact the Plan Administrator to confirm the applicable time period as soon as you have an idea that a qualifying event might occur. Expenses incurred before a qualifying event, but submitted after the limited time period set by the Plan Administrator will not be reimbursed under the Plan.

The Cost Of Continued Coverage

For this Plan, COBRA coverage gives those who have a qualifying event the right to access all or only some portion of the remaining MSA balance for up to a limited period of time (as shown above). Currently, there is no cost for this coverage, but the Company reserves the right to impose a cost in the future.

How To Apply For COBRA Coverage

When the qualifying event is the death of the former EQT employee, the employer must notify the Plan Administrator of the qualifying event within 30 days. However, you or your covered spouse or covered dependent(s) must notify the Plan Administrator (by calling BCI at 1.866.629.6415) within 60 days after the following events to be eligible to continue coverage under the Plan:

- the date that you and your covered spouse divorce (your covered spouse is the person to whom you are legally married at the time your employment with the Company ends and you become entitled to an MSA); or
- the date your covered dependent child stops being covered under the relevant terms set forth in the applicable legal documents (e.g., for reasons such as reaching the age limit for coverage).

Once your notice has been received, the Plan Administrator will in turn notify you, your covered spouse, or covered dependent children (individually or jointly) of your right to elect COBRA coverage. You will not need to provide evidence of good health to obtain COBRA coverage.

If you (or your covered spouse or covered dependent children) fail to provide the Company with timely notice if a qualifying event occurs, the right to COBRA coverage will be lost. If you have questions about what steps to take or whom to notify, contact BCI at 1.866.629.6415.

In the event of Company bankruptcy, the Plan Administrator will initiate notification of the right to elect COBRA coverage.

60-day Deadline To Elect COBRA

To elect COBRA coverage, you (or your covered spouse or covered dependent children) must submit a completed COBRA application to BCI. You will have 60 days from the time coverage stops or the date you receive the application to respond (whichever is later). You and each qualified covered dependent have the right to make an individual election. If you or your qualified covered dependent does not file your application for COBRA coverage within the 60-day timeframe, you will lose the opportunity to continue COBRA coverage.

When COBRA Coverage Ends

After you or your covered dependents properly choose to continue coverage in the Plan and continue for the full continuation period allowed, COBRA coverage will end, no matter what the MSA balance is, if any. However, COBRA coverage will stop before the maximum continuation period shown in the chart earlier in this section if one of the following events occurs during that period:

- The premium, if any is required, for the individual's COBRA coverage is not received on time (to be considered timely, payment must be received within 30 days of the due date (or 45 days of the election of COBRA coverage for the initial payment);
- The individual becomes enrolled in Medicare after COBRA coverage begins;
- The covered person's MSA balance is used entirely and reduced to zero;
- Any reasonable grounds for which the Plan terminates coverage of a participant (e.g., such as fraud); or
- The Company no longer provides group health coverage of a type that is required to be considered along with this Plan for purposes of COBRA.

Once COBRA coverage is cancelled, it will not be reinstated. No one may continue COBRA coverage under a Company health care plan for more than 36 months for any reason, except for the limited extension that applies if the Company declares bankruptcy.

General Information

This section on COBRA coverage does not amend or change the Plan's termination of coverage provision. It simply provides a continuation of coverage right that is required to be offered by law.

If You Have Questions

If you have questions about your right to COBRA coverage, you should contact BCI at 1.866.629.6415 or the Company's Human Resources Department. You also may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through their website at www.dol.gov/ebsa.

Keep The Plan Informed Of Address Changes

In order to protect your family's COBRA rights, you should keep BCI informed of any changes in the addresses of family members. The address is: Benefit Concepts, Inc., P.O. Box 246, Barrington, RI 02806. You should also keep a copy, for your records, of any notices sent to the Plan Administrator or to BCI.

Plan Contact Information

For additional information about your rights and obligations under the Plan and Federal law, you may contact EQT Corporation (the Plan Administrator) or BCI, the COBRA Administrator:

Plan Administrator
EQT Corporation
625 Liberty Avenue-Suite 1700
Pittsburgh, PA 15222-3111
412.553.5700

Benefit Concepts, Inc. (BCI)
P.O. Box 246
Barrington, RI 02806
1.866.629.6415, Monday-Friday from 8:30 am to 9:30 pm Eastern Time.

Operation Of The Plan

This section gives you information about how the Plan is administered.

Plan Name And Plan Type

Effective February 9, 2009, the official name of the Plan described in this SPD is the "EQT Corporation Medical Spending Account Plan." The Plan is one component part of the EQT Corporation Comprehensive Welfare Plan for Retirees.

The Plan is a welfare plan. It is intended to qualify as a medical reimbursement plan under Sections 105 and 106 of the Internal Revenue Code of 1986 and the regulations thereunder, and as a health care reimbursement arrangement as defined under IRS Notice 2002-45.

Plan Sponsor

This Plan is sponsored by the Company. The Company, on its own behalf and on behalf of its affiliates, sponsors this Plan for the benefit of eligible employees and their covered dependents. The address for the Plan Sponsor is:

EQT Corporation
EQT Plaza
625 Liberty Avenue-Suite 1700
Pittsburgh, PA 15222-3100
412-553-5700

Participating Employers

You may receive from the Plan Administrator, upon written request, information as to whether a particular affiliated employer is a participating employer in the Plan and, if so, the employer's address.

Plan Administrator

The Plan Administrator is the Company and can be reached at the address shown above under "Plan Sponsor." The Plan Administrator is responsible for administering and operating the Plan according to the terms of ERISA, and the Plan document.

The Plan Administrator is the named fiduciary of the Plan and has the power and authority to interpret and construe the provisions of the Plan and has sole discretion in making determinations under the Plan, including but not limited to, determinations of fact, eligibility for benefits, deciding any dispute that may arise regarding the rights of participants or their dependents in the Plan and interpreting any ambiguous Plan provisions. To the extent permitted by law, all interpretations and decisions of the Plan Administrator are final and binding on all interested parties. The Plan Administrator may delegate any or all of this authority to a third party, including a Claims Administrator.

Agent For Service Of Legal Process

If it becomes necessary for a claimant to take legal action because of a dispute relating to this Plan, the claimant may contact the agent for service of legal process:

Plan Administrator
EQT Corporation
EQT Plaza
625 Liberty Avenue-Suite 1700
Pittsburgh, PA 15222-3100
412-553-5700

Claims Administrator

As the Claims Administrator, the following company provides administrative services for the Company and, on its behalf, processes MSA reimbursement requests under the Plan:

Benefits Concepts, Inc.
P.O. Box 246
Barrington, RI 02806
1.866.629.6415

Plan Year, Identification Numbers, And Plan Records

For purposes of accounting and all reports to the U.S. Department of Labor and other regulatory bodies, a Plan Year is established for each benefit plan. The Plan Year for this Plan begins on January 1 and ends on December 31.

The Employer Identification Number (EIN) for the Company is 25-0464690. The Plan Number is 506. The initial effective date of the Plan was January 1, 2003.

Copies of the Plan document, collective bargaining agreement (if applicable), benefit descriptions, and the latest annual report are available for your inspection during normal working hours in the Company's Human Resources Department at the address shown above under "Plan Sponsor."

Union Information As Of January 1, 2012

The Plan is provided pursuant to collective bargaining agreements between the Company and the following unions:

- United Steelworkers, Local Union 12050,
- International Brotherhood of Electrical Workers (IBEW), Local Union 1935, and
- International Brotherhood of Electrical Workers (IBEW), Local Union 1956.

A copy of the relevant collective bargaining agreements between the Company and the unions may be obtained by participants and beneficiaries upon written request to the Plan Administrator. By law, the Company may charge up to 25 cents per page for the collective bargaining agreement document. You may examine the agreement at the Company's Human Resources Department at any time. The agreement also will be made available at your location within 10 calendar days of your written request.

PLAN ASSETS AND FUNDING

The Plan is self-insured and unfunded. There is no trust or other fund from which benefits are paid. All benefits are paid from the Company's general assets, but the Company may choose to use other funding approaches if it considers them to be necessary or appropriate. Separate MSA accounts are not established. The MSA accounts referred to in the Plan are unfunded bookkeeping accounts to which no interest or income is credited.

ERISA Rights

The Employee Retirement Income Security Act of 1974 ("ERISA") provides that all Plan participants are entitled to certain rights and protections, as described below.

Receive Information About Your Plan and Benefits

- You can examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan. These include collective bargaining agreements and a copy of the latest annual report (Form 5500 Series), if required, filed in connection with the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- You may obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan. These include collective bargaining agreements, copies of the latest annual report (Form 5500 Series), if required, and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.
- You also are entitled to receive a summary of the Plan's annual financial report (if required by law).

Prudent Actions By Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the benefit Plan. The people who operate your Plan are called "fiduciaries" of the Plan, and they have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare plan benefit or exercising your rights under ERISA.

Continue Group Health Plan Coverage

You may continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the Plan as a result of a qualifying event under COBRA. You or your dependents may have to pay for such coverage. For the rules governing your COBRA continuation coverage rights, see the Plan document and for a summary of those rules, see the "Continuation of Health Care Coverage (COBRA)" section above.

Enforce Your Rights

If your claim for a Plan benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision, without charge; and
- To appeal any denial, all within certain timeframes.

Under ERISA, there are steps you can take to enforce the above rights. For example, you may file suit in Federal court if:

- You request a copy of Plan documents or the latest annual report from the Plan (if required by law) and do not receive them within 30 days. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day (adjusted periodically for inflation) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.
- You have exhausted your administrative claims and appeals under the Plan and still have a claim for benefits that is denied or ignored, in whole or in part.
- You disagree with the Plan's decision, or lack thereof, concerning the qualified status of a medical child support order.
- The Plan fiduciaries misuse the Plan's money (see "Plan Assets and Funding") or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, which is listed in your telephone directory. You may also contact:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Amendment Or Termination Of The Plan

There may be business, legal, or other reasons for an employer to change or to discontinue an employee benefit plan. The Company reserves the right to amend, modify, suspend, or terminate the Plan in whole, or in part, at any time, for any reason, subject to obligations (if any) under a collective bargaining agreement where applicable. The Company's right to amend or terminate the Plan includes, but is not limited to, changes in: the eligibility requirements; premiums or other payments charged; benefits provided and termination of all or a portion of the coverage provided under the Plan.

If the Plan is amended or terminated, you will be subject to all the changes effective as a result of such amendment or termination and your rights will be reduced, terminated, altered or increased accordingly, as of the effective date of the amendment or termination. In the event that the Plan is amended or terminated, you do not have ongoing rights to any Plan benefit, other than payment of any covered eligible expenses you incurred prior to the Plan amendment or termination. If the Plan is terminated, any remaining balance in your MSA will be forfeited.

This SPD is **not** intended to be the governing document in cases of conflict or legal question. In case of any discrepancies between this SPD and the Plan, the Plan document will govern.

This SPD does not amend or modify the Comprehensive Welfare Plan for Retirees, and any retiree health care benefits other than the MSA are governed by the terms of the Comprehensive Welfare Plan for Retirees. If you have any questions regarding the Comprehensive Welfare Plan for Retirees, you should refer to the Plan document. Any conflicts between this SPD and the Comprehensive Welfare Plan for Retirees shall be governed by the terms of the plan document for the Comprehensive Welfare Plan for Retirees, as may be amended.

APPENDIX: REIMBURSEMENT FORM

A copy of the Medical Spending Account Reimbursement Form follows. Contact Benefit Concepts, Inc. (1.866.629.6415) if you have questions or need additional copies.

MEDICAL SPENDING ACCOUNT CLAIM FORM
FILING INSTRUCTIONS

Who Can File A Claim

- Only Retirees participating in the Medical Spending Account can file a claim for reimbursement.
- Retirees can file a claim during the Plan Year and for a certain period after the Plan Year ends, if allowed by the plan. Please see your Summary Plan Description for additional details.
- EQT Plan year runs from January 1 – December 31

What Expenses Can Be Claimed

- Only expenses for services INCURRED or premiums paid, if applicable, while you were covered under the Plan can be claimed for reimbursement.
- Requests for reimbursement for eligible expenses may be submitted as long as there is a balance remaining for your MSA. However, the Plan will not reimburse claims submitted more than 12 months after the date you (or, if they become eligible, your dependents) are no longer eligible. See "If you Die" and "Continuation Of Health Care Coverage (COBRA) sections of the MSA SPD.
- Expenses are incurred when you are provided with the Health Care related services that give rise to the expense and not when you are formally billed or charged for or pay for the expense.
- Expenses must be qualifying as outlined by the Plan.
  Eligible Expenses include but are not limited to:
  Eligible health care expenses as defined by the IRS that are not paid by any other source
  Government sponsored programs: Part B, Part D and MAPD premiums
  Individually purchased insured coverage, such as Long-term care
  COBRA premiums for health coverage

How Do I Complete The Form

- Complete the Plan Year Information by listing the beginning and ending dates of the plan year.
- Complete the Retiree Information section by listing your name, social security number, address and email address.
- Complete the Medical Spending Account expense section by indicating the date of service, the provider's name, the recipient of the expense, the expense type, the relationship of the recipient to the employee, and the amount being requested.

IMPORTANT

- When completing the Medical Spending Account expense section, list each claim expense separately on the form.

***Key Note:* You must make an entry for each piece of substantiation/receipt you have for expenses incurred on a given date. For example, if you have 30 separate prescription receipts, all from different dates of service, you must enter them as 30 separate claims. Claim forms that have expenses with different dates of service combined together, will be returned to you.**

***Key Note:* If more than one eligible expense is incurred on the same day and are listed on one piece of substantiation/receipt, you may enter those expenses as one claim.**

- Complete multiple claim forms if the number of expenses that you are seeking reimbursement for is greater than the number of spaces available on the form. Do not simply sign the form and attach a spreadsheet listing all expenses. Forms received in this format will be returned to you.

Key Note: If multiple claim forms are used, make sure that the substantiation for expenses listed on a particular claim form is placed directly behind that claim form.

- Once all claims are listed, total the amounts requested and list the total in the Total Reimbursement Requested box.
- Read the Medical Spending Account Expense Certification carefully, then sign and date the form.

Substantiation

- Include photocopies of your expense substantiation with this claim form. Please do not staple the substantiation to the claim form, and **DO NOT send original receipts.**
- All substantiation must be received in an 8 ½" x 11" format. **If substantiation is not received in this format, your claim form and documentation will be returned to you.**
- Substantiation must contain the following pieces of information:
  - Provider Name
  - Date the service was incurred
  - Recipient of the service
  - Description of service provided
  - Expense amount
- Cancelled checks and credit card statements/receipts are not considered valid substantiation.

BENEFIT CONCEPTS
Employee Benefit Design and Administration

MSA – EQT
P.O. Box 90
Barrington, RI 02806-0090
Fax: 866-629-6390
www.AvantServe.com

EQT Corporation

MEDICAL SPENDING ACCOUNT CLAIM FORM

Plan Year Information From: To:

Retiree Information

First Name:	Last Name:	Last 4 digits of Social Security Number:
Address:	City:	
State:	Zip Code:	Email Address:

Medical Spending Account Expenses

1	Date of Service:	Provider:		Expense for Name:
	Expense Type: ☐ Medical - Co-Pay ☐ Medical – Deductible ☐ Medical - Coinsurance ☐ Medical - General Expenses ☐ Dental – General Expenses ☐ Dental - Orthodontia ☐ Drugs - Prescription ☐ Drugs – Over the Counter ☐ Vision ☐ Insurance Premiums – Company/Gvt sponsored		Relationship To Retiree: ☐ Self ☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Other: _____	Amount Requested:
2	Date of Service:	Provider:		Expense for Name:
	Expense Type: ☐ Medical - Co-Pay ☐ Medical – Deductible ☐ Medical - Coinsurance ☐ Medical - General Expenses ☐ Dental – General Expenses ☐ Dental - Orthodontia ☐ Drugs - Prescription ☐ Drugs – Over the Counter ☐ Vision ☐ Insurance Premiums – Company/Gvt sponsored		Relationship To Retiree: ☐ Self ☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Other: _____	Amount Requested:
3	Date of Service:	Provider:		Expense for Name:
	Expense Type: ☐ Medical - Co-Pay ☐ Medical – Deductible ☐ Medical - Coinsurance ☐ Medical - General Expenses ☐ Dental – General Expenses ☐ Dental - Orthodontia ☐ Drugs - Prescription ☐ Drugs – Over the Counter ☐ Vision ☐ Insurance Premiums – Company/Gvt Sponsor		Relationship To Retiree: ☐ Self ☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Other: _____	Amount Requested:
4	Date of Service:	Provider:		Expense for Name:
	Expense Type: ☐ Medical - Co-Pay ☐ Medical – Deductible ☐ Medical - Coinsurance ☐ Medical - General Expenses ☐ Dental – General Expenses ☐ Dental - Orthodontia ☐ Drugs - Prescription ☐ Drugs – Over the Counter ☐ Vision ☐ Insurance Premiums – Company/GVT sponsored		Relationship To Retiree: ☐ Self ☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Other: _____	Amount Requested:

Total Reimbursement Requested: $

Medical Spending Account Expense Certification

I certify that all services or premiums, if applicable, for which reimbursement is requested under the Plan were incurred by myself or my eligible dependents during the applicable coverage period, that the expenses associated with these services have not been reimbursed and I will not seek reimbursement under any other health plan.

I understand that I am fully responsible for the sufficiency and accuracy of all information relating to health care claims that are provided by me.

Signature: _____ **Date:** _____

PNG Salaried Plan

Substantive Plan Provisions

The following summary of plan provisions represents our understanding of the substantive plan.

Effective December 31, 2015, Salaried active employees hired before January 1, 2008 were converted to a medical savings account (MSA) of $700 for each year of service through 2015.

Effective December 31, 2015, RMA benefits were frozen for active Salaried employees hired on or after January 1, 2008

At the end of 2015, eligible participants were given the option to retire as part of a Voluntary Retirement Program (VRP) during the first half of 2016. Those who elect the VRP receive retiree medical benefits fully paid by PNG for a period of two years. After two years, employees hired before January 1, 2008 receive subsidized coverage until age 65.

Covered employees	Full-time employees hired before January 1, 2008

Medical Benefits

Retirees Hired Before January 1, 2008

Eligibility	Retirement after age 55 with 10 years of service
Survivor eligibility	Eligibility continues beyond death of retiree or active participant eligible to retire.

Plan Benefits

	In Network (Enhanced/Standard)	Out of Network
Deductible		
Individual	$505/$1,515	$3,031
Family	$1,012/$3,037	$6,061
Copayment	80%/70%	50%
Out-of-pocket limit		
Individual	$1,516/$4,549	$9,098
Family	$3,033/$9,118	$18,196
Maximum out of pocket		
Individual	$6,850	N/A
Family	$13,700	N/A
Primary care visit	$15/$30	50%

Generic drugs and formulary drugs: 80% coinsurance. Maximum out of pocket: $585 per individual; $1,171 per family. The retiree is responsible for the difference in cost of the brand is chose when generic is available. No benefits are paid for non-network pharmacies

Dependant Coverage

Eligible dependents may participate in the plan if covered at the time of the employee's retirement. Coverage for the spouse continues after the death of the retiree.

Retiree Medical Contribution Schedule Pre-65

Age + Service at Retirement	Years of service			
	<45	45-49	50-52	53 and 54
95+	40%	40%	25%	19%
94	42%	41%	26%	20%
93	44%	42%	27%	21%
92	46%	43%	28%	22%
91	48%	44%	29%	23%
90	50%	45%	30%	24%
89	53%	46%	31%	25%
88	56%	47%	32%	26%
87	59%	48%	33%	27%
86	62%	49%	34%	28%
85	65%	50%	35%	29%
84	68%	51%	36%	30%
83	71%	52%	37%	31%
82	74%	53%	38%	32%
81	77%	54%	39%	33%
80	80%	55%	40%	34%
79	83%	56%	42%	35%
78	86%	57%	44%	36%
77	89%	58%	46%	38%
76	92%	59%	48%	40%
75	95%	60%	50%	42%
74	98%	64%	52%	45%
73	100%	68%	54%	47%
72	100%	72%	56%	49%
71	100%	76%	58%	51%
70	100%	80%	60%	53%
69	100%	80%	60%	55%
68	100%	80%	60%	57%
67	100%	80%	63%	60%
66	100%	80%	64%	61%
65	100%	80%	70%	63%

Retiree Contributions Post-65	Retiree pays full Medicare HMO premium
Retirees Hired On or After January 1, 2008	
Eligibility	Active employees hired on or after January 1, 2008 who retire on or after age 58 with three years of service
Plan Type	A participant's Retiree Medical Account (RMA) is credited with $6,500 annually, beginning at the later of age 45 and date of hire and ending at the earlier of age 65 and date of retirement. After termination of employment, the RMA is credited with interest based on 30-year Treasury rates. The RMW can be used to pay medical premiums and out-of-pocket expenses incurred after retirement.
Dependent Coverage	Eligible dependents can receive 90% of the value of RMA
Lifetime or annual maximums	None
Retiree Contributions	None
Other Coverage	Access only to company-sponsored group health plans

Life Insurance Benefits

Eligibility	Full-time employees who retire on or after age 55 and 10 years of service with life insurance coverage at the time of retirement Effective December 31, 2015, retiree life insurance coverage was eliminated for active Salaried employees
Benefits	
Participants at Least Age 55 as of January 1, 2005	50% of final pay, up to a maximum of $50,000
Participant Not Age 55 as of January 1, 2005	$10,000

Future Plan Changes

No future plan changes were recognized in determining postretirement welfare cost. Willis Towers Watson is not aware of any future plan changes that are required to be reflected other than scheduled postretirement welfare increases provided for in the Collective Bargaining Agreement

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Temporary Deviations

Willis Towers Watson is not aware of any temporary deviations

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

35. Provide a complete description of the financial reporting and ratemaking treatment of Delta's pension costs.

Response:

Rate-making treatment is consistent with financial reporting treatment. Essential Utilities, Inc. (formerly Aqua America, Inc.) (the "Company") maintains the Essential Utilities, Inc. Pension Plan (formerly the Retirement Income Plan for Aqua America, Inc. and Subsidiaries) (the "Plan"), as amended and restated effective January 1, 2014 and subsequently amended from time to time. The Plan comprises Parts A, B, C, D, and E.

The Company intends that the Plan at all times meets the requirements of the Internal Revenue Code of 1986, as amended for favorable tax treatment, applicable sections of the Employee Retirement Income Security Act of 1974, as amended, and certain other laws and regulations and may be modified from time to time in response to these laws and regulations. Willis Towers Watson serves as the plan actuary.

Background – Part E of the Plan

The Delta Natural Gas Company established the Delta Plan effective October 1, 1970. The Delta plan was frozen to new entrants on May 9, 2008. The Delta Plan was most recently amended and restated effective March 30, 2020. Except as otherwise provided herein, effective as of the Merger Date, the provisions set forth in this Part E of the Plan are intended to reflect the provisions of the Delta Plan in effect immediately prior to the Merger Effective Date (including all amendments to the Plan adopted prior to such date), and are applicable only to eligible Employees in the employ of an Employer on or after the Merger Effective Date.

Freezing the Plan Benefit

The Board approved the amendment of Part E of the Plan to provide for the cessation of all accruals effective May 1, 2021.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

36. Provide detailed descriptions of all early retirement plans or other staff reduction programs Delta has offered or intends to offer its employees during either the base period or the forecasted test period. Include all cost-benefit analyses associated with these programs.

Response:

Delta has not offered and does not intend to offer an early retirement plan or other staff reduction program. Therefore, no cost-benefit analysis has been conducted.

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

37. Provide all current labor contracts and the most recent labor contracts previously in effect.

Response:

See attached for the Agreement between Delta Natural Gas Company and Utility Workers Union of America Local 600 AFL-CIO effective November 1, 2023 through April 30, 2027. There was not a labor contract previously in effect.

This attachment is confidential and is provided under seal pursuant to a Petition for Confidential Protection.

ATTACHMENT FILED UNDER SEAL PURSUANT TO THE PETITION FOR CONFIDENTIAL PROTECTION FILED ON DECEMBER 9, 2024

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

38. For gas operations, provide the information requested in Schedule J for budgeted and actual numbers of full- and part-time employees, regular wages, overtime wages, and total wages by employee group, by month, for the three most recent calendar years, the base period, and the forecasted test period. Explain any variance exceeding 5 percent.

Response:

See attached.

Schedule J

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Monthly Payroll Variance Analysis
As of December 31, 2021

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual			Variance Percent		
		Budgeted	Actual (A)	Budgeted	Actual (A)	Reg.	OT	Total	Reg.	OT	Total	Reg.	OT (B)	Total
Jan	Salary	161	151			759,233	22,588	781,821	725,212	22,196	747,408	-4.7%	-1.8%	-4.6%
Jan	Hourly			0	1	1,709	45	1,754	7,639	(50)	7,590	77.6%	190.6%	76.9%
Feb	Salary	161	151			723,086	28,418	751,504	682,689	37,800	720,489	-5.9%	24.8%	-4.3%
Feb	Hourly			0	1	1,630	18	1,648	9,429	8	9,437	82.7%	-122.5%	82.5%
Mar	Salary	161	149			856,456	37,970	894,426	761,755	22,764	784,519	-12.4%	-66.8%	-14.0%
Mar	Hourly			0	1	1,951	42	1,993	6,255	11	6,266	68.8%	-289.2%	68.2%
Apr	Salary	161	146			819,218	22,805	842,023	736,308	22,023	758,331	-11.3%	-3.6%	-11.0%
Apr	Hourly			0	1	1,869	114	1,983	1,657	118	1,775	-12.8%	3.8%	-11.7%
May	Salary	161	144			782,013	22,176	804,189	731,918	20,139	752,057	-6.8%	-10.1%	-6.9%
May	Hourly			0	2	1,787	96	1,883	1,615	18	1,633	-10.6%	-427.8%	-15.3%
Jun	Salary	161	143			819,358	15,864	835,222	757,340	18,124	775,464	-8.2%	12.5%	-7.7%
Jun	Hourly			0	2	1,869	93	1,962	1,681	59	1,740	-11.2%	-58.1%	-12.8%
Jul	Salary	161	144			819,372	20,178	839,550	781,701	43,790	825,491	-4.8%	53.9%	-1.7%
Jul	Hourly			0	2	1,869	59	1,928	7,493	23	7,516	75.1%	-156.0%	74.3%
Aug	Salary	161	145			819,297	33,788	853,085	782,513	49,177	831,689	-4.7%	31.3%	-2.6%
Aug	Hourly			0	2	1,870	73	1,943	1,676	62	1,738	-11.6%	-17.7%	-11.8%
Sep	Salary	161	146			819,233	30,756	849,989	778,524	39,619	818,144	-5.2%	22.4%	-3.9%
Sep	Hourly			0	0	1,870	58	1,928	1,649	65	1,714	-13.4%	10.9%	-12.5%
Oct	Salary	161	144			781,995	37,243	819,238	731,365	44,113	775,478	-6.9%	15.6%	-5.6%
Oct	Hourly			0	0	1,788	66	1,854	1,530	(20)	1,510	-16.9%	434.2%	-22.8%
Nov	Salary	161	146			819,233	41,600	860,833	799,104	52,849	851,952	-2.5%	21.3%	-1.0%
Nov	Hourly			0	0	1,871	68	1,939	1,623	24	1,648	-15.3%	-179.0%	-17.7%
Dec	Salary	161	143			856,472	39,607	896,079	761,387	50,872	812,259	-12.5%	22.1%	-10.3%
Dec	Hourly			0	0	1,953	50	2,003	1,634	65	1,699	-19.5%	23.3%	-17.9%
						Total:								
	Average employee	161	146			9,697,002	353,775	10,050,777	9,073,697	423,849	9,497,546	-7% (C)	17%	-6%

(A) The last pay period of each month was used for the actual employee headcount number.

(B) Overtime was higher than budget. Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

(C) Actual was relatively consistently close to the average of 7% under budget for the entire year.

Schedule J

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Monthly Payroll Variance Analysis
As of December 31, 2022

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual			Variance Percent		
		Budgeted	Actual (A)	Budgeted	Actual (A)	Reg.	OT	Total	Reg.	OT	Total	Reg.	OT (B)	Total
Jan	Salary	162	145			788,385	22,457	810,842	726,532	46,947	773,480	-8%	109%	-5%
Jan	Hourly			0	0	1,337	70	1,407	1,514	20	1,534	13%	-71%	9%
Feb	Salary	162	143			750,842	33,201	784,043	682,001	41,945	723,946	-9%	26%	-8%
Feb	Hourly			0	0	1,273	70	1,343	1,465	19	1,483	15%	-74%	10%
Mar	Salary	162	143			863,467	40,897	904,364	775,848	25,519	801,368	-10%	-38%	-11%
Mar	Hourly			0	0	1,514	70	1,584	1,751	24	1,775	16%	-66%	12%
Apr	Salary	162	146			812,018	23,366	835,384	746,653	26,738	773,391	-8%	14%	-7%
Apr	Hourly			0	0	1,385	70	1,455	1,451	92	1,543	5%	32%	6%
May	Salary	162	144			850,685	23,460	874,145	777,196	32,826	810,022	-9%	40%	-7%
May	Hourly			0	3	1,485	70	1,555	1,520	129	1,649	2%	84%	6%
Jun	Salary	162	143			850,685	17,221	867,906	761,712	36,421	798,133	-10%	111%	-8%
Jun	Hourly			0	6	1,603	70	1,673	1,316	62	1,378	-18%	-12%	-18%
Jul	Salary	162	142			812,018	22,160	834,178	741,710	28,733	770,444	-9%	30%	-8%
Jul	Hourly			0	7	1,538	70	1,608	1,632	55	1,687	6%	-21%	5%
Aug	Salary	162	143			889,342	37,113	926,455	805,289	58,440	863,729	-9%	57%	-7%
Aug	Hourly			0	5	1,644	70	1,714	1,563	79	1,642	-5%	13%	-4%
Sep	Salary	162	146			850,685	29,353	880,038	771,374	40,745	812,119	-9%	39%	-8%
Sep	Hourly			0	3	1,487	70	1,557	1,572	52	1,624	6%	-26%	4%
Oct	Salary	162	145			812,080	34,744	846,824	734,673	37,928	772,601	-10%	9%	-9%
Oct	Hourly			0	2	1,422	70	1,492	1,467	128	1,595	3%	83%	7%
Nov	Salary	162	145			850,750	44,687	895,437	775,319	46,023	821,342	-9%	3%	-8%
Nov	Hourly			0	0	1,489	70	1,559	1,601	30	1,630	7%	-58%	5%
Dec	Salary	162	142			850,750	39,556	890,306	737,394	67,567	804,961	-13%	71%	-10%
Dec	Hourly			0	0	1,490	66	1,556	1,429	198	1,627	-4%	200%	5%
					Total:									
	Average employee	162	144			9,999,374	369,051	10,368,425	9,053,981	490,721	9,544,702	-9%	33%	-8%
												(C)		

(A) The last pay period of each month was used for the actual employee headcount number.

(B) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

(C) Actual was relatively consistently close to the average of 9% under budget for the entire year.

Schedule J

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Monthly Payroll Variance Analysis
As of December 31, 2023

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual			Variance Percent		
		Budgeted	Actual (A)	Budgeted	Actual (A)	Reg.	OT	Total	Reg.	OT	Total	Reg.	OT (B)	Total
Jan	Salary	160	143			820,358	43,501	863,859	735,037	40,620	775,657	-10%	-7%	-10%
Jan	Hourly			0	0	1,828	38	1,866	1,560	16	1,577	-15%	-57%	-16%
Feb	Salary	160	145			745,899	47,542	793,441	679,556	22,472	702,028	-9%	-53%	-12%
Feb	Hourly			0	0	1,666	38	1,704	1,424	45	1,469	-15%	18%	-14%
Mar	Salary	160	143			857,653	36,256	893,909	770,707	44,619	815,326	-10%	23%	-9%
Mar	Hourly			0	0	1,961	38	1,999	1,639	9	1,649	-16%	-76%	-18%
Apr	Salary	160	145			767,819	32,609	800,428	707,364	21,874	729,239	-8%	-33%	-9%
Apr	Hourly			0	0	1,718	38	1,756	1,406	178	1,584	-18%	369%	-10%
May	Salary	160	146			915,202	30,440	945,642	827,582	35,214	862,796	-10%	16%	-9%
May	Hourly			0	0	1,973	38	2,011	1,577	326	1,903	-20%	758%	-5%
Jun	Salary	160	147			876,873	29,357	906,230	802,130	22,884	825,013	-9%	-22%	-9%
Jun	Hourly			0	10	1,888	38	1,926	1,508	162	1,670	-20%	326%	-13%
Jul	Salary	160	148			838,545	31,772	870,317	778,814	36,176	814,990	-7%	14%	-6%
Jul	Hourly			0	11	1,803	38	1,841	1,532	87	1,619	-15%	129%	-12%
Aug	Salary	160	147			915,202	29,160	944,362	876,344	29,388	905,733	-4%	1%	-4%
Aug	Hourly			0	8	1,973	38	2,011	16,199	214	16,412	721%	463%	716%
Sep	Salary	160	146			806,145	30,846	836,991	787,956	34,405	822,361	-2%	12%	-2%
Sep	Hourly			0	6	1,803	38	1,841	19,443	273	19,716	978%	617%	971%
Oct	Salary	160	147			844,473	31,969	876,442	847,299	57,489	904,788	0%	80%	3%
Oct	Hourly			0	5	1,888	38	1,926	16,643	627	17,270	782%	1549%	797%
Nov	Salary	160	147			844,473	38,524	882,997	877,394	39,977	917,371	4%	4%	4%
Nov	Hourly			0	3	1,888	38	1,926	14,906	846	15,752	690%	2125%	718%
Dec	Salary	160	147			806,122	36,084	842,206	822,755	39,511	862,266	2%	9%	2%
Dec	Hourly			0	1	1,803	38	1,841	17,419	425	17,844	866%	1017%	869%
					Total:									
	Average employee	160	146			10,060,956	418,516	10,479,472	9,608,194	427,834	10,036,029	-5% (C)	2%	-4%

(A) The last pay period of each month was used for the actual employee headcount number.

(B) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

(C) Actual was relatively consistently close to the average of 5% under budget for the entire year.

Schedule J

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Monthly Payroll Variance Analysis
As of December 31, 2024

Workpaper Reference No.(s):

		Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual (Jan 2024 - Aug 2024) Budget (Sept 2024 - Dec 2024)			Variance Percent		
Month	Employee Group	Budgeted	Actual (A)	Budgeted	Actual (A)	Reg.	OT	Total	Reg.(C)	OT	Total	Reg.	OT (B)	Total
Jan-24	Salary	153	149			853,313	34,832	888,146	914,519	99,798	1,014,317	7%	187%	14%
Jan-24	Hourly				0	62,702	128	62,830	17,549	265	17,814	-72%	107%	-72%
Feb-24	Salary	153	150			814,204	33,318	847,522	833,604	19,822	853,426	2%	-41%	1%
Feb-24	Hourly				0	62,620	123	62,743	17,946	(19)	17,928	-71%	-115%	-71%
Mar-24	Salary	153	151			784,766	31,803	816,569	831,081	39,337	870,418	6%	24%	7%
Mar-24	Hourly				0	62,581	117	62,698	17,200	73	17,273	-73%	-38%	-72%
Apr-24	Salary	153	150			840,109	33,318	873,427	890,957	33,048	924,006	6%	-1%	6%
Apr-24	Hourly				0	62,679	123	62,801	18,561	2,288	20,849	-70%	1767%	-67%
May-24	Salary	153	148			914,851	34,832	949,684	942,362	62,393	1,004,755	3%	79%	6%
May-24	Hourly				4	62,766	128	62,894	19,577	953	20,530	-69%	644%	-67%
Jun-24	Salary	153	147			803,718	30,289	834,007	827,393	71,396	898,788	3%	136%	8%
Jun-24	Hourly				11	62,505	111	62,617	16,283	268	16,551	-74%	141%	-74%
Jul-24	Salary	153	145			910,880	34,832	945,713	943,635	72,739	1,016,374	4%	109%	7%
Jul-24	Hourly				11	62,766	128	62,894	17,494	429	17,923	-72%	235%	-72%
Aug-24	Salary	153	150			878,466	33,318	911,784	908,374	78,926	987,300	3%	137%	8%
Aug-24	Hourly				8	62,679	123	62,801	18,881	431	19,312	-70%	252%	-69%
Sep-24	Salary	153				842,095	33,318	875,413	794,238	27,154	821,392	-6%	-18%	-6%
Sep-24	Hourly					62,679	123	62,802	60,746	6	60,752	-3%	-95%	-3%
Oct-24	Salary	153				771,318	30,289	801,607	722,202	24,686	746,888	-6%	-18%	-7%
Oct-24	Hourly					62,505	111	62,616	60,746	5	60,751	-3%	-95%	-3%
Nov-24	Salary	153				807,702	31,803	839,505	758,249	25,920	784,170	-6%	-18%	-7%
Nov-24	Hourly					62,592	117	62,709	60,746	5	60,751	-3%	-95%	-3%
Dec-24	Salary	153				842,095	33,318	875,413	794,238	27,154	821,392	-6%	-18%	-6%
Dec-24	Hourly					62,679	123	62,802	60,746	6	60,752	-3%	-95%	-3%
						10,815,270	396,725	11,211,995	10,547,326	587,084	11,134,410	-2.5%	48.0%	-0.7%

(A) The last pay period of each month was used for the actual employee headcount number.

(B) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

Schedule J

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Base Period
As of February 28, 2025

Workpaper Reference No.(s):

Month	Employee Group	Number of Full-Time Employees		Number of Part-Time Employees		Monthly Budget			Monthly Actual (Mar - Aug 2024) Budget (Sept 2024 - Feb 2025)			Variance Percent		
		Budgeted	Actual (A)	Budgeted	Actual (A)	Reg.	OT	Total	Reg.(C)	OT	Total	Reg.	OT (B)	Total
Mar-24	Salary	153	151			784,766	31,803	816,569	829,831	39,337	869,168	6%	24%	6%
Mar-24	Hourly				0	62,581	117	62,698	17,200	73	17,273	-73%	-38%	-72%
Apr-24	Salary	153	150			840,109	33,318	873,427	890,957	33,048	924,006	6%	-1%	6%
Apr-24	Hourly				0	62,679	123	62,801	18,561	2,288	20,849	-70%	1767%	-67%
May-24	Salary	153	148			914,851	34,832	949,684	942,362	62,393	1,004,755	3%	79%	6%
May-24	Hourly				4	62,766	128	62,894	19,577	953	20,530	-69%	644%	-67%
Jun-24	Salary	153	147			803,718	30,289	834,007	827,393	71,396	898,788	3%	136%	8%
Jun-24	Hourly				11	62,505	111	62,617	16,283	268	16,551	-74%	141%	-74%
Jul-24	Salary	153	145			910,880	34,832	945,713	943,635	72,739	1,016,374	4%	109%	7%
Jul-24	Hourly				11	62,766	128	62,894	17,494	429	17,923	-72%	235%	-72%
Aug-24	Salary	153	150			878,466	33,318	911,784	908,374	78,926	987,300	3%	137%	8%
Aug-24	Hourly				8	62,679	123	62,801	18,881	431	19,312	-70%	252%	-69%
Sep-24	Salary	153				842,095	33,318	875,413	842,095	33,318	875,413	0%	0%	0%
Sep-24	Hourly					62,679	123	62,802	62,679	123	62,802	0%	0%	0%
Oct-24	Salary	153				771,318	30,289	801,607	771,318	30,289	801,607	0%	0%	0%
Oct-24	Hourly					62,505	111	62,616	62,505	111	62,616	0%	0%	0%
Nov-24	Salary	153				807,702	31,803	839,505	807,702	31,803	839,505	0%	0%	0%
Nov-24	Hourly					62,592	117	62,709	62,592	117	62,709	0%	0%	0%
Dec-24	Salary	153				842,095	33,318	875,413	842,095	33,318	875,413	0%	0%	0%
Dec-24	Hourly					62,679	123	62,802	62,679	123	62,802	0%	0%	0%
Jan-25	Salary	149				853,313	34,832	888,145	853,313	34,832	888,145	0%	0%	0%
Jan-25	Hourly					62,702	128	62,830	62,702	128	62,830	0%	0%	0%
Feb-25	Salary	149				814,204	33,318	847,522	814,204	33,318	847,522	0%	0%	0%
Feb-25	Hourly					62,620	123	62,743	62,620	123	62,743	0%	0%	0%
						10,815,270	396,725	11,211,995	10,757,051	559,884	11,316,935	-0.5%	41.1%	0.9%

(A) The last pay period of each month was used for the actual employee headcount number.

(B) Overtime is a function of unexpected emergencies/ projects and is difficult to accurately predict.

Schedule J

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Forecasted Test Period
As of June 30, 2026

Workpaper Reference No.(s):

		Number of Full-Time		Number of Part-Time		Monthly Budget			Monthly Actual			Variance Percent		
Month	Employee Group	Budgeted	Actual	Budgeted	Actual	Reg.	OT	Total	Reg.	OT	Total	Reg.	OT	Total
Jul-25	Salary	149				933,466	35,294	968,760						
Jul-25	Hourly			0				-						
Aug-25	Salary	149				933,466	35,294	968,760						
Aug-25	Hourly			0				-						
Sep-25	Salary	149				933,466	35,294	968,760						
Sep-25	Hourly			0				-						
Oct-25	Salary	149				933,466	35,294	968,760						
Oct-25	Hourly			0				-						
Nov-25	Salary	149				933,466	35,294	968,760						
Nov-25	Hourly			0				-						
Dec-25	Salary	149				933,466	35,294	968,760						
Dec-25	Hourly			0				-						
Jan-26	Salary	149				933,466	35,294	968,760						
Jan-26	Hourly			0				-						
Feb-26	Salary	149				933,466	35,294	968,760						
Feb-26	Hourly			0				-						
Mar-26	Salary	149				933,466	35,294	968,760						
Mar-26	Hourly			0				-						
Apr-26	Salary	149				933,466	35,294	968,760						
Apr-26	Hourly			0				-						
May-26	Salary	149				933,466	35,294	968,760						
Mar-26	Hourly			0				-						
Jun-26	Salary	149				933,466	35,294	968,760						
Jun-26	Hourly			0				-						
						11,201,595	423,527	11,625,122						

Note: We do not break out of hourly vs. salary at that level of detail.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

39. For each employee group, state the amount, percentage increase, and effective dates for general wage increases and, separately, for merit increases granted or to be granted in the past two calendar years, the base period, and the forecasted test period.

Response:

See attached. Merit increases are granted annually on April 1st and May 1st. There are no general wage increases.

Delta Natural Gas Company, Inc.
Case 2024-00346
Item 39
Analysis of Compensation and Benefits Data in Gross Dollars for the 12 months ending 12/31/2022

Employee Categories		Merit Compensation Effective 04/01/2022	Average Merit %
DELTA and PEOPLES KY			
Corporate Officer (Individually)			
John B Brown	$	-	0%
Total KY Jurisdictional	$	-	
Corporate Officers (Collectively)			
Total Amount	$	-	0%
Total KY Jurisdictional	$	-	
Directors			
Total Amount	$	10,916	4%
Total KY Jurisdictional	$	10,916	
Managers			
Total Amount	$	8,728	3%
Total KY Jurisdictional	$	8,728	
Supervisors			
Total Amount	$	45,680	3%
Total KY Jurisdictional	$	45,680	
Exempt			
Total Amount	$	17,305	2%
Total KY Jurisdictional	$	17,305	
Non-Exempt			
Total Amount	$	115,842	2%
Total KY Jurisdictional	$	115,842	
Total Amount	**$**	**198,471**	
Total KY Jurisdictional	**$**	**198,471**	

Delta Natural Gas Company, Inc.
Case 2024-00346
Item 39
Analysis of Compensation and Benefits Data in Gross Dollars for the 12 months ending 12/31/2023

Employee Categories		Merit Compensation Effective 04/01/2023	Average Merit %
DELTA and PEOPLES KY			
Corporate Officer (Individually)			
John B Brown	$	-	0%
Total KY Jurisdictional	$	-	
Corporate Officers (Collectively)			
Total Amount	$	-	0%
Total KY Jurisdictional	$	-	
Directors			
Total Amount	$	13,558	4%
Total KY Jurisdictional	$	13,558	
Managers			
Total Amount	$	10,611	3%
Total KY Jurisdictional	$	10,611	
Supervisors			
Total Amount	$	65,123	5%
Total KY Jurisdictional	$	65,123	
Exempt			
Total Amount	$	16,562	3%
Total KY Jurisdictional	$	16,562	
Non-Exempt			
Total Amount	$	161,300	3%
Total KY Jurisdictional	$	161,300	
Total Amount	**$**	**267,154**	
Total KY Jurisdictional	**$**	**267,154**	

Delta Natural Gas Company, Inc.
Case 2024-00346
Item 39
Analysis of Compensation and Benefits Data in Gross Dollars for the Base Period

Employee Categories		Merit Compensation Effective 04/01/2024	Average Merit %
DELTA and PEOPLES KY			
Corporate Officer (Individually)			
John B Brown	$	6,960	3%
Total KY Jurisdictional	$	6,960	
Corporate Officers (Collectively)			
Total Amount	$	6,960	3%
Total KY Jurisdictional	$	6,960	
Directors			
Total Amount	$	9,814	3%
Total KY Jurisdictional	$	9,814	
Managers			
Total Amount	$	15,207	4%
Total KY Jurisdictional	$	15,207	
Supervisors			
Total Amount	$	54,816	3%
Total KY Jurisdictional	$	54,816	
Exempt			
Total Amount	$	23,372	3%
Total KY Jurisdictional	$	23,372	
Non-Exempt			
Total Amount	$	21,926	3%
Total KY Jurisdictional	$	21,926	
Total Amount	**$**	**132,095**	
Total KY Jurisdictional	**$**	**132,095**	

Delta Natural Gas Company, Inc.
Case 2024-00346
Item 39
Analysis of Compensation and Benefits Data in Gross Dollars for the Forecasted Test Period

Employee Categories		Merit Compensation Effective 04/01/2025	Average Merit %
DELTA and PEOPLES KY			
Corporate Officer (Individually)			
John B Brown	$	4,434	2%
Total KY Jurisdictional	$	4,434	
Corporate Officers (Collectively)			
Total Amount	$	4,434	2%
Total KY Jurisdictional	$	4,434	
Directors			
Total Amount	$	9,472	2%
Total KY Jurisdictional	$	9,472	
Managers			
Total Amount	$	6,845	2%
Total KY Jurisdictional	$	6,845	
Supervisors			
Total Amount	$	34,641	2%
Total KY Jurisdictional	$	34,641	
Exempt			
Total Amount	$	13,752	2%
Total KY Jurisdictional	$	13,752	
Non-Exempt			
Total Amount	$	15,512	2%
Total KY Jurisdictional	$	15,512	
Total Amount	**$**	**84,657**	
Total KY Jurisdictional	**$**	**84,657**	

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

40. For the base period and three most recent calendar years, provide a schedule reflecting the job title, duties and responsibilities of each executive officer, the number of employees who report to each officer, and to whom each officer reports, and the percentage annual increase and the effective date of each increase. For employees elected to executive officer status since the test year in Delta's most recent rate case, provide the salaries for the persons they replaced.

Response:

There is only one executive officer at Delta. See the attached for Mr. Brown's job title, duties and responsibilities, the employees reporting to Mr. Brown, and to whom Mr. Brown reports.

See the response to PSC-1-39 for the percentage annual increase and the effective date of each increase.

workday.

Christopher Franklin (9130)
Michael Huwar (66269)
John Brown (65921)

Michael Huwar (66269)



Michael Huwar (66269)
President Peoples
PA NORTH SHORE - 375

John Brown (65921)



John Brown (65921)
State President
KY Winchester

Danny Shelley (66019)



Danny Shelley (66019)
Director Gas Control & Transmission

Jeffrey Steele (66023)



Jeffrey Steele (66023)
Development and Administration Manager

Jonathan Morphew (65990)



Jonathan Morphew (6599...
Operations Director



Jennifer Bingham (6591...
Administrative Coordinator



Matthew Simmons (66021...
Gas Supply & Forecast Specialist

State President – Function

--Oversees and directs all Operations of the Company, regulatory relations, external relations, and business development. Is responsible for the design and administration of the rates of the Company to fully return the cost of service, produce a fair return and distribute costs equitably among customers.
--Directs the development of Operating and Capital budgets and accountable for running the business within the budgets.
--Assures sound working relationships are maintained with customers, vendors, public and governmental bodies, legal counsel and outside consultants.
--Coordinates continuing succession planning and implementation of changes as applicable
--Promote effective communication and cooperation among all employees enabling timely and accurate information to flow inside and outside the organization.

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

41. For gas operations, provide, in the format provided in Schedule K, the following information for Delta's compensation and benefits, for the three most recent calendar years and the base period. Provide the information individually for each corporate officer and by category for Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly. Provide the amounts, in gross dollars, separately for total company operations and jurisdictional operations.

a. Regular salary or wages.

b. Overtime pay.

c. Excess vacation payout.

d. Standby/Dispatch pay.

e. Bonus and incentive pay.

f. Any other forms of incentives, including stock options or forms of deferred compensation (specify).

g. Other amounts paid and reported on the employees' W-2 (specify).

h. Healthcare benefit cost.

(1) Amount paid by Delta.

(2) Amount paid by the employee.

i. Dental benefits cost.

(1) Amount paid by Delta.

(2) Amount paid by the employee.

j. Vision benefits cost.

(1) Amount paid by Delta.

(2) Amount paid by the employee.

k. Life insurance cost.

(1) Amount paid by Delta.

(2) Amount paid by the employee.

l. Accidental death and disability benefits.

(1) Amount paid by Delta.

(2) Amount paid by the employee.

m. Defined Benefit Retirement cost.

(1) Amount paid by Delta.

(2) Amount paid by the employee.

n. Defined Contribution – 401(k) or similar plan cost. Provide the amount paid by Delta.

o. Cost of any other benefit available to an employee, including fringe benefits (specify).

Response:

See attached.

- Delta developed the forecasted portion of the base period by using the totals contained in its rate model and allocating the totals among employee groups using actual ratios.

- Regarding the jurisdictional amounts shown on the attachment, all employees work for the regulated utility. A few employees, though, charge some hours to Delta’s affiliated non-regulated companies. Associated benefits are allocated to those nonregulated companies.

- Regarding the categories on the attachment, Union employees were not in force until November 1, 2023. Therefore, these employees were included in the Non-exempt category.

- Reports by employer group are unavailable for Defined Retirement Amount. Only the overall volume and amount is available for 2021 (the Plan froze on May 01, 2021).

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Compensation and Benefit Data, in gross dollars
For the Base Period Ending February 2025

Employee Categories	Title	Regular	Overtime	Excess Vacation Payout	Standby	Bonus and Incentive (1)	Other (2)	Sub-Total	Health Benefits		Dental/Vision Benefits		LTD/STD		Life Insurance and AD&D		401(k)		
									Company	Employee	Company	Employee	Company	Employee	Company	Employee	Company	Employee	Non-Elective
DELTA and PEOPLES KY																			
Corporate Officer (Individually)																			
John B. Brown	President	$ 238,149	$ -	$ -	$ -	$ 101,606 (4)	$ -	$ 339,754	$ 18,894	$ 4,399	$ 682	$ 394	$ 1,064	$ -	$ 1,592	$ -	$ 14,478	$ 30,314	
Total Amount		$ 238,149	$ -	$ -	$ -	$ 101,606	$ -	$ 339,754	$ 18,894	$ 4,399	$ 682	$ 394	$ 1,064	$ -	$ 1,592	$ -	$ 14,478	$ 30,314	$ -
Jurisdictional Amount		$ 238,149	$ -	$ -	$ -	$ 101,606	$ -	$ 339,754	$ 18,894	$ 4,399	$ 682	$ 394	$ 1,064	$ -	$ 1,592	$ -	$ 14,478	$ 30,314	$ -
Directors																			
Total Amount		$ 393,280	$ -	$ -	$ -	$ 80,448	$ -	$ 473,728	$ 16,767	$ 4,025	$ 1,426	$ 736	$ 1,281	$ -	$ 2,585	$ -	$ 19,717	$ 69,105	
Jurisdictional Amount		$ 393,280	$ -	$ -	$ -	$ 80,448	$ -	$ 473,728	$ 16,767	$ 4,025	$ 1,426	$ 736	$ 1,281	$ -	$ 2,585	$ -	$ 19,717	$ 69,105	$ -
Exempt																			
Total Amount		$ 723,386		$ -		$ 58,726	$ -	$ 782,112	$ 182,937	$ 34,103	$ 8,764	$ 3,391	$ 2,107	$ -	$ 4,808	$ -	$ 41,625	$ 64,484	$ 1,042
Jurisdictional Amount		$ 723,386	$ -	$ -	$ -	$ 58,726	$ -	$ 782,112	$ 182,937	$ 34,103	$ 8,764	$ 3,391	$ 2,107	$ -	$ 4,808	$ -	$ 41,625	$ 64,484	$ 1,042
Managers																			
Total Amount		$ 367,421	$ -	$ -	$ -	$ 69,312	$ 700	$ 437,433	$ 72,629	$ 15,451	$ 3,154	$ 1,468	$ 1,196	$ -	$ 2,455	$ -	$ 23,401	$ 44,392	$ -
Jurisdictional Amount		$ 367,421	$ -	$ -	$ -	$ 69,312	$ 700	$ 437,433	$ 72,629	$ 15,451	$ 3,154	$ 1,468	$ 1,196	$ -	$ 2,455	$ -	$ 23,401	$ 44,392	$ -
Non-Exempt																			
Total Amount		$ 6,483,343	$ 536,632	$ -	$ 54,724	$ 39,420	$ 15,448	$ 7,129,568	$ 1,842,553	$ 341,807	$ 89,146	$ 39,420	$ 18,416	$ -	$ 40,714	$ -	$ 386,453	$ 523,273	
Jurisdictional Amount		$ 6,483,343	$ 536,632	$ -	$ 54,724	$ 39,420	$ 15,448	$ 7,129,568	$ 1,842,553	$ 341,807	$ 89,146	$ 39,420	$ 18,416	$ -	$ 40,714	$ -	$ 386,453	$ 523,273	$ -
Part-Time																			
Total Amount		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Supervisors																			
Total Amount		$ 1,691,426	$ -	$ -	$ -	$ 269,870	$ 3,850	$ 1,965,146	$ 358,970	$ 77,047	$ 19,143	$ 8,730	$ 5,166	$ -	$ 11,323	$ -	$ 101,085	$ 184,921	$ 1,302
Jurisdictional Amount		$ 1,691,426	$ -	$ -	$ -	$ 269,870	$ 3,850	$ 1,965,146	$ 358,970	$ 77,047	$ 19,143	$ 8,730	$ 5,166	$ -	$ 11,323	$ -	$ 101,085	$ 184,921	$ 1,302
Total Amounts		**$ 9,897,004**	**$ 536,632**	**$ -**	**$ 54,724**	**$ 619,382**	**$ 19,998**	**$ 11,127,741**	**$ 2,492,751**	**$ 476,832**	**$ 122,315**	**$ 54,139**	**$ 29,230**	**$ -**	**$ 63,477**	**$ -**	**$ 586,759**	**$ 916,489**	**$ 2,344**
Total KY Jurisdictional		**$ 9,897,004**	**$ 536,632**	**$ -**	**$ 54,724**	**$ 619,382**	**$ 19,998**	**$ 11,127,741**	**$ 2,492,751**	**$ 476,832**	**$ 122,315**	**$ 54,139**	**$ 29,230**	**$ -**	**$ 63,477**	**$ -**	**$ 586,759**	**$ 916,489**	**$ 2,344**

(1) Incentives were paid on 3/12/2024 and a Non-Regulated Affiliate Bonus on 05/03/2024
(2) Other Compensation is the sum of Service Awards, Gift Cards, Boots/Workwear, Auto Allowance
(3) Other Benefits are the Executive Salary Deferrals
(4) The total Bonus and Incentive amount does not include the bonus charged to the non-regulated affiliates because the amount is not included for ratemaking purposes.

Employee Categories	Title	Defined Retirement Amount			Other (specify) (3)		Totals			
		Company	Employee	Non-Elective	Company	Employee	Company	Employee	Non-Elective	
DELTA and PEOPLES KY										
Corporate Officer (Individually)										
John B. Brown	President	$ -	$ -	$ -	$ -	$ 13,194	**$ 36,710**	**$ 48,301**	**$ -**	
Total Amount		$ -	$ -	$ -	$ -	$ 13,194	**$ 36,710**	**$ 48,301**	**$ -**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ 13,194	**$ 36,710**	**$ 48,301**	**$ -**	
Directors										
Total Amount		$ -	$ -	$ -	$ -	$ 138,802	**$ 41,776**	**$ 212,668**	**$ -**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ 138,802	**$ 41,776**	**$ 212,668**	**$ -**	
Exempt										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 240,241**	**$ 101,979**	**$ 1,042**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 240,241**	**$ 101,979**	**$ 1,042**	
Managers										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 102,835**	**$ 61,311**	**$ -**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 102,835**	**$ 61,311**	**$ -**	
Non-Exempt										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 2,377,283**	**$ 904,500**	**$ -**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 2,377,283**	**$ 904,500**	**$ -**	
Part-Time										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**	
Supervisors										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 495,687**	**$ 270,699**	**$ 1,302**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 495,687**	**$ 270,699**	**$ 1,302**	
Total Amounts			**$ -**	**$ -**	**$ -**	**$ 151,996**	**$ 3,294,532**	**$ 1,599,457**	**$ 2,344**	**$ 4,896,333** ***Check to totals**
Total KY Jurisdictional		**$ -**	**$ -**	**$ -**	**$ -**	**$ 151,996**	**$ 3,294,532**	**$ 1,599,457**	**$ 2,344**	**$ 4,896,333**
										$ - **difference**

(1) Incentives were paid on 3/12/2024 and a Non-Re
(2) Other Compensation is the sum of Service Awar
(3) Other Benefits are the Executive Salary Deferrals
(4) The total Bonus and Incentive amount does not i

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Compensation and Benefit Data, in gross dollars
For the 12 Months Ending December 31, 2023

Employee Categories	Title	Regular	Overtime	Excess Vacation Payout	Standby	Bonus and Incentive (1)	Other (2)	Sub-Total	Health Benefits		Dental/Vision Benefits		LTD/STD		Life Insurance and AD&D		401(k)		
									Company	Employee	Company	Employee	Company	Employee	Company	Employee	Company	Employee	Non-Elective
DELTA and PEOPLES KY																			
Corporate Officer (Individually)																			
John B. Brown	President	$ 313,706	$ -	$ -	$ -	$ 86,268	$ 8,026	$ 407,999	$ 23,134	$ 6,212	$ 1,160	$ 705	$ 461	$ -	$ 903	$ -	$ 16,940	$ 27,266	$ 8,470
Total Amount		$ 313,706	$ -	$ -	$ -	$ 86,268	$ 8,026	$ 407,999	$ 23,134	$ 6,212	$ 1,160	$ 705	$ 461	$ -	$ 903	$ -	$ 16,940	$ 27,266	$ 8,470
Jurisdictional Amount		$ 313,706	$ -	$ -	$ -	$ 86,268	$ 8,026	$ 407,999	$ 23,134	$ 6,212	$ 1,160	$ 705	$ 461	$ -	$ 903	$ -	$ 16,940	$ 27,266	$ 8,470
Directors																			
Total Amount		$ 374,264	$ -	$ -	$ -	$ 41,128	$ 3,118	$ 418,511	$ 14,852	$ 3,403	$ 1,149	$ 662	$ 916	$ -	$ 1,332	$ -	$ 14,799	$ 59,863	$ 7,282
Jurisdictional Amount		$ 374,264	$ -	$ -	$ -	$ 41,128	$ 3,118	$ 418,511	$ 14,852	$ 3,403	$ 1,149	$ 662	$ 916	$ -	$ 1,332	$ -	$ 14,799	$ 59,863	$ 7,282
Exempt																			
Total Amount		$ 683,561	$ 97	$ -		$ 46,007	$ 700	$ 730,364	$ 141,038	$ 26,593	$ 7,263	$ 2,632	$ 2,195	$ -	$ 2,901	$ -	$ 33,466	$ 42,868	$ 21,192
Jurisdictional Amount		$ 683,561	$ 97	$ -	$ -	$ 46,007	$ 700	$ 730,364	$ 141,038	$ 26,593	$ 7,263	$ 2,632	$ 2,195	$ -	$ 2,901	$ -	$ 33,466	$ 42,868	$ 21,192
Managers																			
Total Amount		$ 349,870	$ -	$ -	$ -	$ 35,562	$ 1,811	$ 387,244	$ 62,905	$ 13,759	$ 2,787	$ 1,079	$ 1,025	$ -	$ 1,209	$ -	$ 20,991	$ 38,446	$ 10,496
Jurisdictional Amount		$ 349,870	$ -	$ -	$ -	$ 35,562	$ 1,811	$ 387,244	$ 62,905	$ 13,759	$ 2,787	$ 1,079	$ 1,025	$ -	$ 1,209	$ -	$ 20,991	$ 38,446	$ 10,496
Non-Exempt																			
Total Amount		$ 5,585,985	$ 444,146	$ -	$ 92,574	$ 117,900	$ 113,408	$ 6,354,013	$ 1,538,849	$ 279,608	$ 74,543	$ 32,954	$ 17,159	$ -	$ 24,348	$ -	$ 279,217	$ 340,711	$ 154,801
Jurisdictional Amount		$ 5,585,985	$ 444,146	$ -	$ 92,574	$ 117,900	$ 113,408	$ 6,354,013	$ 1,538,849	$ 279,608	$ 74,543	$ 32,954	$ 17,159	$ -	$ 24,348	$ -	$ 279,217	$ 340,711	$ 154,801
Part-Time																			
Total Amount		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Supervisors																			
Total Amount		$ 1,607,139	$ -	$ -	$ -	$ 130,496	$ 21,216	$ 1,758,851	$ 313,981	$ 67,982	$ 16,922	$ 7,604	$ 4,660	$ -	$ 6,441	$ -	$ 86,353	$ 145,408	$ 48,042
Jurisdictional Amount		$ 1,607,139	$ -	$ -	$ -	$ 130,496	$ 21,216	$ 1,758,851	$ 313,981	$ 67,982	$ 16,922	$ 7,604	$ 4,660	$ -	$ 6,441	$ -	$ 86,353	$ 145,408	$ 48,042
Total Amounts		**$ 8,914,525**	**$ 444,242**	**$ -**	**$ 92,574**	**$ 457,361**	**$ 148,280**	**$ 10,056,982**	**$ 2,094,760**	**$ 397,556**	**$ 103,824**	**$ 45,637**	**$ 26,415**	**$ -**	**$ 37,135**	**$ -**	**$ 451,766**	**$ 654,562**	**$ 250,283**
Total KY Jurisdictional		**$ 8,914,525**	**$ 444,242**	**$ -**	**$ 92,574**	**$ 457,361**	**$ 148,280**	**$ 10,056,982**	**$ 2,094,760**	**$ 397,556**	**$ 103,824**	**$ 45,637**	**$ 26,415**	**$ -**	**$ 37,135**	**$ -**	**$ 451,766**	**$ 654,562**	**$ 250,283**

(1) Incentives were paid on 3/13/2023 except for the Officer who was paid on 10/06/2023
(2) Other Compensation is the sum of Service Awards, Gift Cards, Boots/Workwear, Auto Allowance
(3) Other Benefits are the Executive Salary Deferrals

Employee Categories	Title	Defined Retirement Amount			Other (specify) (3)		Totals			
		Company	Employee	Non-Elective	Company	Employee	Company	Employee	Non-Elective	
DELTA and PEOPLES KY										
Corporate Officer (Individually)										
John B. Brown	President	$ -	$ -	$ -	$ -	$ 31,371	**$ 42,599**	**$ 65,554**	**$ 8,470**	
Total Amount		$ -	$ -	$ -	$ -	$ 31,371	**$ 42,599**	**$ 65,554**	**$ 8,470**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ 31,371	**$ 42,599**	**$ 65,554**	**$ 8,470**	
Directors										
Total Amount		$ -	$ -	$ -	$ -	$ 131,524	**$ 33,048**	**$ 195,452**	**$ 7,282**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ 131,524	**$ 33,048**	**$ 195,452**	**$ 7,282**	
Exempt										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 186,863**	**$ 72,094**	**$ 21,192**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 186,863**	**$ 72,094**	**$ 21,192**	
Managers										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 88,918**	**$ 53,284**	**$ 10,496**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 88,918**	**$ 53,284**	**$ 10,496**	
Non-Exempt										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 1,934,117**	**$ 653,272**	**$ 154,801**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 1,934,117**	**$ 653,272**	**$ 154,801**	
Part-Time										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**	
Supervisors										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 428,357**	**$ 220,993**	**$ 48,042**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 428,357**	**$ 220,993**	**$ 48,042**	
Total Amounts			**$ -**	**$ -**	**$ -**	$ 162,894	**$ 2,713,901**	**$ 1,260,649**	**$ 250,283**	$ 4,224,833 ***Check to totals**
Total KY Jurisdictional		**$ -**	**$ -**	**$ -**	**$ -**	$ 162,894	**$ 2,713,901**	**$ 1,260,649**	**$ 250,283**	$ 4,224,833
										$ - **difference**

(1) Incentives were paid on 3/13/2023 except for th
(2) Other Compensation is the sum of Service Awar
(3) Other Benefits are the Executive Salary Deferrals

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Compensation and Benefit Data, in gross dollars
For the 12 Months Ending December 31, 2022

Employee Categories	Title	Regular	Overtime	Excess Vacation Payout	Standby	Bonus and Incentive (1)	Other (2)	Sub-Total	Health Benefits Company	Health Benefits Employee	Dental/Vision Benefits Company	Dental/Vision Benefits Employee	LTD/STD Company	LTD/STD Employee	Life Insurance and AD&D (3) Company	Life Insurance and AD&D (3) Employee	401(k) Company	401(k) Employee
DELTA and PEOPLES KY																		
Corporate Officer (Individually)																		
John B. Brown	President	$ 313,706	$ -	$ -	$ -	$ 172,535	$ 6,645	$ 492,885	$ 24,447	$ 4,285	$ 1,080	$ 705	$ 461	$ -	$ 452	$ -	$ 15,811	$ 27,000
Total Amount		$ 313,706	$ -	$ -	$ -	$ 172,535	$ 6,645	$ 492,885	$ 24,447	$ 4,285	$ 1,080	$ 705	$ 461	$ -	$ 452	$ -	$ 15,811	$ 27,000
Jurisdictional Amount		$ 313,706	$ -	$ -	$ -	$ 172,535	$ 6,645	$ 492,885	$ 24,447	$ 4,285	$ 1,080	$ 705	$ 461	$ -	$ 452	$ -	$ 15,811	$ 27,000
Directors																		
Total Amount		$ 292,237	$ -	$ -	$ -	$ 45,095	$ 4,907	$ 342,239	$ 14,634	$ 2,672	$ 924	$ 354	$ 916	$ -	$ 666	$ -	$ 10,463	$ 42,514
Jurisdictional Amount		$ 292,237	$ -	$ -	$ -	$ 45,095	$ 4,907	$ 342,239	$ 14,634	$ 2,672	$ 924	$ 354	$ 916	$ -	$ 666	$ -	$ 10,463	$ 42,514
Exempt																		
Total Amount		$ 806,941	$ 813	$ -	$ 658	$ 41,483	$ 82,502	$ 932,396	$ 161,102	$ 27,203	$ 9,301	$ 2,717	$ 1,803	$ -	$ 1,113	$ -	$ 39,782	$ 58,676
Jurisdictional Amount		$ 806,941	$ 813	$ -	$ 658	$ 41,483	$ 82,502	$ 932,396	$ 161,102	$ 27,203	$ 9,301	$ 2,717	$ 1,803	$ -	$ 1,113	$ -	$ 39,782	$ 58,676
Managers																		
Total Amount		$ 375,880	$ -	$ -	$ -	$ 62,393	$ 5,412	$ 443,685	$ 71,693	$ 12,935	$ 3,318	$ 1,458	$ 1,025	$ -	$ 605	$ -	$ 22,553	$ 46,772
Jurisdictional Amount		$ 375,880	$ -	$ -	$ -	$ 62,393	$ 5,412	$ 443,685	$ 71,693	$ 12,935	$ 3,318	$ 1,458	$ 1,025	$ -	$ 605	$ -	$ 22,553	$ 46,772
Non-Exempt																		
Total Amount		$ 5,314,366	$ 496,067	$ -	$ 86,882	$ 141,433	$ 207,006	$ 6,245,755	$ 1,791,025	$ 271,058	$ 80,900	$ 34,395	$ 15,903	$ -	$ 11,712	$ -	$ 236,454	$ 286,741
Jurisdictional Amount		$ 5,314,366	$ 496,067	$ -	$ 86,882	$ 141,433	$ 207,006	$ 6,245,755	$ 1,791,025	$ 271,058	$ 80,900	$ 34,395	$ 15,903	$ -	$ 11,712	$ -	$ 236,454	$ 286,741
Part-Time																		
Total Amount		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Supervisor																		
Total Amount		$ 1,383,729	$ 1,035	$ -	$ -	$ 118,239	$ 63,860	$ 1,566,863	$ 340,093	$ 58,424	$ 16,437	$ 7,101	$ 3,709	$ -	$ 2,651	$ -	$ 72,462	$ 130,859
Jurisdictional Amount		$ 1,383,729	$ 1,035	$ -	$ -	$ 118,239	$ 63,860	$ 1,566,863	$ 340,093	$ 58,424	$ 16,437	$ 7,101	$ 3,709	$ -	$ 2,651	$ -	$ 72,462	$ 130,859
Total Amounts		**$ 8,486,858**	**$ 497,915**	**$ -**	**$ 87,540**	**$ 581,177**	**$ 370,333**	**$ 10,023,823**	**$ 2,402,995**	**$ 376,576**	**$ 111,961**	**$ 46,730**	**$ 23,818**	**$ -**	**$ 17,198**	**$ -**	**$ 397,525**	**$ 592,562**
Total KY Jurisdictional		**$ 8,486,858**	**$ 497,915**	**$ -**	**$ 87,540**	**$ 581,177**	**$ 370,333**	**$ 10,023,823**	**$ 2,402,995**	**$ 376,576**	**$ 111,961**	**$ 46,730**	**$ 23,818**	**$ -**	**$ 17,198**	**$ -**	**$ 397,525**	**$ 592,562**

(1) Incentives were paid on 3/14/2022 except for the Officer who was paid on 9/09/2022
(2) Other Compensation is the sum of Service Awards, Gift Cards, Boots/Workwear, Auto Allowance. In 2022, there was a special one time payment of $1,000 provided to employees, except for the Officer
(3) Life Insurance for Delta - Effective July 2022
(4) Other Benefits are the Executive Salary Deferrals

Employee Categories	Title	Defined Retirement Amount				Other (specify) (4)		Totals				
		Non-Elective	Company	Employee	Non-Elective	Company	Employee	Company	Employee	Non-Elective		
DELTA and PEOPLES KY												
Corporate Officer (Individually)												
John B. Brown	President	$ 13,768	$ -	$ -	$ -	$ -	$ 50,193	**$ 42,251**	**$ 82,183**	**$ 13,768**		
Total Amount		$ 13,768	$ -	$ -	$ -	$ -	$ 50,193	**$ 42,251**	**$ 82,183**	**$ 13,768**		
Jurisdictional Amount		$ 13,768	$ -	$ -	$ -	$ -	$ 50,193	**$ 42,251**	**$ 82,183**	**$ 13,768**		
Directors												
Total Amount		$ 15,402	$ -	$ -	$ -	$ -	$ 129,326	**$ 27,604**	**$ 174,867**	**$ 15,402**		
Jurisdictional Amount		$ 15,402	$ -	$ -	$ -	$ -	$ 129,326	**$ 27,604**	$ 174,867	**$ 15,402**		
Exempt												
Total Amount		$ 25,571	$ -	$ -	$ -	$ -	$ -	**$ 213,101**	**$ 88,595**	**$ 25,571**		
Jurisdictional Amount		$ 25,571	$ -	$ -	$ -	$ -	$ -	**$ 213,101**	$ 88,595	$ 25,571		
Managers												
Total Amount		$ 14,517	$ -	$ -	$ -	$ -	$ -	**$ 99,194**	**$ 61,165**	**$ 14,517**		
Jurisdictional Amount		$ 14,517	$ -	$ -	$ -	$ -	$ -	**$ 99,194**	$ 61,165	$ 14,517		
Non-Exempt												
Total Amount		$ 198,080	$ -	$ -	$ -	$ -	$ -	**$ 2,135,994**	**$ 592,194**	**$ 198,080**		
Jurisdictional Amount		$ 198,080	$ -	$ -	$ -	$ -	$ -	**$ 2,135,994**	**$ 592,194**	**$ 198,080**		
Part-Time												
Total Amount		$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**		
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**		
Supervisor												
Total Amount		$ 60,005	$ -	$ -	$ -	$ -	$ -	**$ 435,352**	**$ 196,383**	**$ 60,005**		
Jurisdictional Amount		$ 60,005	$ -	$ -	$ -	$ -	$ -	**$ 435,352**	**$ 196,383**	**$ 60,005**		
Total Amounts		**$ 327,343**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 179,519**	**$ 2,953,496**	**$ 1,195,387**	**$ 327,343**	**$ 4,476,226**	***Check to totals**
Total KY Jurisdictional		**$ 327,343**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 179,519**	**$ 2,953,496**	**$ 1,195,387**	**$ 327,343**	**$ 4,476,226**	
											$ -	**difference**

(1) Incentives were paid on 3/14/2022 except f
(2) Other Compensation is the sum of Service A
payment of $1,000 provided to employees, exc
(3) Life Insurance for Delta - Effective July 2022
(4) Other Benefits are the Executive Salary Defe

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Analysis of Compensation and Benefit Data, in gross dollars
For the 12 Months Ending December 31, 2021

Employee Categories	Title	Regular	Overtime	Excess Vacation Payout	Standby	Bonus and Incentive (1)	Other (2)	Sub-Total	Health Benefits Company	Health Benefits Employee	Dental/Vision Benefits Company	Dental/Vision Benefits Employee	LTD/STD Company	LTD/STD Employee	Life Insurance and AD&D Company	Life Insurance and AD&D Employee	401(k) Company	401(k) Employee	Non-Elective
DELTA and PEOPLES KY																			
Corporate Officer (Individually)																			
John B. Brown	President	$ 319,980	$ -	$ -	$ -	$ 172,535	$ 10,191	$ 502,706	$ 23,338	$ 4,431	$ 1,152	$ 705	$ -	$ -	$ -	$ -	$ 15,086	$ 26,000	$ 1,448
Total Amount		$ 319,980	$ -	$ -	$ -	$ 172,535	$ 10,191	$ 502,706	$ 23,338	$ 4,431	$ 1,152	$ 705	$ -	$ -	$ -	$ -	$ 15,086	$ 26,000	$ 1,448
Jurisdictional Amount		$ 319,980	$ -	$ -	$ -	$ 172,535	$ 10,191	$ 502,706	$ 23,338	$ 4,431	$ 1,152	$ 705	$ -	$ -	$ -	$ -	$ 15,086	$ 26,000	$ 1,448
Directors																			
Total Amount		$ 377,630	$ -	$ -	$ -	$ 105,064	$ 21,152	$ 503,847	$ 29,181	$ 4,865	$ 1,547	$ 802	$ -	$ -	$ -	$ -	$ 11,771	$ 21,392	$ 1,789
Jurisdictional Amount		$ 377,630	$ -	$ -	$ -	$ 105,064	$ 21,152	$ 503,847	$ 29,181	$ 4,865	$ 1,547	$ 802	$ -	$ -	$ -	$ -	$ 11,771	$ 21,392	
Exempt																			
Total Amount		$ 729,708	$ 1,418	$ -	$ 420	$ 64,250	$ 30,248	$ 826,044	$ 194,753	$ 30,615	$ 8,281	$ 3,565	$ 450	$ -	$ 131	$ -	$ 32,539	$ 52,688	$ 11,916
Jurisdictional Amount		$ 729,708	$ 1,418	$ -	$ 420	$ 64,250	$ 30,248	$ 826,044	$ 194,753	$ 30,615	$ 8,281	$ 3,565	$ -	$ -	$ -	$ -	$ 32,539	$ 52,688	$ 11,916
Managers																			
Total Amount		$ 604,528	$ -	$ -	$ -	$ 124,159	$ 40,489	$ 769,175	$ 97,211	$ 16,625	$ 4,545	$ 2,117	$ -	$ -	$ -	$ -	$ 32,711	$ 77,080	$ 2,845
Jurisdictional Amount		$ 604,528	$ -	$ -	$ -	$ 124,159	$ 40,489	$ 769,175	$ 97,211	$ 16,625	$ 4,545	$ 2,117	$ -	$ -	$ -	$ -	$ 32,711	$ 77,080	$ 2,845
Non-Exempt																			
Total Amount		$ 5,033,064	$ 438,900	$ -	$ 82,967	$ 254,438	$ 47,978	$ 5,857,347	$ 1,597,156	$ 225,815	$ 76,785	$ 32,258	$ 3,152	$ -	$ 906	$ -	$ 226,810	$ 309,690	$ 125,210
Jurisdictional Amount		$ 5,033,064	$ 438,900	$ -	$ 82,967	$ 254,438	$ 47,978	$ 5,857,347	$ 1,597,156	$ 225,815	$ 76,785	$ 32,258	$ -	$ -	$ -	$ -	$ 226,810	$ 309,690	$ 125,210
Part-Time																			
Total Amount		$ 11,640	$ 893	$ -	$ -	$ 200	$ -	$ 12,732	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 340	$ 340	$ 293
Jurisdictional Amount		$ 11,640	$ 893	$ -	$ -	$ 200	$ -	$ 12,732	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 340	$ 340	$ -
Supervisor																			
Total Amount		$ 1,376,352	$ 272	$ -	$ -	$ 115,989	$ 38,050	$ 1,530,663	$ 273,985	$ 48,574	$ 15,923	$ 7,433	$ 450	$ -	$ 188	$ -	$ 63,773	$ 123,981	$ 15,020
Jurisdictional Amount		$ 1,376,352	$ 272	$ -	$ -	$ 115,989	$ 38,050	$ 1,530,663	$ 273,985	$ 48,574	$ 15,923	$ 7,433	$ -	$ -	$ -	$ -	$ 63,773	$ 123,981	$ 15,020
Total Amount		**$ 8,452,902**	**$ 441,482**	**$ -**	**$ 83,387**	**$ 836,635**	**$ 188,108**	**$ 10,002,514**	**$ 2,215,624**	**$ 330,925**	**$ 108,233**	**$ 46,880**	**$ 4,052**	**$ -**	**$ 1,225**	**$ -**	**$ 383,030**	**$ 611,171**	**$ 158,521**
Total KY Jurisdictional		**$ 8,452,902**	**$ 441,482**	**$ -**	**$ 83,387**	**$ 836,635**	**$ 188,108**	**$ 10,002,514**	**$ 2,215,624**	**$ 330,925**	**$ 108,233**	**$ 46,880**	**$ 4,052**	**$ -**	**$ 1,225**	**$ -**	**$ 383,030**	**$ 611,171**	**$ 158,521**

(1) Incentives were paid on 3/11/2021 except for the Officer who was paid on 8/27/2021
(2) Other Compensation is the sum of Service Awards, Gift Cards, Safety Awards, Auto Allowance.
(3) Other Benefits are the Executive Salary Deferrals

Employee Categories	Title	Defined Retirement Amount			Other (specify) (3)		Totals			
		Company	Employee	Non-Elective	Company	Employee	Company	Employee	Non-Elective	
DELTA and PEOPLES KY										
Corporate Officer (Individually)										
John B. Brown	President	$ -	$ -	$ -	$ -	$ 38,398	**$ 39,576**	**$ 69,534**	**$ 1,448**	
Total Amount		$ -	$ -	$ -	$ -	$ 38,398	**$ 39,576**	**$ 69,534**	**$ 1,448**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ 38,398	**$ 39,576**	**$ 69,534**	**$ 1,448**	
Directors										
Total Amount		$ -	$ -	$ -	$ -	$ 158,349	**$ 42,499**	**$ 185,408**	**$ 1,789**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ 158,349	**$ 42,499**	**$ 185,408**	**$ -**	
Exempt										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 236,154**	**$ 86,868**	**$ 11,916**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 236,154**	**$ 86,868**	$ 11,916	
Managers										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 134,467**	**$ 95,822**	**$ 2,845**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 134,467**	**$ 95,822**	$ 2,845	
Non-Exempt										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 1,904,809**	**$ 567,763**	**$ 125,210**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 1,900,751**	**$ 567,763**	**$ 125,210**	
Part-Time										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 340**	**$ 340**	**$ 293**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 340**	**$ 340**	**$ -**	
Supervisor										
Total Amount		$ -	$ -	$ -	$ -	$ -	**$ 354,319**	**$ 179,988**	**$ 15,020**	
Jurisdictional Amount		$ -	$ -	$ -	$ -	$ -	**$ 353,681**	**$ 179,988**	**$ 15,020**	
Total Amount		**$ 318,045**	**$ -**	**$ -**	**$ -**	**$ 196,746**	**$ 3,030,209**	**$ 1,185,722**	**$ 158,521**	**$ 4,374,453** *Check to totals
Total KY Jurisdictional		**$ 318,045**	**$ -**	**$ -**	**$ -**	**$ 196,746**	**$ 3,030,209**	**$ 1,185,722**	**$ 158,521**	**$ 4,374,453**
										$ - difference

(1) Incentives were paid on 3/11/2021 except for the
(2) Other Compensation is the sum of Service Awards
(3) Other Benefits are the Executive Salary Deferrals

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

42. For each benefit listed in Item 41 above for which an employee is required to pay part of the cost, provide a detailed explanation as to how the employee contribution rate was determined.

Response:

Essential Utilities works with a third-party expert to appropriately budget and track expenses related to employee benefits for its affiliates, including Delta. As a self-funded plan sponsor, Essential utilizes expert guidance to establish processes for tracking cost and forecasting expenses. Once Essential has established an annual budget, it relies on national benchmarks to establish an appropriate level of cost sharing with employees through payroll contributions. In addition, it regularly evaluates its current vendors and the marketplace to ensure its programs are cost effective and competitive for attracting and retaining employees.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

43. Provide a listing of all health care plan categories, dental plan categories, and vision plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees (e.g., single, family, etc.). Include the associated employee contribution rates and employer contribution rates of the total premium cost for each category, and each plan's deductible(s) amounts.

Response:

Delta offers a variety of benefits offerings to attract and retain a strong workforce. Employees, regardless of their salary plan, are eligible for medical, dental, vision, and other voluntary programs. The employee's spouse and dependents are eligible for these coverages as well.

Please see the following attachments:

--2024 Open Enrollment Guides

--Medical Rate Sheet showing 2024 total premium, employee, and employer rates broken out in tier levels.

--Dental and Vision Rate Sheets

2024 BENEFITS OPEN ENROLLMENT GUIDE

DELTA GAS



Essential™
Providing natural resources for life.

DELTA

PLAN YEAR:
JANUARY 1 – DECEMBER 31, 2024

WELCOME

to your benefits enrollment!

Essential Utilities recognizes how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being.

It's also why we provide you with a comprehensive, highly-competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand the benefits offered by Essential Utilities, then be sure to enroll during your enrollment period, so that you receive the benefits you want for 2024.

Inside This Guide

Open Enrollment Information	3
Benefits Eligibility and Making Plan Changes	4
About the Medical Plans	5
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Fertility Benefit	9
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OPEN ENROLLMENT

The Open Enrollment period for 2024 benefits is November 6 – 17, 2023.

Passive Open Enrollment

This year's Open Enrollment will be **PASSIVE**. Passive enrollment means your current coverage will remain in place and roll-over into the new plan year, unless you want to make changes to your elections and/or covered dependents via Workday by November 17, 2023.

IMPORTANT: If you wish to continue to contribute toward a Flexible Spending Account (FSA) or Health Savings Account (HSA) you **MUST** make that election during Open Enrollment each year. Elections for the FSA and HSA **DO NOT** roll-over from one year to the next, in accordance with IRS regulations.

What's new for 2024?

- Members enrolled in one of the Independence Blue Cross medical plans now have access to a fertility benefit through Progyny. For more information, see page 9.
- Members enrolled in the Livongo Diabetes program will also be eligible to receive support for hypertension, weight loss, and mental health!
- Effective January 1, 2024 our Telemedicine vendor will transition from MDLive to Teladoc. Teladoc is the preferred telemedicine vendor for IBC and has a more robust provider network. We expect this to be an enhanced member experience compared to MDLive.
- All other plan designs and carriers are staying the same for 2024.

How to Enroll

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Log into Workday to enroll yourself and any eligible dependents in health and insurance benefits for 2024.



Enrolling via Workday

To get started, log in to the Workday self-service portal and go to your inbox, where you will see a **Benefits Enrollment Task**. Click on the Task to get started. Continue through all required screens to complete enrollment. Check the I Agree checkbox to provide an electronic signature. Click Submit, then Done to confirm your elections.

Need help enrolling?

Please contact the HR Service Desk at **888.366.3300**, or email **HRServiceDesk@Essential.co**.

ELIGIBILITY & ENROLLMENT

Who Can Enroll in Benefits?

All full-time/part-time employees (averaging 30+ hours per week) are eligible to enroll in Essential Utilities' benefits program on the first day of employment, with the following exceptions:

- **Basic and Voluntary Life/AD&D:** Must regularly work 40 hours per week (No waiting period)
- **Long-Term Disability (LTD):** Must regularly work 40 hours per week; waiting period of first day of the month that coincides with or follows the day the employee becomes eligible

In addition, the following family members are eligible for medical, dental and vision coverage:

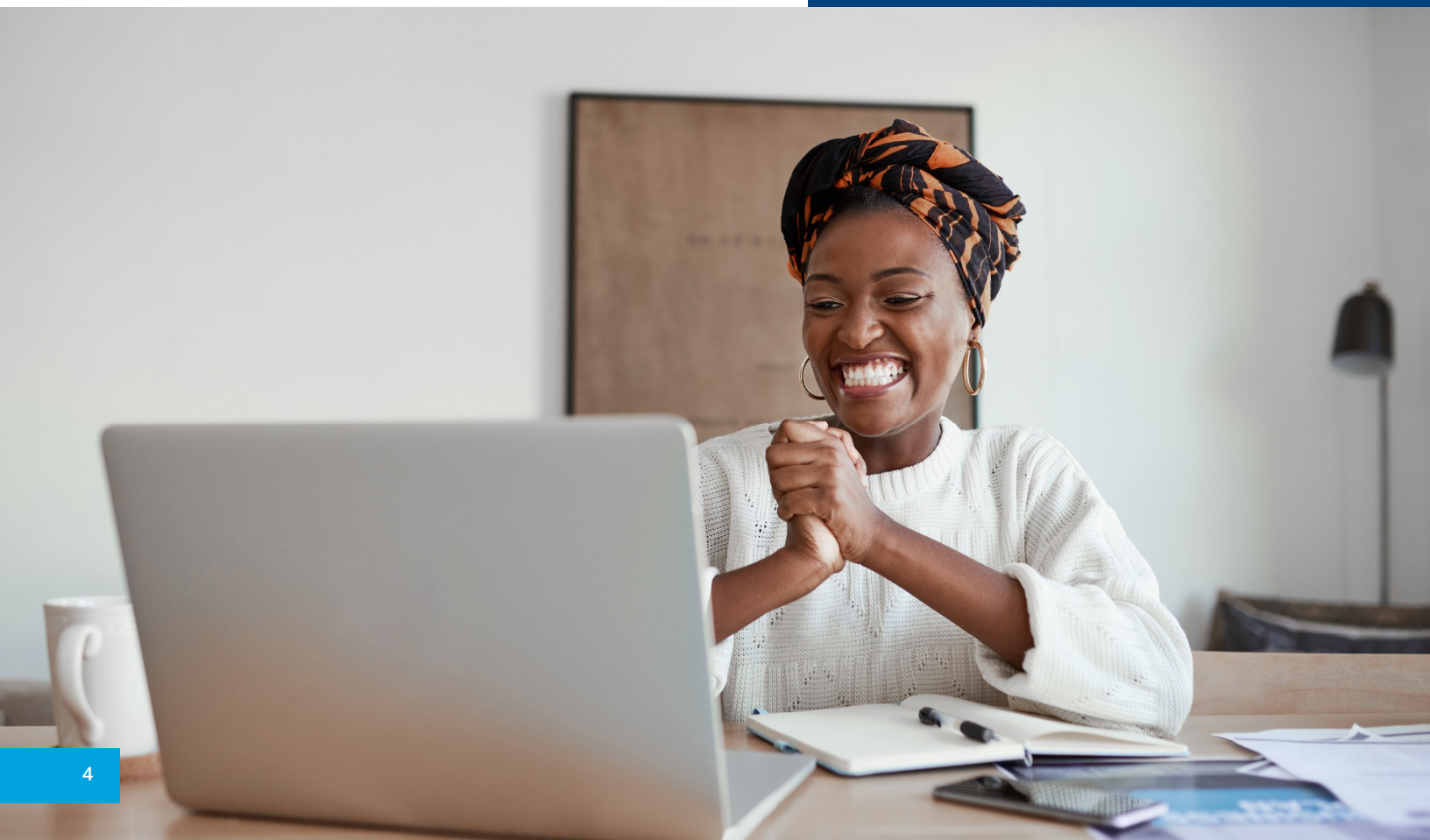
- Your spouse
- Your child(ren) up to age 26
- Your disabled dependent child(ren) of any age who meet plan criteria

Making Changes During the Plan Year

After your enrollment opportunity ends, you won't be able to change your benefits until the next Open Enrollment period, unless you experience a qualifying life event. Qualifying life events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You must notify Human Resources within 30 days of a life event to change your benefits.



ABOUT THE IBX MEDICAL PLANS

Quality health coverage is one of the valuable benefits you enjoy as an Essential Utilities employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical Plan Options

Essential Utilities offers two Preferred Provider Organization (PPO) plans and one High Deductible Health Plan (HDHP) through Independence Blue Cross (IBX). For additional information, visit **ww.ibx.com**.

PPO 1 (Pay Later)

- $1,000 individual deductible
- A preferred provider organization plan with copays for primary care and specialist services, including urgent care. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum.

PPO 2 (Pay Now)

- $500 individual deductible
- A preferred provider organization plan that has a higher payroll deduction with lower copays and out-of-pocket maximum. For eligible deductible services, the plan pays 100% once you meet your annual deductible.

HDHP $1,600 Deductible Plan (HDHP with HSA)

- A high deductible health plan with a deductible that must be met before the plan starts paying. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum.
- A Health Savings Account (HSA) is offered alongside the HDHP where you can contribute tax-free dollars to help cover the deductible. You have the ability to take the HSA account with you when you leave Essential Utilities. **Essential Utilities will make a $350 contribution to the HSA for single coverage, and $700 for family coverage.** For more information, see page 13.

Key Features of All Plans:

- Flexibility to see any provider you want, although you'll save money when you stay in-network
- Free in-network preventive care, with services such as:
  - Annual physicals
  - Recommended immunizations
  - Well-woman & well-child exams
  - Flu shots
  - Routine cancer screenings
- Prescription drug coverage included
- Choice of 5 (five) coverage levels: Employee Only, Employee + Child, Employee + Children, Employee + Spouse, Employee + Family



MEDICAL BENEFITS: INDEPENDENCE BLUE CROSS

You have the choice of enrolling in three medical plans, outlined below. Each medical plan includes prescription drug benefits, outlined on the following page. **Note:** Out-of-network benefits are the same for all three plans. For more information, visit **www.ibx.com** or call **800.275.2583**. **Please note: In order for the HDHP to stay HSA compliant, the in-network deductible was increased to $1,600/$3,200.**

	PPO 1 Plan (Pay Later)		PPO 2 Plan (Pay Now)		HDHP with HSA	
BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible (Individual/Family)	$1,000/$3,000*	$5,000/$15,000*	$500/$1,500*	$5,000/$15,000*	$1,600/$3,200**	$5,000/$15,000**
Out-of-Pocket Max (Individual/Family)	$3,000/$9,000	$15,000/$45,000	$1,000/$3,000	$15,000/$45,000	$3,000/$6,000	$15,000/$45,000
Preventive Care Services	Plan pays 100%; no deductible	You pay 50% [1]	Plan pays 100%; no deductible	You pay 50% [1]	Plan pays 100%; no deductible	You pay 50% [1]
Primary Care Physician (PCP) Required?	No		No		No	
PCP Office Visit	$35 copay; no deductible	You pay 50% [1]	$20 copay; no deductible	You pay 50% [1]	You pay 20% [1]	You pay 50% [1]
Specialist Office Visit	$50 copay; no deductible	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 50% [1]
Diagnostic Laboratory	X-Ray: You pay 20% (deductible does not apply) Blood work: No charge	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 50% [1]
Diagnostic X-Ray/Imaging [2] (MRI, CT-Scan)	You pay 20% [1]	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 50% [1]
Emergency Room	You pay 20% [1]		No charge [1]		You pay 20% [1]	
Urgent Care Center	$50 copay/visit (deductible does not apply)	You pay 50% [1]	No charge [1]	50% after deductible	You pay 20% [1]	You pay 50% [1]
Inpatient Hospital [2]	$200/day; max $1,000 per admission	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 50% [1]
Outpatient Surgery [2]	You pay 20% [1]	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 50% [1]

* The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying copays and/or coinsurance until they have reached their out-of-pocket maximum.

** The entire family deductible must be met before plan pays any benefits. If you cover any dependents under the plan, the full family deductible must be met before the plan pays any benefits. However, once any individual meets the individual out-of-pocket maximum, the plan will begin to pay benefits and that individual has no further liability for the balance of the year. Other members of the family will continue to pay toward the family deductible and out-of-pocket maximum.

1 After deductible

2 Precertification may be required for certain services

PRESCRIPTION PLANS: RXBENEFITS/EXPRESS SCRIPTS

If you enroll in one of the IBX medical plans, you are automatically enrolled in the corresponding prescription drug plan. This coverage is offered through RxBenefits, a full-service pharmacy benefits administrator, and utilizes the Express Scripts formulary. To access your account online, visit **www.express-scripts.com**.

	PPO 1 Plan (Pay Later)	PPO 2 Plan (Pay Now)	HDHP with HSA
RETAIL PHARMACY: UP TO A 30-DAY SUPPLY			
Generic	$10 copay	$5 copay	You pay 20% after deductible
Preferred Brand	$25 copay	$25 copay	You pay 20% after deductible
Non-Preferred Brand	You pay 20% ($50 min/$100 max)	$50 copay	You pay 20% after deductible
Specialty Medications	You pay 20% ($50 min/$100 max)	$50 copay	You pay 20% after deductible
MAIL-ORDER: UP TO A 90-DAY SUPPLY			
Generic	$20 copay	$10 copay	You pay 20% after deductible
Preferred Brand	$50 copay	$50 copay	You pay 20% after deductible
Non-Preferred Brand	You pay 20% ($100 min/$200 max)	$100 copay	You pay 20% after deductible
Specialty Medications	You pay 20% ($100 min/$200 max)	$100 copay	You pay 20% after deductible

Mandatory Mail Order for Maintenance Medications

If you take a prescription drug for **three months or more**, it is considered a maintenance drug and you will be **required** to use the 90-day supply mail-order program. You may use a participating pharmacy for your first 30-day supply and one refill. After two initial fills, **you must use mail order**, or you will be **required to pay the entire cost of the prescription at the retail pharmacy.**

Exclusive Home Delivery Program

You will be able to choose Walgreens retail pharmacies for 90-day medications. **Members pay the same low copay at Walgreens or for home delivery.** Home delivery copays are extended to 90-day medications filled at Walgreens, so you will receive the same value no matter which option you choose. Note: You will not be penalized with 100% of the drug cost for 90-day maintenance medications filled at Walgreens.

How much can you save when you use Mail Order? Compare for yourself!*

RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Preferred Brand-Name Copay $50	**Preferred Brand-Name Copay** $100	$200
Annual Cost ($50 per month x 12 fills) $600	**Annual Cost** ($100 per order x 4 fills per year) $400	

* Example amounts are based off of the PPO 2 (Pay Now) Plan

EMPLOYEE CONTRIBUTIONS: MEDICAL/RX PLANS

We are pleased to present the below contributions for 2024 which represent a one percent (1%) increase over 2023. Over the past several years Essential has had a focus on wellness and cost containment which has allowed us to outperform the market and have rate increases that are below medical trend average which has been 7% year over year. We are therefore able to pass along competitive rates to you and your family. Essential will continue to find ways to bend the cost curve and offer a competitive yet affordable health plan.

	PPO 1 Plan (Pay Later)	PPO 2 Plan (Pay Now)	HDHP with HSA
SALARY < $65K PER-PAY CONTRIBUTIONS			
Employee Only	$53.17	$59.19	$42.76
Employee + Spouse	$117.76	$129.35	$90.84
Employee + 1 Child	$84.01	$93.78	$66.56
Employee + Children	$122.05	$133.56	$93.85
Employee + Family	$148.87	$162.48	$114.14
SALARY $65K+ EMPLOYEE CONTRIBUTIONS			
Employee Only	$62.55	$69.63	$51.32
Employee + Spouse	$138.54	$152.18	$109.01
Employee + 1 Child	$98.84	$110.32	$79.88
Employee + Children	$143.59	$157.13	$112.62
Employee + Family	$175.13	$191.16	$137.66
OFFICERS EMPLOYEE CONTRIBUTIONS			
Employee Only	$78.91	$87.80	$66.11
Employee + Spouse	$174.74	$191.93	$140.43
Employee + 1 Child	$124.67	$139.11	$102.89
Employee + Children	$181.11	$198.17	$145.08
Employee + Family	$221.10	$241.31	$190.15



Money-saving Tips

To stretch your health care dollars, remember to:

- **See in-network providers:** They've agreed to the plan's negotiated rates. Visit **www.ibx.com** to search for in-network providers near you.
- **Use the mail-order pharmacy:** Save time and money when refilling long-term prescriptions (mail order is required for maintenance medications).
- **Use your FSA or HSA:** For more information, see pages 13–14.

NEW: FERTILITY BENEFIT: PROGYNY

Note: This benefit is available to members enrolled in one of the Independence Blue Cross medical plans.

Progyny Fertility Benefits

Eligible employees have access to fertility benefits through Progyny, the country's leading fertility benefits solution.

The Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance for every path to parenthood from dedicated Patient Care Advocates (PCAs).

Members are eligible for up to 2 IVF cycles through Progyny. Only employees and their covered dependents, enrolled in one of our IBX medical plans are eligible for this benefit.

Get started with Progyny today!

For more information, visit: www.progyny.com or call 866.878.7191.



VISION BENEFITS: VSP

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents. **Vision is a separate election** — you can elect to receive vision coverage even if you are waiving Essential Utilities' medical coverage. You have the following two vision plans to choose from: a base plan and a buy-up option. For more information, visit **www.vsp.com** or call **800.877.7195**.

VSP Basic Vision Plan

BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam	$0 copay	Up to $45
Prescription Glasses	$20 copay	See Lenses
Frames (Copay included in prescription glasses)	$175 allowance for wide selection; $195 allowance for featured frame brands, plus 20% off amount over allowance; $100 Costco allowance	Up to $70
Lenses Single Vision Bifocal Trifocal Progressive	Copay included in prescription glasses	 Up to $30 Up to $50 Up to $65 Up to $50
ProTec Safety Glasses Single Vision Lined Bifocal Lined Trifocal Frames	$0 Copay	 Up to $35 Up to $45 Up to $60 Up to $25
Contact Lenses (in lieu of eyeglasses)	$150 allowance; up to $50 copay for fitting/evaluation	Up to $105
Frequency Vision Exam Lenses Frames ProTec Safety Glasses	 Once per calendar year Once per calendar year Once per calendar year Once every OTHER calendar year	



VSP Buy-Up Vision Plan

With the EasyOptions Buy-Up plan, you can choose to upgrade your vision plan based on your needs. You may choose **one** of the following:

- $250 frame allowance
- Anti-reflective lenses
- Progressive lenses
- Photochromic Lenses
- $200 contact lens allowance (in lieu of glasses)

DENTAL BENEFITS: DELTA DENTAL

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. You have two dental plans to choose from for 2024. You can elect to receive dental coverage even if you are waiving Essential Utilities' medical coverage. **Our Delta Dental plans allow you to use any dentist you wish; however, selecting a participating dentist will significantly reduce your out-of-pocket costs.** For more information, please visit **www.deltadentalins.com** or call **800.932.0783**.

	Base Plan		Buy-Up Plan	
BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible (Individual/Family)	$0/$0	$50/$100	$0/$0	$50/$150
Annual Maximum	$2,000	$1,500	$2,500	$2,500
Preventive & Diagnostic Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Basic Services	You pay 15%	You pay 35%	You pay 10%	You pay 10%
Major Services	You pay 30%	You pay 35%	You pay 30%	You pay 30%
Oral Surgery	You pay 30%	You pay 50%	You pay 10%	You pay 10%
Prosthodontics	You pay 40%	You pay 60%	You pay 30%	You pay 30%
Orthodontia Benefits *	You pay 50%	You pay 50%	You pay 50%	You pay 50%
Orthodontia Lifetime Maximum (per patient)	$1,500	$1,000	$1,500	$1,500

* Orthodontia benefits eligibility for the base plan is dependent child(ren) up to age 26. Eligibility for the buy-up plan includes both adults and their dependent child(ren) up to age 26

Diagnostic & Preventive (D&P) Maximum Waiver

With D&P Maximum Waiver, costs for covered diagnostic and preventive dental services don't accrue against your plan year maximums. Enrollees will effectively have more dollars to use for other needed dental services.

Money-saving tip!

Remember, you can use your Health Care Flexible Spending Account or Health Savings Account for qualified out-of-pocket dental expenses.



EMPLOYEE CONTRIBUTIONS: DENTAL/VISION PLANS

While health care costs continue to rise, Essential Utilities is committed to keeping costs manageable. The amount you pay is deducted from your paycheck before taxes. Your specific cost is determined by your plan choice and coverage election. The chart below lists the **per-pay** employee payroll contributions for 2024.

	Vision Base Plan		Vision Buy-Up Plan	
COVERAGE TIER	**EMPLOYEES**	**OFFICERS**	**EMPLOYEES**	**OFFICERS**
Employee Only	$0.51	$0.64	$1.68	$1.81
Employee + Spouse	$1.02	$1.27	$3.37	$3.63
Employee + 1 Child	$1.09	$1.36	$3.60	$3.88
Employee + Children	$1.09	$1.36	$3.60	$3.88
Employee + Family	$1.74	$2.18	$5.76	$6.20

	Dental Base Plan		Dental Buy-Up Plan	
COVERAGE TIER	**EMPLOYEES**	**OFFICERS**	**EMPLOYEES**	**OFFICERS**
Employee Only	$3.95	$4.67	$5.92	$6.64
Employee + Spouse	$7.99	$9.44	$11.97	$13.42
Employee + 1 Child	$9.88	$11.68	$12.92	$14.71
Employee + Children	$9.88	$11.68	$12.92	$14.71
Employee + Family	$15.21	$17.97	$20.47	$23.24



HEALTH SAVINGS ACCOUNT: HEALTH EQUITY

HSA Overview

If you participate in a qualified High Deductible Health Plan (HDHP) you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to efficiently pay for qualified healthcare, dental and vision expenses.

HSA Eligibility

In order to qualify for an HSA, you must be an adult who meets the following qualifications:

- You have coverage under an HSA-qualified, high deductible health plan (HDHP)
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability, or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

HSA Advantages:

- There is no "use it or lose it" provision with an HSA. If you don't use the money in your account by the end of the year, don't worry! Unused funds will roll over year after year.
- You can save and invest unused HSA money for future healthcare needs
- Your HSA is portable. When you retire or leave the company, your HSA funds go with you
- HSA contributions are tax deductible, you can spend the money tax-free, and any growth is tax free.

HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan. For 2024, the contribution limits are:

- $4,150 for individual coverage
- $8,300 for family coverage
- $1,000 annual catch-up contribution for age 55+

IMPORTANT: Employer Contribution

For the 2024 plan year, Essential Utilities will make a $350 contribution to the HSA for single coverage, and $700 for family coverage. When making your HSA election, remember to factor in and account for these funding amounts.

HSA-Qualified Healthcare Expenses

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries
- Over the counter (OTC) medications
- Menstrual care products



For more details on HSA eligibility, and for a full list of eligible expenses, visit **www.irs.gov**.

FLEXIBLE SPENDING ACCOUNTS: HEALTH EQUITY

FSA Overview

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2024, the annual maximum amount you may contribute is $3,200 per calendar year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

For a full list of FSA eligible expenses, visit **www.irs.gov** and see Publications 502 and 503.

Use it or lose it!

FSAs are "use-it-or-lose-it" accounts, meaning you will forfeit any unused amount remaining in the account at the end of the plan year.

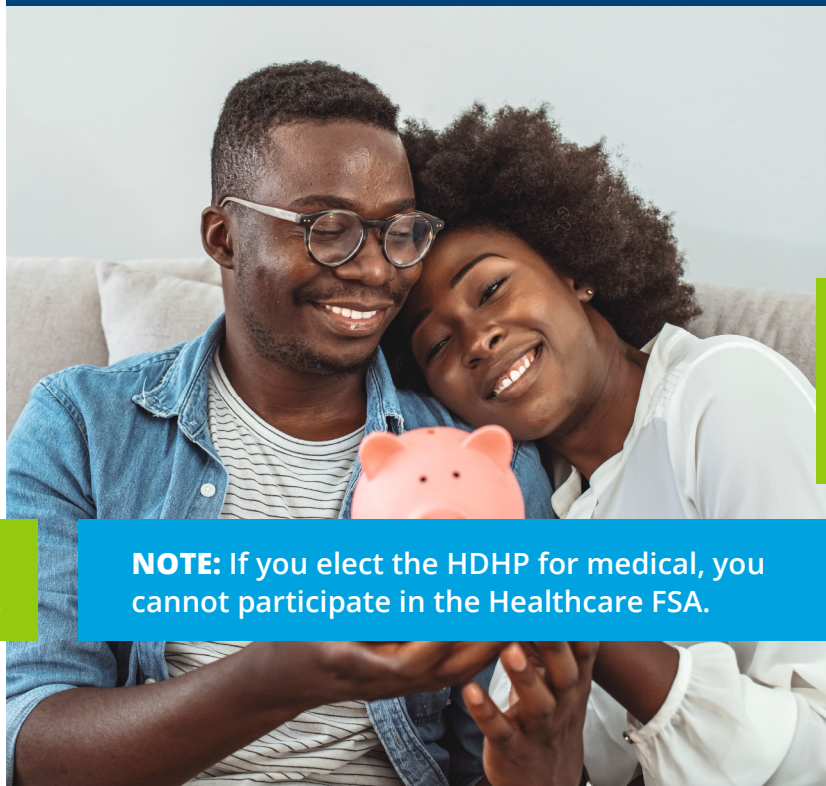
Additionally, you have 90 days from the end of the plan year (until March 31, 2025) to submit any claims that you incurred anytime during 2024 but had not submitted for reimbursement.

After this run-out period, any remaining balances from the prior year are forfeited.

Managing your FSA

When you enroll in a Health Care FSA, HealthEquity will send you a debit card, which you can use to pay for eligible expenses.

Depending on the transaction, you may need to submit receipts or other documentation to HealthEquity. You can review claims and manage your accounts online at www.healthequity.com or by using HealthEquity's EZ Receipts mobile app.



NOTE: If you elect the HDHP for medical, you cannot participate in the Healthcare FSA.

COMMUTER BENEFITS: HEALTH EQUITY

Commuter Benefits Overview

Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make changes to your pre-tax election amount on a month to month basis. Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck.

Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

2024 Contribution Limits

- **Transit:** You may contribute up to $315 per month for transit expenses (mass transit, bus, light rail, regional rail, streetcar, trolley subway or ferry, vanpool).
- **Parking:** You may contribute up to $315 per month for parking expenses (incurred at or near your work location or near a location from which you commute using mass transit).

How to Register

Visit **www.healthequity.com/wageworks** and select "LOG IN/REGISTER" and then "Employee Registration". You'll need to answer a few simple questions and create a username and password.

Please note: Commuter elections will be made through HealthEquity directly (either online or through the app), NOT in Workday.



BASIC LIFE, AD&D AND DISABILITY: NEW YORK LIFE

Basic Life/AD&D Insurance

The company provides you with basic life and accidental death and dismemberment (AD&D) insurance through New York Life Group Benefit Solutions (NYL GBS) so that you can protect those you love from the unexpected.

For more details about this coverage, visit Workday.

Long-Term Disability (LTD)

Company-paid LTD provides you with income continuation in the event your illness or injury lasts beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury.

For more details about this coverage, visit Workday.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date.

To update your beneficiaries, please log in to the Workday self-service portal and click on Benefits and select Beneficiary Change under the Benefits Event Type. You can also find Workday User Guides in the HR Service Center location on the Company's intranet page.



VOLUNTARY LIFE AND AD&D: NEW YORK LIFE

Voluntary Life/AD&D Insurance

If you want added protection, you can purchase voluntary supplemental life and AD&D insurance through NYL GBS for yourself, your spouse, and your children. You pay the full cost of this benefit through payroll deductions.

VOLUNTARY LIFE/AD&D INSURANCE*	
Employee Benefit	1-5x annual compensation; Maximum benefit: Lesser of 5x annual compensation or $1,000,000"
Spouse Benefit	Increments of $5,000 up to a maximum benefit of $500k (can't exceed 100% of employee's election)
Child(ren) Benefit (Age 6 months to age 19, or 26 if full-time student)	Maximum of $10k; Maximum benefit for child(ren) less than 14 days old: $1,000; Maximum benefit for child(ren) age 14 days - 6 months: $2,000
Employee Guaranteed Issue	Greater of: 1. Lesser of 3x annual compensation or $300k or 2. Amount equal to life insurance benefit in effect on termination date of prior plan
Spouse Guaranteed Issue	Greater of: 1. $75,000 or 2. Amount equal to life insurance benefit in effect on termination date of prior plan
Child(ren) Guaranteed Issue	$10,000

* If you are in a union, please contact your CBA for more details on your plan design.

Vol. Life Rates Per $1,000 of Coverage

AGE	EMPLOYEE	SPOUSE
<25	$0.055	$0.033
25-29	$0.062	$0.039
30-34	$0.080	$0.051
35-39	$0.102	$0.076
40-44	$0.145	$0.111
45-49	$0.231	$0.173
50-54	$0.369	$0.267
55-59	$0.572	$0.406
60-64	$0.906	$0.685
65-69	$1.594	$1.152
70-74	$2.804	$2.048
75+	$5.487	$4.181
CHILD(REN)		
	$0.030	

Vol. AD&D Rates Per $1,000 of Coverage

EMPLOYEE	SPOUSE	CHILD(REN)
$0.030	$0.030	$0.030

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date.

To update your beneficiaries, please log in to the Workday self-service portal and click on Benefits and select Beneficiary Change under the Benefits Event Type. You can also find Workday User Guides in the HR Service Center location on the Company's intranet page.

Evidence of Insurability (EOI)

Evidence of insurability may be required for voluntary life and AD&D elections if:

- You are buying an insurance amount higher than the guaranteed issue amount for your plan.
- You declined coverage when first eligible and wish to purchase additional coverage at open enrollment or after experiencing a qualifying life event.



ADDITIONAL VOLUNTARY BENEFITS: VOYA

Critical Illness Insurance

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan.

You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and daycare. Plus, you can use the benefits more than once. Diagnoses must be at least 12 months apart or the conditions can't be related to each other.

Levels of Coverage

You will have the following levels of coverage to choose from: $10,000, $15,000, $20,000, and $30,000.

Examples of covered illnesses include:

- Heart attack
- End-stage renal (kidney) failure
- Coronary artery bypass
- Stroke
- Coma
- Major organ failure
- Cancer

Wellness Benefit

Your Critical Illness insurance includes a wellness benefit. This benefit provides an annual payment if you complete a health screening test. Employees and spouses will each receive $50 for completing. Children receive 50% of an employee's wellness benefit amount (up to a maximum of $100 for all children).

See pages 28–29 of this guide for critical illness rates and cost of coverage.



ADDITIONAL VOLUNTARY BENEFITS: VOYA



Accident Insurance

Accident insurance supplements your primary medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses). If you apply, you automatically receive the base plan — no health questions to answer. Benefits are paid directly to you (unless assigned to someone else).

You receive a cash benefit up to a specific amount for:

- Accidental death or dismemberment
- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance and other medical expenses
- Outpatient physician's treatment

Voluntary Accident Rates

TIER	LOW PLAN	HIGH PLAN
Employee Only	$1.52	$5.30
Employee + Spouse	$2.93	$10.39
Employee + Children	$3.18	$10.92
Employee + Family	$4.59	$16.01

Hospital Indemnity Insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs.

A voluntary hospital indemnity insurance plan can help by supplementing your major medical insurance coverage with cash benefits when you're admitted to the hospital due to a covered sickness or accident. This money is paid directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan doesn't cover.

Hospital Indemnity Daily Benefit

- **Low plan:** $100 per day
- **High plan:** $200 per day

Use this money to help cover the cost of your hospital stay and time out of work. Hospital indemnity benefits are paid in addition to any other insurance. There are no pre-existing condition exclusions with this plan, but similar to medical insurance, benefits are subject to carrier review. You can select the benefit coverage amount based on your individual needs and budget.

Voluntary Hospital Indemnity Rates

TIER	LOW PLAN	HIGH PLAN
Employee Only	$4.55	$9.31
Employee + Spouse	$11.98	$24.53
Employee + Children	$8.46	$17.34
Employee + Family	$15.90	$32.55

Want to learn more?

For more information about these benefits, visit **https://go.voya.com/eu** or call **877.236.7564**.

VOLUNTARY LEGAL BENEFIT: LEGALSHIELD

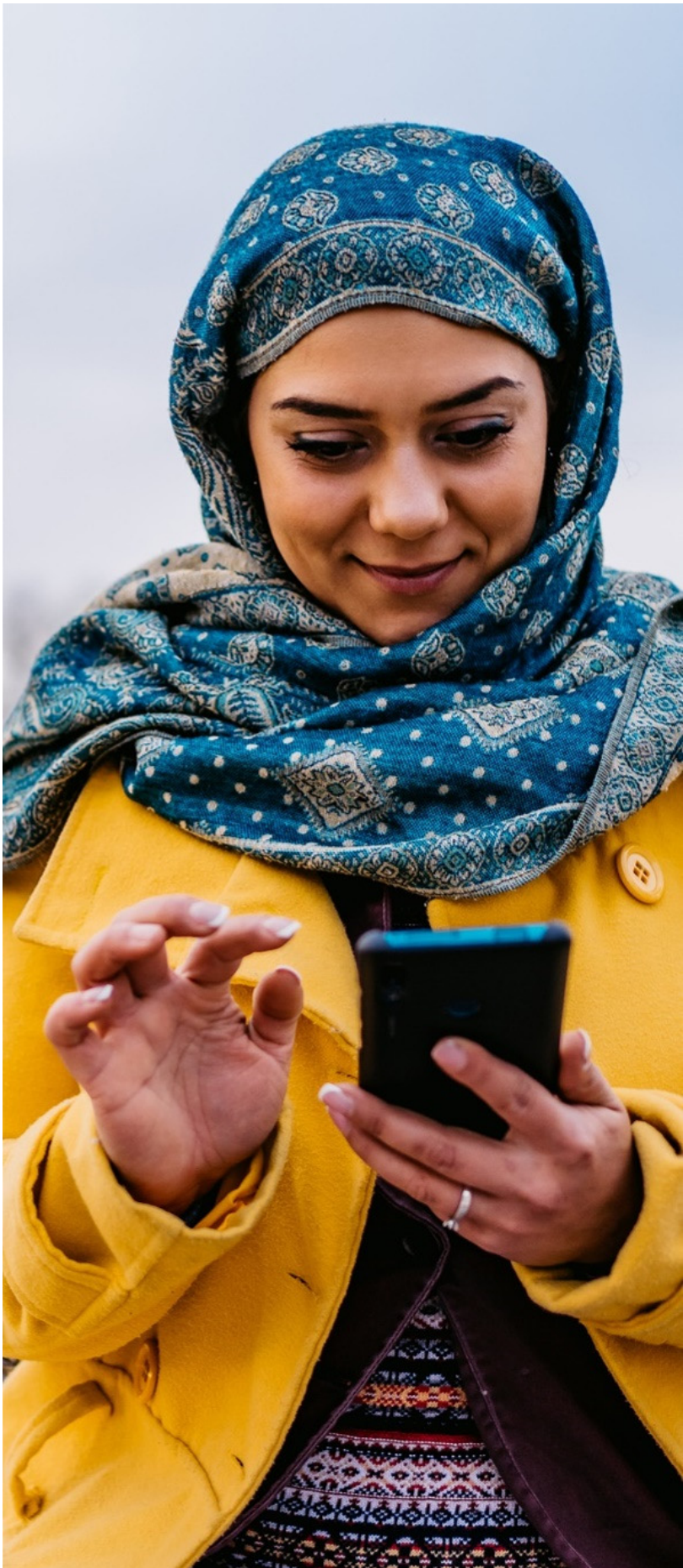
LegalShield allows members access to a lawyer for most personal matters, no matter how trivial or traumatic, all without worrying about high hourly legal costs. LegalShield provides identity theft protection, consulting and restoration.

LegalShield membership includes:

- Legal advice for personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Healthcare Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Uncontested Divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
- IRS audit assistance
- 25% preferred member discount (bankruptcy, criminal charges, other matters)
- 24/7 emergency access for covered situations

LegalShield Coverage

LegalShield plans cover the member, member's spouse, never married dependent children under age 26 living at home; dependent children under age 18 for who the member is legal guardian; never married dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.



Getting started

Visit **www.benefits.legalshield.com/essential** or call **888.807.0407**. The cost per pay for this benefit is $9.81.

TELEMEDICINE & IBX CONDITION CARE

NEW: Teladoc Telemedicine

Teladoc is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat and prescribe medication when necessary for many common medical issues.

Teladoc uses digital devices such as computers and smartphones, and in most cases, video conferencing. Using Telemedicine is a convenient option when it's not possible to visit your doctor's office for non-emergency medical conditions such as:

- Allergies
- Asthma
- Acne
- Pink eye
- Ear infections
- Sinus issues
- Respiratory infections
- Urinary tract infections
- Cold and flu symptoms

Employees will also have access to Behavioral Health Services like addiction, grief, and loss, parenting issues, men's and women's issues, relationship issues and more.

Getting started with Teladoc

Why wait for the care you need? Contact Teladoc and feel better now! Download the Teladoc mobile app, call **800.835.2362** or visit **www.teladoc.com**.

IBX Disease/Condition Care Management

Available to employees enrolled in one of the Independence Blue Cross medical plans

Your Independence Blue Cross medical plan options provide certain disease/condition management services under the plan.

Registered Nurse Health Coaching

You can talk to a Registered Nurse Health Coach 24/7 to get answers to your health-related questions and concerns, big or small.

These nurses can help you answer questions related to health issues, treatment instructions, tests, or procedures, understand your medications and why you take them, prepare for a planned admission or procedure, and coordinate you discharge and follow -ups, and work with you and your doctor to address health concerns.

You or a family member may receive calls and assistance from a nurse related to an upcoming hospital stay, your discharge from the hospital, chemotherapy treatment, or a complex medical situation.

Please contact your medical carrier at the number on your ID card if you have any questions.



DIABETES/HYPERTENSION MANAGEMENT: LIVONGO

New for 2024!

Essential will continue to partner with Livongo for the same great benefits for diabetic members. Effective January 2024, members enrolled in the Diabetes program will also receive support for hypertension, weight loss, and mental health! Please consult your health coach for more information.

Diabetes Management

When you join Livongo, you receive health monitoring devices, unlimited strips and lancets, personalized insights, support from health coaches you can trust, and more.

More Than a Standard Meter

The Livongo meter is connected and provides real-time tips and automatically uploads a member's blood glucose readings, making log books a thing of the past.

Strips at No Cost to Members

Members get the strips and lancets they need at no extra cost. When members are about to run out, Livongo ships more strips and lancets, right to their door.

Coaching Anytime and Anywhere

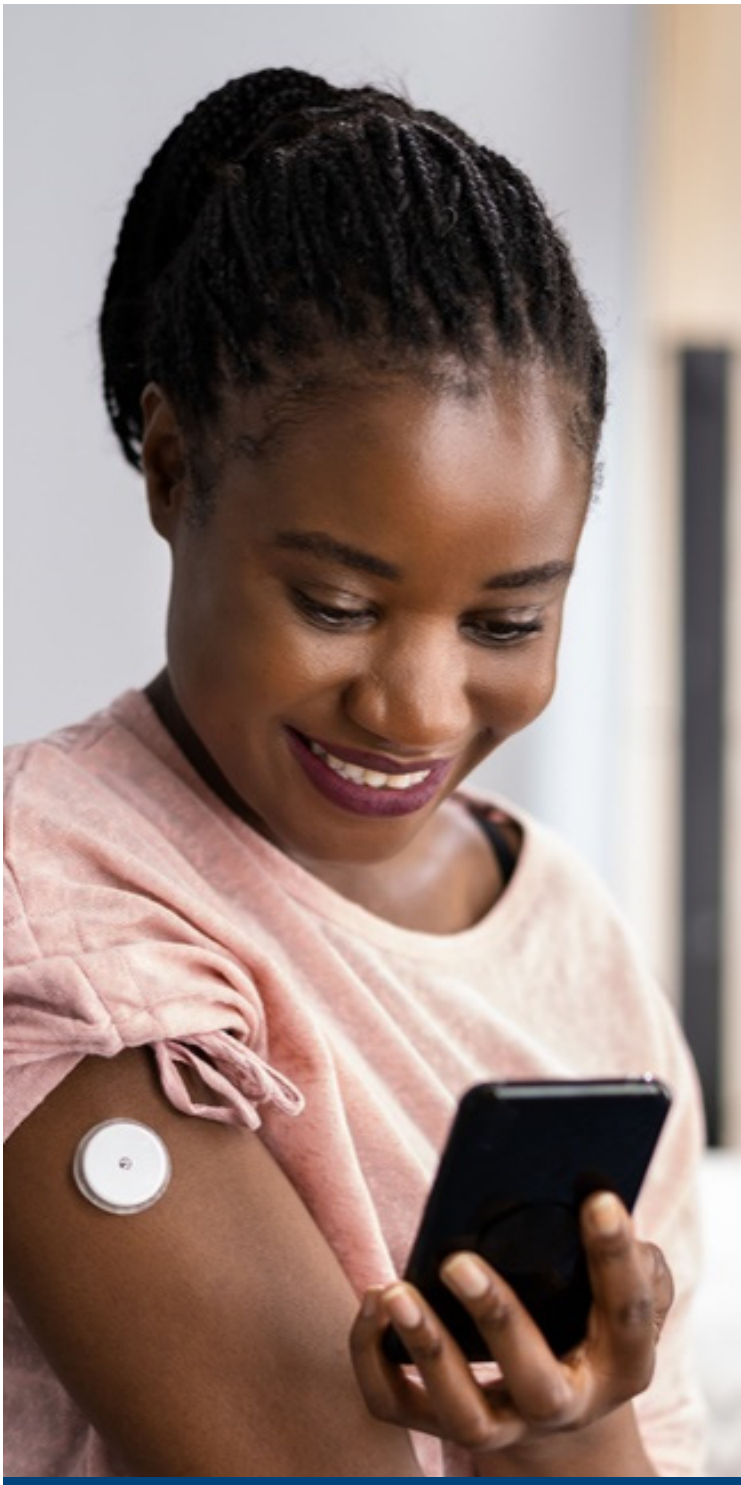
Livongo coaches are Certified Diabetes Educators who are available anytime by phone, text, or mobile app to give members guidance on their nutrition and lifestyle.

Hypertension Management

Livongo for Hypertension helps make managing blood pressure easier with advanced technology and expertise from health coaches. If you and your family are enrolled in an Essential Utilities medical plan and you or a family member has hypertension, you can participate in Livongo's hypertension management program.

The program offers:

- An advanced blood pressure monitor and cuff
- Personalized messages
- 24/7 coaching from chronic condition professionals



Getting started

Essential Utilities is happy to cover 100% of the costs of this program to help employees and their families with their hypertension diagnosis. Livongo will reach out to you and your dependents so you can choose to opt in.

WELLNESS RESOURCES

You play an important role in managing your health care costs by maintaining or moving toward a healthy lifestyle. Essential Utilities' wellness programs and resources are here to help you.

IBX Wellness Discounts

Available to employees enrolled in one of the Independence Blue Cross medical plans

In addition to complimentary nutrition and wellness counseling, you can also receive reimbursements
and discounts through Independence Blue Cross for the following:

- Weight-loss programs and gym memberships
- Smoking cessation
- Alternative health services including acupuncture

Visit **www.ibx.com** to learn more.

Take advantage of preventive care

- Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.
- Have a routine physical exam each year. You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- Get regular dental cleanings. Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- See your eye doctor at least once every year. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams. Essential Utilities provides benefits for an eye exam once every year.

Navigate Health Care with Health Advocate

Your Health Advocate program offers a wide range of personalized services to help you navigate the health care and insurance systems, address wellness or work/life issues, and improve your health!

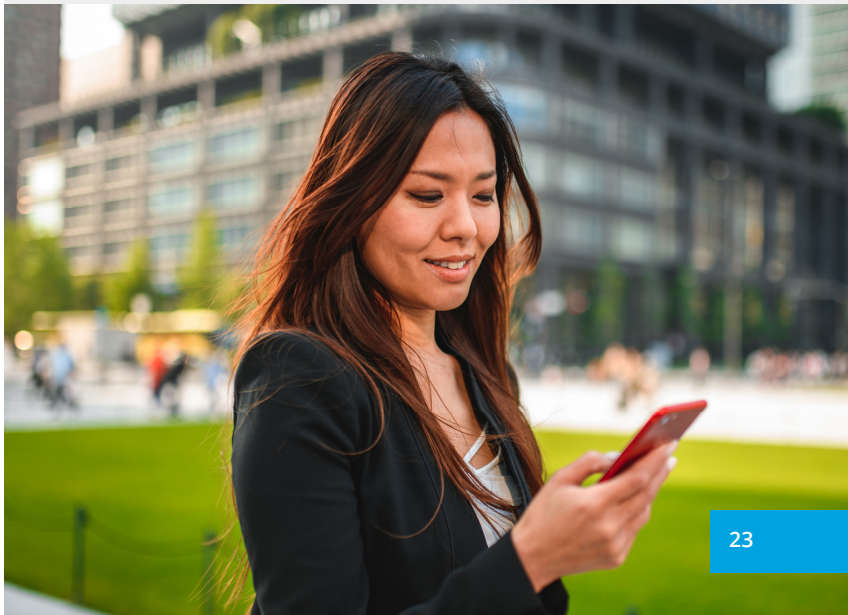
Your conversations with Health Advocate will be conducted in a confidential manner, fully protecting your privacy.

Under the Health Advocate Empowered Health program, you, your spouse and dependent children, your parents, and parents- in-law have access to a wide selection of benefits and services:

- Health advocacy
- Wellness coaching
- Tobacco Cessation Program
- Employee and Work/Life Assistance
- 6-visit EAP Model
- 24/7 NurseLine™
- Health care pricing support
- Personal health dashboard
- Healthy reminders

Getting started Using Health Advocate

Simply call Health Advocate anytime, 24/7 at **855.424.6400**. You can also access a special member website at:
www.healthadvocate.com/essentialutilities



VALUE-ADDED SERVICES: CONNER STRONG

BenefitPerks Rewards Program

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **www.connerstrong.corestream.com**.

HealthyLearn

HealthyLearn covers over a thousand health and wellness topics in a simple, straightforward manner. The data and information is laid out in an easy-to-follow format. HealthyLearn includes the following interactive features and services:

- Symptom Checker and Encyclopedia
- Health News
- Medical Self-Care Guides
- Stress Management
- Health Trackers
- Monthly Wellness Newsletter
- And much more!

Learn more and get started on your path to wellness today by visiting HealthyLearn at **www.healthylearn.com/connerstrong**

Download the HealthyLife Mobile App for access on-the-go!

Enter the Conner Strong & Buckelew special access code: **CSB** (all caps). Note: You must use the special access code above each time you open the app.

GlobalFit

GlobalFit's Gym Network 360 provides exclusive savings to over 8,000 gyms and specialty studios across the country. You can expect to save on initiation fees and receive 5-20% savings on monthly membership dues. Exclusive savings can be found on popular top brands nationwide. To browse locations in your area, simply log in and search by zip code.

Workout at Home

Not a traditional gym goer? GlobalFit has you covered! Gym Network 360 provides various options for anyone looking to exercise wherever they choose and at their convenience. You will receive exclusive savings to virtual workout programs and have access to a free online library of fitness, wellness, and nutrition videos from top trainers across the country!

GlobalFit Anywhere

Available for a one-time fee of $4.95 through Gym Network 360, GlobalFit Anywhere is the first app connecting users to in-person and virtual studios, gyms and trainers using dynamic pricing. No monthly membership required. No expensive cancelation fees.

Visit **www.globalfit.com/connerstrong** or call **800.294.1500** to learn more about how you can save with GlobalFit!



CARRIER CONTACTS

Contact the HR Service Desk at **888.366.3300** or email **HRServiceDesk@Essential.co** for general benefit questions. You can also contact the appropriate provider listed below to learn more about a specific benefit plan.

BENEFIT PLAN	CARRIER	PHONE	WEBSITE
Medical	Independence Blue Cross	800.275.2583	www.ibx.com
Prescription Drug	RxBenefits	800.334.8134	www.express-scripts.com
Fertility Benefit	Progyny	888.597.5065	www.progyny.com
Vision	VSP	800.877.7195	www.vsp.com
Dental	Delta Dental	800.932.0783	www.deltadentalins.com
Flexible Spending Accounts and Health Savings Account	HealthEquity	**FSA:** 877.924.3967 **HSA:** 866.346.5800	www.healthequity.com
Telemedicine	Teladoc	800.835.2362	www.teladoc.com
Diabetes & Hypertension Management	Livongo	800.945.4355	https://get.livongo.com/essentialutilities/hi
Disease Management	Independence Blue Cross	800.275.2583	www.ibx.com
Health Advocacy & EAP	Health Advocate	855.424.6400	www.healthadvocate.com/essentialutilities
Voluntary Accident, Critical Illness, Hospital Indemnity	Voya	877.236.7564	https://go.voya.com/eu
Basic & Voluntary Life/AD&D and Long- Term Disability	New York Life	888.842.4462	www.newyorklife.com/group-benefit-solutions/employees
Legal Services	Legal Shield	888.807.0407	https://benefits.legalshield.com/essential
401(k)	Fidelity	800.835.5095	www.netbenefits.com
ESPP	Computer Share	800.205.8314	www.computershare.com/us

GLOSSARY OF BENEFIT TERMS

Balance Billing
Balance billing, sometimes called surprised billing, is a medical bill from a healthcare provider billing a patient for the difference between the total cost of services being charged and the amount the insurance pays.

Coinsurance
The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Copayment/Copay
A flat fee that you pay toward the cost of covered medical services.

Covered Expenses
Health care expenses that are covered under your health plan.

Deductible
A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent
Individuals who meet eligibility requirements under a health plan and are enrolled to receive benefits from the plan as a qualified dependent.

Flexible Spending Account (FSA)
An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Savings Account (HSA)
An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP)
A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network
Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient
A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity)
Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare
An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

GLOSSARY OF BENEFIT TERMS

Member
You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network
Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and coinsurance.

Out-of-pocket Expense
Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-pocket Maximum (OOPM)
The highest out-of-pocket amount that you can be required to pay for covered services during a benefit period.

Preferred Provider Organization (PPO)
A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Premium
The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

Primary Care Physician (PCP)
A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Usual, Customary and Reasonable (UCR) Allowance
The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.



APPENDIX: CRITICAL ILLNESS RATES

The tables below and on the following page show the per-pay cost of coverage for voluntary critical illness insurance, based on the amount of coverage chosen ($10,000, $15,000, $20,000, or $30,000)

Employee: $30,000 / Spouse: $15,000 / Child(ren): $15,000 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$3.07	$4.68	$4.11	$5.72
25 – 29	$4.04	$6.07	$5.08	$7.11
30 – 34	$5.42	$8.08	$6.46	$9.12
35 – 39	$6.81	$10.02	$7.85	$11.05
40 – 44	$9.30	$13.62	$10.34	$14.65
45 – 49	$15.81	$22.89	$16.85	$23.93
50 – 54	$19.96	$28.78	$21.00	$29.82
55 – 59	$24.81	$35.70	$25.85	$36.74
60 – 64	$31.04	$44.56	$32.08	$45.60
65 – 69	$39.58	$57.37	$41.08	$58.41
70+	$42.12	$60.35	$44.54	$61.38

Employee: $20,000 / Spouse: $10,000 / Child(ren): $10,000 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$2.24	$3.51	$2.93	$4.20
25 – 29	$2.88	$4.43	$3.58	$5.12
30 – 34	$3.81	$5.77	$4.50	$6.46
35 – 39	$4.73	$7.06	$5.42	$7.75
40 – 44	$6.39	$9.46	$7.08	$10.15
45 – 49	$10.73	$15.65	$11.42	$16.34
50 – 54	$13.50	$19.57	$14.19	$20.26
55 – 59	$16.73	$24.18	$17.42	$24.88
60 – 64	$20.88	$30.09	$21.58	$30.78
65 – 69	$26.88	$38.63	$27.58	$39.32
70+	$28.27	$40.62	$28.96	$41.31

APPENDIX: CRITICAL ILLNESS RATES

The tables below show the per-pay cost of coverage for voluntary critical illness insurance, based on the amount of coverage chosen ($10,000, $15,000, $20,000, or $30,000)

Employee: $15,000: / Spouse: $7,500 / Child(ren): $7,500 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$1.82	$2.92	$2.34	$3.44
25 – 29	$2.31	$3.61	$2.83	$4.14
30 – 34	$3.00	$4.62	$3.52	$5.14
35 – 39	$3.69	$5.58	$4.21	$6.11
40 – 44	$4.94	$7.38	$5.46	$7.91
45 – 49	$8.19	$12.02	$8.71	$12.54
50 – 54	$10.27	$14.97	$10.79	$15.49
55 – 59	$12.69	$18.43	$13.21	$18.95
60 – 64	$15.81	$22.86	$16.33	$23.38
65 – 69	$20.31	$29.26	$20.83	$29.78
70+	$21.35	$30.75	$21.87	$31.27

Employee: $10,000 / Spouse $5,000 / Child(ren) $5,000 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$1.41	$2.33	$1.75	$2.68
25 – 29	$1.73	$2.79	$2.08	$3.14
30 – 34	$2.19	$3.46	$2.54	$3.81
35 – 39	$2.65	$4.11	$3.00	$4.45
40 – 44	$3.48	$5.31	$3.83	$5.65
45 – 49	$5.65	$8.40	$6.00	$8.75
50 – 54	$7.04	$10.36	$7.38	$10.71
55 – 59	$8.65	$12.67	$9.00	$13.02
60 – 64	$10.73	$15.62	$11.08	$15.97
65 – 69	$13.73	$19.89	$14.08	$20.24
70+	$14.42	$20.88	$14.77	$21.23



Essential™
Providing natural resources for life.

DELTA

This benefit summary provides selected highlights of the employee benefits program at Essential Utilities. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Essential Utilities. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Essential Utilities reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

2024 BENEFITS OPEN ENROLLMENT GUIDE

NON-UNION, USW, AND IBEW



Essential™
Providing natural resources for life.

PEOPLES™
An Essential Utilities Company

PLAN YEAR:
JANUARY 1 –
DECEMBER 31, 2024

WELCOME

to your benefits enrollment!

Essential Utilities recognizes how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being.

It's also why we provide you with a comprehensive, highly-competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand the benefits offered by Essential Utilities, then be sure to enroll during your enrollment period, so that you receive the benefits you want for 2024.

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OPEN ENROLLMENT

The Open Enrollment period for 2024 benefits is November 6 – 17, 2023.



Passive Open Enrollment

This year's Open Enrollment will be **PASSIVE**. Passive enrollment means your current coverage will remain in place and roll-over into the new plan year, unless you want to make changes to your elections and/or covered dependents via Workday by November 17, 2023.

IMPORTANT: If you wish to continue to contribute toward a Flexible Spending Account (FSA) or Health Savings Account (HSA) you **MUST** make that election during Open Enrollment each year. Elections for the FSA and HSA **DO NOT** roll-over from one year to the next, in accordance with IRS regulations.

What's new for 2024?

All plan designs and carriers are staying the same for 2024.

How to Enroll

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Log into Workday to enroll yourself and any eligible dependents in health and insurance benefits for 2024.

Enrolling via Workday

To get started, log in to the Workday self-service portal and go to your inbox, where you will see a **Benefits Enrollment Task**. Click on the Task to get started. Continue through all required screens to complete enrollment. Check the I Agree checkbox to provide an electronic signature. Click Submit, then Done to confirm your elections.

Need help enrolling?

Please contact the HR Service Desk at **888.366.3300**, or email **HRServiceDesk@Essential.co**.

ELIGIBILITY & ENROLLMENT

Who Can Enroll in Benefits?

All full-time/part-time employees who are scheduled to work at least 1,000 hours during the year are eligible to enroll in Essential Utilities' benefits program on the first day of employment, with the following exceptions:

- **Basic and Voluntary Life/AD&D:** Must regularly work 40 hours per week (No waiting period)
- **Long-Term Disability (LTD):** Must regularly work 40 hours per week; waiting period of first day of the month that coincides with or follows the day the employee becomes eligible

In addition, the following family members are eligible for medical, dental and vision coverage:

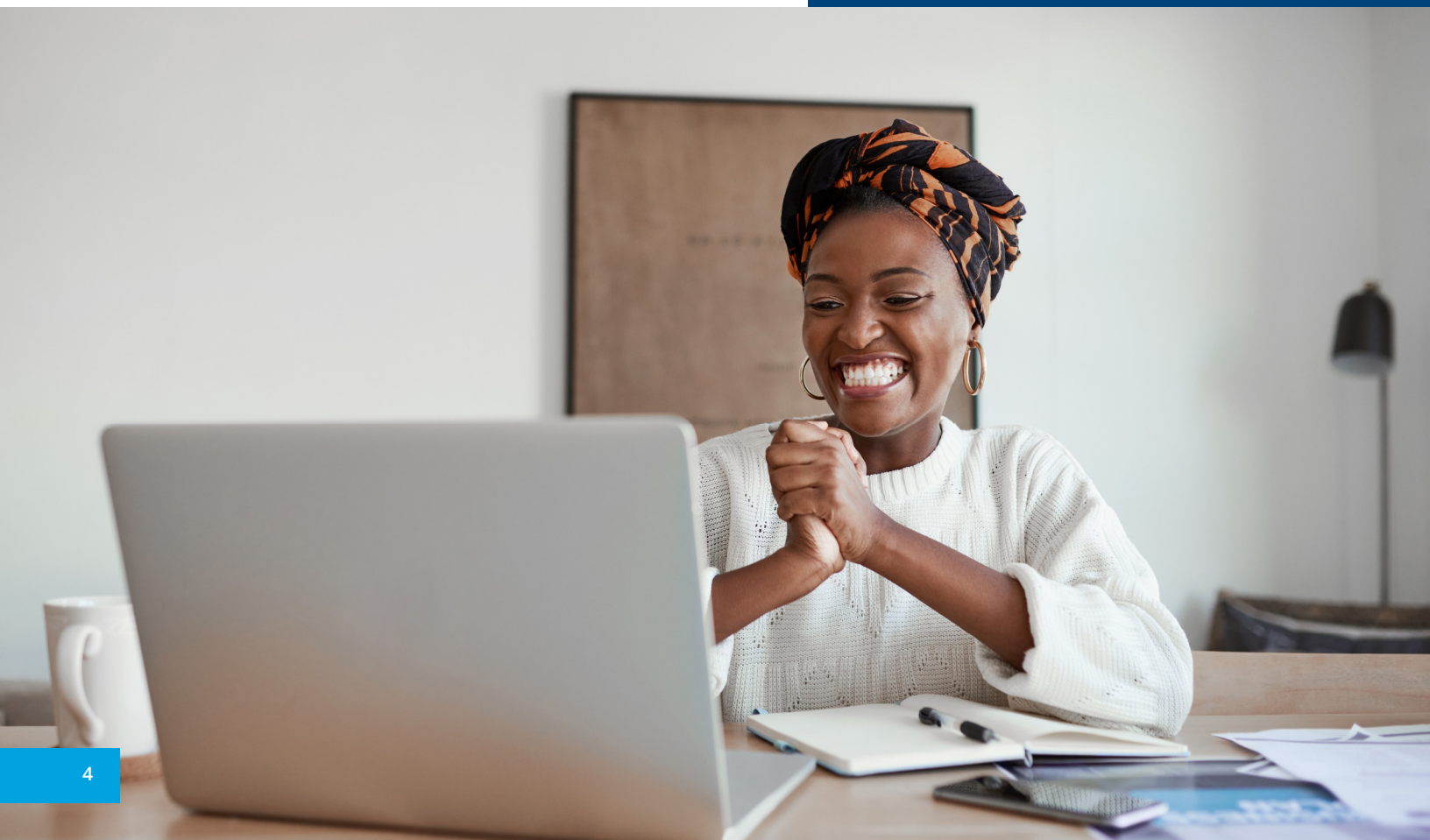
- Your spouse
- Your domestic partner
- Your child(ren) up to age 26
- Your disabled dependent child(ren) of any age who meet plan criteria

Making Changes During the Plan Year

After your enrollment opportunity ends, you won't be able to change your benefits until the next Open Enrollment period, unless you experience a qualifying life event. Qualifying life events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

You must notify Human Resources within 30 days of a life event to change your benefits.



ABOUT THE HIGHMARK BCBS MEDICAL PLANS

Quality health coverage is one of the valuable benefits you enjoy as an Essential Utilities employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical Plan Options

Essential Utilities offers two Preferred Provider Organization (PPO) plans and one High Deductible Health Plan (HDHP) through Highmark BCBS. For additional information, visit **ww.highmarkbcbs.com**.

PPO 1 (Pay Later)

- $1,000 individual deductible
- A preferred provider organization plan with copays for primary care and specialist services, including urgent care. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum.

PPO 2 (Pay Now)

- $500 individual deductible
- A preferred provider organization plan that has a higher payroll deduction with lower copays and out-of-pocket maximum. For eligible deductible services, the plan pays 100% once you meet your annual deductible.

HDHP $1,600 Deductible Plan (HDHP with HSA)

- A high deductible health plan with a deductible that must be met before the plan starts paying. Once you reach your deductible, the plan pays 80% up to your out-of-pocket maximum.
- A Health Savings Account (HSA) is offered alongside the HDHP where you can contribute tax-free dollars to help cover the deductible. You have the ability to take the HSA account with you when you leave Essential Utilities. **Essential Utilities will make a $1,250 contribution to the HSA for single coverage, and $1,750 for family coverage.** For more information, see page 12.

Key Features of All Plans:

- Flexibility to see any provider you want, although you'll save money when you stay in-network
- Free in-network preventive care, with services such as:
  - Annual physicals
  - Recommended immunizations
  - Well-woman & well-child exams
  - Flu shots
  - Routine cancer screenings
- Prescription drug coverage included
- Choice of 6 (six) coverage levels: Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family, Employee + Domestic Partner, Employee + Child(ren) + Domestic Partner

Declining Medical Coverage

It is important to protect your family against significant costs in the event of injury or illness, by enrolling in a medical plan. However, Essential Utilities recognizes that you may have an opportunity to enroll for medical benefits from another external program or receive coverage as the spouse or dependent under a Essential Utilities medical plan. You have the option of waiving the Essential Utilities medical coverage and receiving a $100 per month payment.

In order to be eligible, you must document coverage under another external program. Human Resources will contact employees to obtain verification.

MEDICAL BENEFITS: HIGHMARK BCBS

You have the choice of enrolling in three medical plans, outlined below. Each medical plan includes prescription drug benefits, outlined on the following page. For more information, visit **www.highmarkbcbs.com** or call **800.241.5704**. Please note: In order for the HDHP to stay HSA compliant, the in-network deductible was increased to $1,600/$3,200.

	PPO 1 Plan (Pay Later)		PPO 2 Plan (Pay Now)		HDHP with HSA	
BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible (Individual/Family)	$1,000/$3,000*	$5,000/$15,000*	$500/$1,500*	$5,000/$15,000*	$1,600/$3,200**	$3,000/$6,000**
Out-of-Pocket Limit (Per Person/Per Family)	N/A	$15,000/$45,000	N/A	$15,000/$45,000	$3,000/$6,000	$7,000/$14,000
Out-of-Pocket Maximum (Per Person/Per Family)	$3,000/$9,000	N/A	$1,000/$3,000	N/A	$3,000/$6,000	N/A
Preventive Care Services	Plan pays 100%; no deductible	You pay 50% [1]	Plan pays 100%; no deductible	You pay 50% [1]	Plan pays 100%; no deductible	You pay 40% [1]
Primary Care Physician (PCP) Required?	No		No		No	
PCP Office Visit	$35 copay; no deductible	You pay 50% [1]	$20 copay; no deductible	You pay 50% [1]	You pay 20% [1]	You pay 40% [1]
Specialist Office Visit	$50 copay; no deductible	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 40% [1]
Diagnostic Services	You pay 20% [1]	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 40% [1]
Emergency Room	You pay 20% [1]		No charge [1]		You pay 20% [1]	
Urgent Care Center	$50 copay/visit (deductible does not apply)	You pay 50% [1]	No charge [1]	50% after deductible	You pay 20% [1]	You pay 40% [1]
Inpatient Hospital [2]	$200/day; max $1,000 per admission	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 40% [1]
Outpatient Surgery [2]	You pay 20% [1]	You pay 50% [1]	No charge [1]	You pay 50% [1]	You pay 20% [1]	You pay 40% [1]

* The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying copays and/or coinsurance until they have reached their out-of-pocket maximum.

** The entire family deductible must be met before plan pays any benefits. If you cover any dependents under the plan, the full family deductible must be met before the plan pays any benefits. However, once any individual meets the individual out-of-pocket maximum, the plan will begin to pay benefits and that individual has no further liability for the balance of the year. Other members of the family will continue to pay toward the family deductible and out-of-pocket maximum.

1 After deductible

2 Precertification may be required for certain services

PRESCRIPTION PLANS: HIGHMARK BCBS

If you enroll in one of the Highmark medical plans, you are automatically enrolled in the corresponding prescription drug plan. To access your account online, visit **www.highmarkbcbs.com**.

	PPO 1 Plan (Pay Later)	PPO 2 Plan (Pay Now)	HDHP with HSA
RETAIL PHARMACY: UP TO A 30-DAY SUPPLY			
Generic	$10 copay	$5 copay	You pay 20% after deductible
Preferred Brand	$25 copay	$25 copay	You pay 20% after deductible
Non-Preferred Brand	You pay 20% ($50 min/$100 max)	$50 copay	You pay 20% after deductible
MAIL-ORDER: UP TO A 90-DAY SUPPLY			
Generic	$20 copay	$10 copay	You pay 20% after deductible
Preferred Brand	$50 copay	$50 copay	You pay 20% after deductible
Non-Preferred Brand	You pay 20% ($100 min/$200 max)	$100 copay	You pay 20% after deductible

Mandatory Mail Order for Maintenance Medications

If you take a prescription drug for **three months or more**, it is considered a maintenance drug and you will be **required** to use the 90-day supply mail-order program. You may use a participating pharmacy for your first 30-day supply and one refill. After two initial fills, **you must use mail order**, or you will be **required to pay the entire cost of the prescription at the retail pharmacy.**

Exclusive Home Delivery Program

You will be able to choose Walgreens retail pharmacies for 90-day medications. **Members pay the same low copay at Walgreens or for home delivery.** Home delivery copays are extended to 90-day medications filled at Walgreens, so you will receive the same value no matter which option you choose. Note: You will not be penalized with 100% of the drug cost for 90-day maintenance medications filled at Walgreens.

How much can you save when you use Mail Order? Compare for yourself!*

RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Preferred Brand-Name Copay $50	**Preferred Brand-Name Copay** $100	$200
Annual Cost ($50 per month x 12 fills) $600	**Annual Cost** ($100 per order x 4 fills per year) $400	

* Example amounts are based off of the PPO 2 (Pay Now) Plan

EMPLOYEE CONTRIBUTIONS: MEDICAL/RX PLANS

Over the past several years, employers have had to deal with the impact of the pandemic. Part of the impact has been a significant increase in Healthcare utilization due to pent-up demand for services that were postponed during the lockdown period and beyond. PNG has not been immune to this trend as our costs have increased substantially over this time period. This trend is expected to continue, and our 2024 health plan costs are increasing due to unfavorable claim experience. After a great deal of consideration, we are taking responsible and necessary actions to deal with these ongoing challenges and continue to offer a strong health plan. Although rates are increasing, the plan is still priced competitively compared to the market as PNG is sharing in the premium increase. Additionally, we did not make any changes to the strong plan designs or provider network that you have had access to in the past. After making adjustments for 2024, we believe this approach to benefits is fair, equitable, and positions us to address rising healthcare costs in the future.

	PPO 1 Plan (Pay Later)	PPO 2 Plan (Pay Now)	HDHP with HSA
SALARY < $65K PER-PAY CONTRIBUTIONS			
Employee Only	$54.02	$60.60	$40.43
Employee + Spouse	$119.60	$143.97	$92.03
Employee + Child(ren)	$104.69	$125.59	$81.26
Employee + Family	$166.27	$187.48	$124.62
Employee + Domestic Partner	$119.60	$143.97	$92.03
Employee + Child(ren) + Domestic Partner	$166.27	$187.48	$124.62
SALARY $65K+ EMPLOYEE CONTRIBUTIONS			
Employee Only	$63.55	$71.29	$45.28
Employee + Spouse	$140.71	$169.38	$110.44
Employee + Child(ren)	$123.17	$147.76	$97.51
Employee + Family	$195.61	$220.57	$140.39
Employee + Domestic Partner	$140.71	$169.38	$110.44
Employee + Child(ren) + Domestic Partner	$195.61	$220.57	$140.39
OFFICERS EMPLOYEE CONTRIBUTIONS			
Employee Only	$81.16	$89.11	$54.22
Employee + Spouse	$180.03	$216.72	$126.81
Employee + Child(ren)	$157.59	$189.05	$112.29
Employee + Family	$250.28	$275.71	$160.47
Employee + Domestic Partner	$180.03	$216.72	$126.81
Employee + Child(ren) + Domestic Partner	$250.28	$275.71	$160.47



Money-saving Tips

To stretch your health care dollars, remember to:

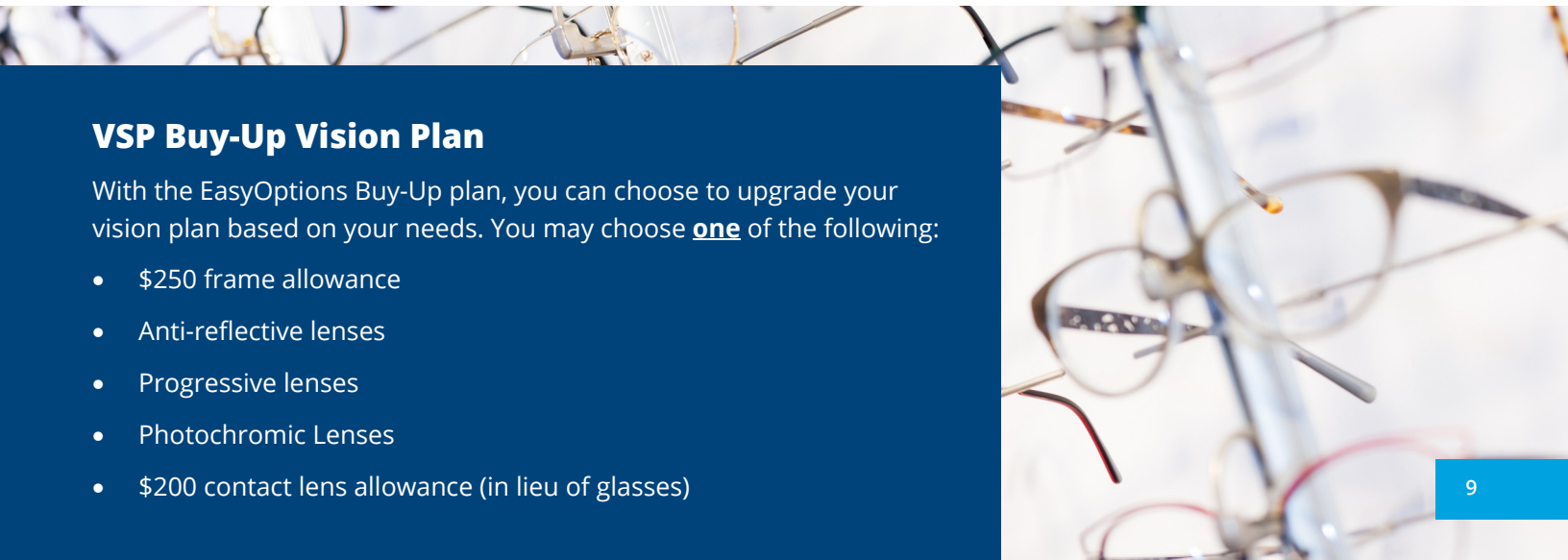
- **See in-network providers:** They've agreed to the plan's negotiated rates. Visit **www.highmarkbcbs.com** to search for in-network providers near you.
- **Use the mail-order pharmacy:** Save time and money when refilling long-term prescriptions (mail order is required for maintenance medications).
- **Use your FSA or HSA:** For more information, see pages 12–13.

VISION BENEFITS: VSP

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents. **Vision is a separate election** — you can elect to receive vision coverage even if you are waiving Essential Utilities' medical coverage. You have the following two vision plans to choose from: a base plan and a buy-up option. For more information, visit **www.vsp.com** or call **800.877.7195**.

VSP Basic Vision Plan

BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam	$0 copay	Up to $45
Prescription Glasses	$20 copay	See Lenses
Frames (Copay included in prescription glasses)	$175 allowance for wide selection; $195 allowance for featured frame brands, plus 20% off amount over allowance; $100 Costco allowance	Up to $70
Lenses Single Vision Bifocal Trifocal Progressive	Copay included in prescription glasses	 Up to $30 Up to $50 Up to $65 Up to $50
ProTec Safety Glasses Single Vision Lined Bifocal Lined Trifocal Frames	$0 Copay	 Up to $35 Up to $45 Up to $60 Up to $25
Contact Lenses (in lieu of eyeglasses)	$150 allowance; up to $50 copay for fitting/evaluation	Up to $105
Frequency Vision Exam Lenses Frames ProTec Safety Glasses	 Once per calendar year Once per calendar year Once per calendar year Once every OTHER calendar year	



VSP Buy-Up Vision Plan

With the EasyOptions Buy-Up plan, you can choose to upgrade your vision plan based on your needs. You may choose **one** of the following:

- $250 frame allowance
- Anti-reflective lenses
- Progressive lenses
- Photochromic Lenses
- $200 contact lens allowance (in lieu of glasses)

DENTAL BENEFITS: DELTA DENTAL

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. You have two dental plans to choose from for 2024. You can elect to receive dental coverage even if you are waiving Essential Utilities' medical coverage. **Our Delta Dental plans allow you to use any dentist you wish; however, selecting a participating dentist will significantly reduce your out-of-pocket costs.** For more information, please visit **www.deltadentalins.com** or call **800.932.0783**.

	Base Plan		Buy-Up Plan	
BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible (Individual/Family)	$0/$0	$50/$100	$0/$0	$50/$150
Annual Maximum	$2,000	$1,500	$2,500	$2,500
Preventive & Diagnostic Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Basic Services	You pay 15%	You pay 20%	You pay 10%	You pay 10%
Major Services	You pay 30%	You pay 35%	You pay 30%	You pay 30%
Oral Surgery	You pay 30%	You pay 50%	You pay 10%	You pay 10%
Prosthodontics	You pay 40%	You pay 60%	You pay 30%	You pay 30%
Orthodontia Benefits *	You pay 50%	You pay 50%	You pay 50%	You pay 50%
Orthodontia Lifetime Maximum (per patient)	$1,500	$1,000	$1,500	$1,500

* Orthodontia benefits eligibility for the base plan is dependent child(ren) up to age 26. Eligibility for the buy-up plan includes both adults and their dependent child(ren) up to age 26



Diagnostic & Preventive (D&P) Maximum Waiver

With D&P Maximum Waiver, costs for covered diagnostic and preventive dental services don't accrue against your plan year maximums. Enrollees will effectively have more dollars to use for other needed dental services.

Money-saving tip!

Remember, you can use your Health Care Flexible Spending Account or Health Savings Account for qualified out-of-pocket dental expenses.

EMPLOYEE CONTRIBUTIONS: DENTAL/VISION PLANS

While health care costs continue to rise, Essential Utilities is committed to keeping costs manageable. The amount you pay is deducted from your paycheck before taxes. Your specific cost is determined by your plan choice and coverage election. The chart below lists the **per-pay** employee payroll contributions for 2024.

COVERAGE TIER	Vision Base Plan	Vision Buy-Up Plan
Employee Only	$0.51	$1.68
Employee + Spouse	$1.02	$3.37
Employee + Child(ren)	$1.09	$3.60
Employee + Family	$1.74	$5.76
Employee + Domestic Partner	$1.02	$3.37
Employee + Child(ren) + Domestic Partner	$1.74	$5.76

COVERAGE TIER	Dental Base Plan	Dental Buy-Up Plan
Employee Only	$3.95	$5.92
Employee + Spouse	$7.99	$11.97
Employee + Child(ren)	$9.88	$12.92
Employee + Family	$15.21	$20.47
Employee + Domestic Partner	$7.99	$11.97
Employee + Child(ren) + Domestic Partner	$15.21	$20.47



HEALTH SAVINGS ACCOUNT: HEALTH EQUITY

HSA Overview

If you participate in a qualified High Deductible Health Plan (HDHP) you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to efficiently pay for qualified healthcare, dental and vision expenses.

HSA Eligibility

In order to qualify for an HSA, you must be an adult who meets the following qualifications:

- You have coverage under an HSA-qualified, high deductible health plan (HDHP)
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability, or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

HSA Advantages:

- There is no "use it or lose it" provision with an HSA. If you don't use the money in your account by the end of the year, don't worry! Unused funds will roll over year after year.
- You can save and invest unused HSA money for future healthcare needs
- Your HSA is portable. When you retire or leave the company, your HSA funds go with you
- HSA contributions are tax deductible, you can spend the money tax-free, and any growth is tax free.

HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan. **NEW Workday Process: This year, Workday will require employees to contribute even amounts throughout the year. Employees will not be able to front load the HSA contribution and then stop deductions mid-year. For 2024, the contribution limits are:**

- $4,150 for individual coverage
- $8,300 for family coverage
- $1,000 annual catch-up contribution for age 55+

IMPORTANT: Employer Contribution

For the 2024 plan year, Essential Utilities will make a $1,250 contribution to the HSA for single coverage, and $1,750 for family coverage. When making your HSA election, remember to factor in and account for these funding amounts.

HSA-Qualified Healthcare Expenses

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

- Doctor visits and prescription medications
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Chiropractic services
- Acupuncture
- Hearing aids and batteries
- Over the counter (OTC) medications
- Menstrual care products

For more details on HSA eligibility, and for a full list of eligible expenses, visit **www.irs.gov**.

FLEXIBLE SPENDING ACCOUNTS: HEALTH EQUITY

FSA Overview

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2024, the annual maximum amount you may contribute is $3,200 per calendar year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

For a full list of FSA eligible expenses, visit **www.irs.gov** and see Publications 502 and 503.

Use it or lose it!

FSAs are "use-it-or-lose-it" accounts, meaning you will forfeit any unused amount remaining in the account at the end of the plan year.

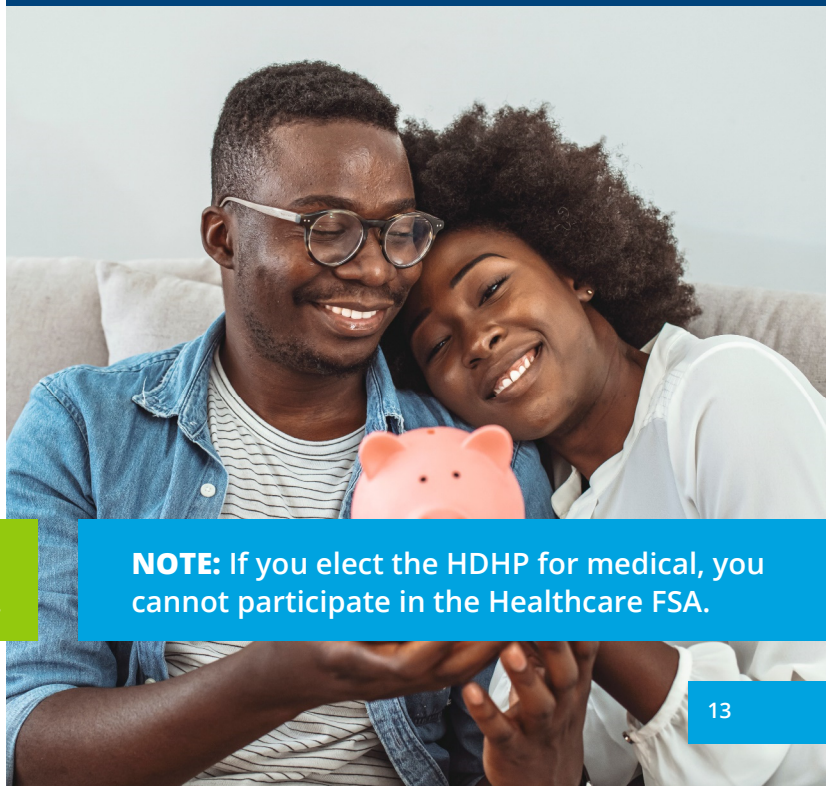
Additionally, you have 90 days from the end of the plan year (until March 31, 2025) to submit any claims that you incurred anytime during 2024 but had not submitted for reimbursement.

After this run-out period, any remaining balances from the prior year are forfeited.

Managing your FSA

When you enroll in a Health Care FSA, HealthEquity will send you a debit card, which you can use to pay for eligible expenses.

Depending on the transaction, you may need to submit receipts or other documentation to HealthEquity. You can review claims and manage your accounts online at www.healthequity.com or by using HealthEquity's EZ Receipts mobile app.



NOTE: If you elect the HDHP for medical, you cannot participate in the Healthcare FSA.

COMMUTER BENEFITS: HEALTH EQUITY

Commuter Benefits Overview

Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make changes to your pre-tax election amount on a month to month basis. Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck.

Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

2024 Contribution Limits

- **Transit:** You may contribute up to $315 per month for transit expenses (mass transit, bus, light rail, regional rail, streetcar, trolley subway or ferry, vanpool).
- **Parking:** You may contribute up to $315 per month for parking expenses (incurred at or near your work location or near a location from which you commute using mass transit).

How to Register

Visit **www.healthequity.com/wageworks** and select "LOG IN/REGISTER" and then "Employee Registration". You'll need to answer a few simple questions and create a username and password.

Please note: Commuter elections will be made through HealthEquity directly (either online or through the app), NOT in Workday.



BASIC LIFE, AD&D AND DISABILITY: NEW YORK LIFE

Basic Life/AD&D Insurance

The company provides you with basic life and accidental death and dismemberment (AD&D) insurance through New York Life Group Benefit Solutions (NYL GBS) so that you can protect those you love from the unexpected.

For more details about this coverage, visit Workday.

Long-Term Disability (LTD)

Company-paid LTD provides you with income continuation in the event your illness or injury lasts beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury.

For more details about this coverage, visit Workday.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date.

To update your beneficiaries, please log in to the Workday self-service portal and click on Benefits and select Beneficiary Change under the Benefits Event Type. You can also find Workday User Guides in the HR Service Center location on the Company's intranet page.



VOLUNTARY LIFE AND AD&D: NEW YORK LIFE

Voluntary Life/AD&D Insurance

If you want added protection, you can purchase voluntary supplemental life and AD&D insurance through NYL GBS for yourself, your spouse, and your children. You pay the full cost of this benefit through payroll deductions.

VOLUNTARY LIFE/AD&D INSURANCE*	
Employee Benefit	1-5x annual compensation; Maximum benefit: Lesser of 5x annual compensation or $1,000,000"
Spouse Benefit	Increments of $5,000 up to a maximum benefit of $500k (can't exceed 100% of employee's election)
Child(ren) Benefit (Age 6 months to age 19, or 26 if full-time student)	Maximum of $10k; Maximum benefit for child(ren) less than 14 days old: $1,000; Maximum benefit for child(ren) age 14 days - 6 months: $2,000
Employee Guaranteed Issue	Greater of: 1. Lesser of 3x annual compensation or $300k or 2. Amount equal to life insurance benefit in effect on termination date of prior plan
Spouse Guaranteed Issue	Greater of: 1. $75,000 or 2. Amount equal to life insurance benefit in effect on termination date of prior plan
Child(ren) Guaranteed Issue	$10,000

* If you are in a union, please contact your CBA for more details on your plan design.

Vol. Life Rates Per $1,000 of Coverage

AGE	EMPLOYEE	SPOUSE
<25	$0.055	$0.033
25-29	$0.062	$0.039
30-34	$0.080	$0.051
35-39	$0.102	$0.076
40-44	$0.145	$0.111
45-49	$0.231	$0.173
50-54	$0.369	$0.267
55-59	$0.572	$0.406
60-64	$0.906	$0.685
65-69	$1.594	$1.152
70-74	$2.804	$2.048
75+	$5.487	$4.181
CHILD(REN)		
	$0.030	

Vol. AD&D Rates Per $1,000 of Coverage

EMPLOYEE	SPOUSE	CHILD(REN)
$0.030	$0.030	$0.030

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date.

To update your beneficiaries, please log in to the Workday self-service portal and click on Benefits and select Beneficiary Change under the Benefits Event Type. You can also find Workday User Guides in the HR Service Center location on the Company's intranet page.



Evidence of Insurability (EOI)

Evidence of insurability may be required for voluntary life and AD&D elections if:

- You are buying an insurance amount higher than the guaranteed issue amount for your plan.
- You declined coverage when first eligible and wish to purchase additional coverage at open enrollment or after experiencing a qualifying life event.

ADDITIONAL VOLUNTARY BENEFITS: VOYA

Critical Illness Insurance

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan.

You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and daycare. Plus, you can use the benefits more than once. Diagnoses must be at least 12 months apart or the conditions can't be related to each other.

Levels of Coverage

You will have the following levels of coverage to choose from: $10,000, $15,000, $20,000, and $30,000.

Examples of covered illnesses include:

- Heart attack
- End-stage renal (kidney) failure
- Coronary artery bypass
- Stroke
- Coma
- Major organ failure
- Cancer

Wellness Benefit

Your Critical Illness insurance includes a wellness benefit. This benefit provides an annual payment if you complete a health screening test. Employees and spouses will each receive $50 for completing. Children receive 50% of an employee's wellness benefit amount (up to a maximum of $100 for all children).

See pages 27–28 of this guide for critical illness rates and cost of coverage.



ADDITIONAL VOLUNTARY BENEFITS: VOYA



Accident Insurance

Accident insurance supplements your primary medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for medical expenses not paid by your medical plan (such as your deductible or coinsurance) or for anything else (such as everyday living expenses). If you apply, you automatically receive the base plan — no health questions to answer. Benefits are paid directly to you (unless assigned to someone else).

You receive a cash benefit up to a specific amount for:

- Accidental death or dismemberment
- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance and other medical expenses
- Outpatient physician's treatment

Voluntary Accident Rates

TIER	LOW PLAN	HIGH PLAN
Employee Only	$1.52	$5.30
Employee + Spouse	$2.93	$10.39
Employee + Children	$3.18	$10.92
Employee + Family	$4.59	$16.01

Hospital Indemnity Insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs.

A voluntary hospital indemnity insurance plan can help by supplementing your major medical insurance coverage with cash benefits when you're admitted to the hospital due to a covered sickness or accident. This money is paid directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan doesn't cover.

Hospital Indemnity Daily Benefit

- **Low plan:** $100 per day
- **High plan:** $200 per day

Use this money to help cover the cost of your hospital stay and time out of work. Hospital indemnity benefits are paid in addition to any other insurance. There are no pre-existing condition exclusions with this plan, but similar to medical insurance, benefits are subject to carrier review. You can select the benefit coverage amount based on your individual needs and budget.

Voluntary Hospital Indemnity Rates

TIER	LOW PLAN	HIGH PLAN
Employee Only	$4.55	$9.31
Employee + Spouse	$11.98	$24.53
Employee + Children	$8.46	$17.34
Employee + Family	$15.90	$32.55

Want to learn more?

For more information about these benefits, visit **https://go.voya.com/eu** or call **877.236.7564**.

VOLUNTARY LEGAL BENEFIT: LEGALSHIELD

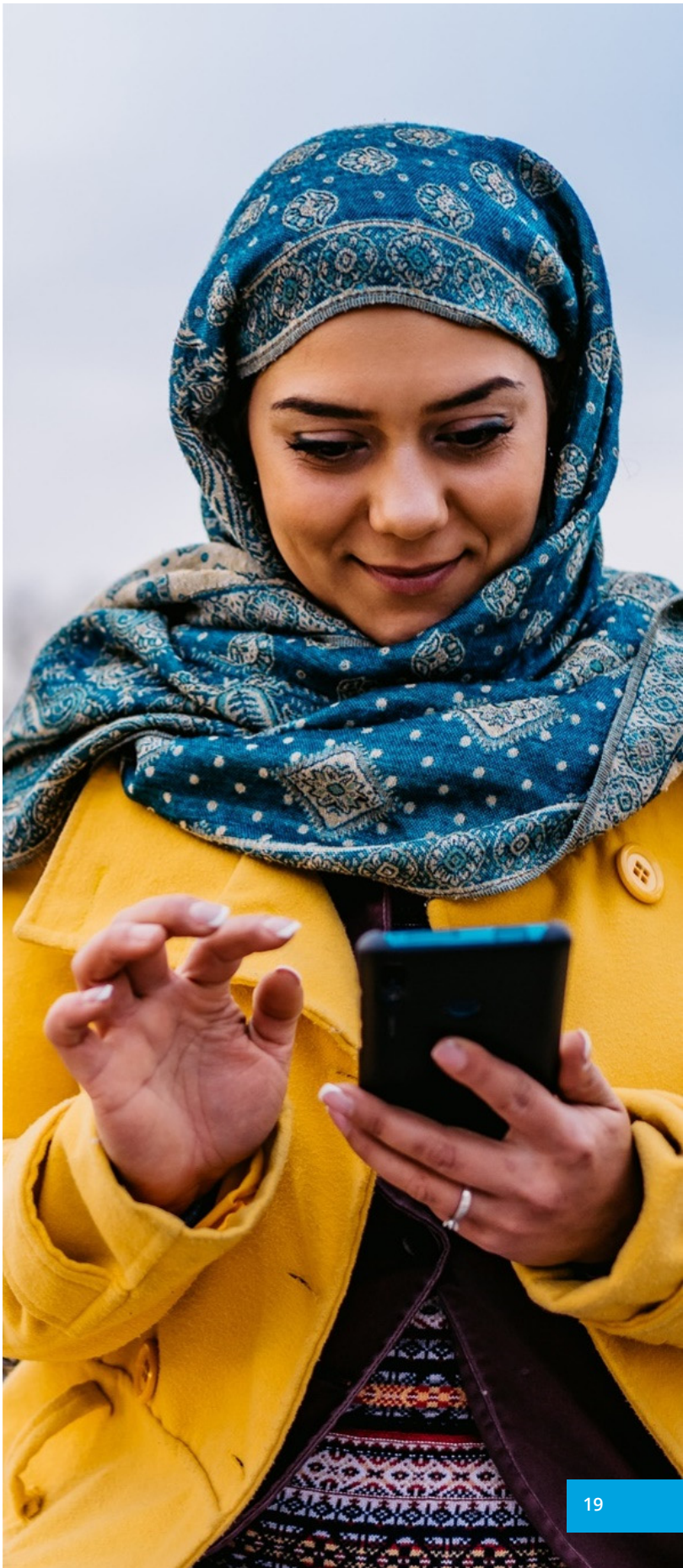
LegalShield allows members access to a lawyer for most personal matters, no matter how trivial or traumatic, all without worrying about high hourly legal costs. LegalShield provides identity theft protection, consulting and restoration.

LegalShield membership includes:

- Legal advice for personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed up to 15 pages
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Healthcare Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Uncontested Divorce, separation, adoption and/or name change representation (available 90 days after enrollment)
- IRS audit assistance
- 25% preferred member discount (bankruptcy, criminal charges, other matters)
- 24/7 emergency access for covered situations

LegalShield Coverage

LegalShield plans cover the member, member's spouse, never married dependent children under age 26 living at home; dependent children under age 18 for who the member is legal guardian; never married dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.



Getting started

Visit **www.benefits.legalshield.com/essential** or call **888.807.0407**. The cost per pay for this benefit is $9.81.

ADDITIONAL MEDICAL PLAN FEATURES



Well360 Virtual Health Telemedicine

Well360 is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat and prescribe medication when necessary for many common medical issues.

Well360 uses digital devices such as computers and smartphones, and in most cases, video conferencing. Using Telemedicine is a convenient option when it's not possible to visit your doctor's office for non-emergency medical conditions such as:

- Allergies
- Asthma
- Acne
- Pink eye
- Ear infections
- Sinus issues
- Respiratory infections
- Urinary tract infections
- Cold and flu symptoms

Employees will also have access to Behavioral Health Services like addiction, grief, and loss, parenting issues, men's and women's issues, relationship issues and more.

Getting started with Well360

Members can access Well360 Virtual Health via **www.well360virtualhealth.com**, single sign on from the Highmark member portal or by downloading the Well360 Virtual Health App.

Health Coach

- Included in the medical program is access to a health coach who provides information and support-at no cost to you.
- Health Coaches are specifically trained to answer your questions and support you in making informed health decisions. Even if you are healthy, you can call a Health Coach to help you set goals that will keep you well.
- A Health Coach may also call you if you have a health condition to offer you programs to meet your needs, with no obligation to participate.
- Coach is free and all conversations remain confidential. Call **888.258.3428** for assistance.

OnduoDiabetes & Hypertension Management Program

- The OnduoWell360 diabetes & hypertension management programs come with your health plan and helps you manage your care from the comfort of anywhere.
- Use a smartphone and the Onduoapp to provide access to the virtual health clinic and your care team.
- Gives you a personalized plan with ongoing, coordinated support between visits to your primary care provider.
- The hypertension blood pressure management program monitors a member's progress through targeted guided monthly blood pressure checkpoints using a cloud-connected blood pressure cuff.
- Medication review and optimization drives better adherence to care.
- Visit **www.onduo.com/highmark/bcbs** to get started and receive your free smart blood glucose meter and unlimited test strips.

WELLNESS RESOURCES

You play an important role in managing your health care costs by maintaining or moving toward a healthy lifestyle. Essential Utilities' wellness programs and resources are here to help you.

Highmark Wellness Discounts

Available to employees enrolled in one of the Highmark medical plans

In addition to complimentary nutrition and wellness counseling, you can also receive reimbursements and discounts through Highmark for the following:

- Weight-loss programs and gym memberships
- Smoking cessation
- Alternative health services including acupuncture

Visit **www.highmarkbcbs.com** to learn more.

Take advantage of preventive care

- Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.
- Have a routine physical exam each year. You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- Get regular dental cleanings. Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- See your eye doctor at least once every year. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams. Essential Utilities provides benefits for an eye exam once every year.

Navigate Health Care with Health Advocate

Your Health Advocate program offers a wide range of personalized services to help you navigate the health care and insurance systems, address wellness or work/life issues, and improve your health!

Your conversations with Health Advocate will be conducted in a confidential manner, fully protecting your privacy.

Under the Health Advocate Empowered Health program, you, your spouse and dependent children, your parents, and parents- in-law have access to a wide selection of benefits and services:

- Health advocacy
- Wellness coaching
- Tobacco Cessation Program
- Employee and Work/Life Assistance
- 6-visit EAP Model
- 24/7 NurseLine™
- Health care pricing support
- Personal health dashboard
- Healthy reminders

Getting started Using Health Advocate

Simply call Health Advocate anytime, 24/7 at **855.424.6400**. You can also access a special member website at: **www.healthadvocate.com/essentialutilities**



VALUE-ADDED SERVICES: CONNER STRONG

BenefitPerks Rewards Program

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **www.connerstrong.corestream.com**.

HealthyLearn

HealthyLearn covers over a thousand health and wellness topics in a simple, straightforward manner. The data and information is laid out in an easy-to-follow format. HealthyLearn includes the following interactive features and services:

- Symptom Checker and Encyclopedia
- Health News
- Medical Self-Care Guides
- Stress Management
- Health Trackers
- Monthly Wellness Newsletter
- And much more!

Learn more and get started on your path to wellness today by visiting HealthyLearn at **www.healthylearn.com/connerstrong**

Download the HealthyLife Mobile App for access on-the-go!

Enter the Conner Strong & Buckelew special access code: **CSB** (all caps). Note: You must use the special access code above each time you open the app.

GlobalFit

GlobalFit's Gym Network 360 provides exclusive savings to over 8,000 gyms and specialty studios across the country. You can expect to save on initiation fees and receive 5-20% savings on monthly membership dues. Exclusive savings can be found on popular top brands nationwide. To browse locations in your area, simply log in and search by zip code.

Workout at Home

Not a traditional gym goer? GlobalFit has you covered! Gym Network 360 provides various options for anyone looking to exercise wherever they choose and at their convenience. You will receive exclusive savings to virtual workout programs and have access to a free online library of fitness, wellness, and nutrition videos from top trainers across the country!

GlobalFit Anywhere

Available for a one-time fee of $4.95 through Gym Network 360, GlobalFit Anywhere is the first app connecting users to in-person and virtual studios, gyms and trainers using dynamic pricing. No monthly membership required. No expensive cancelation fees.

Visit **www.globalfit.com/connerstrong** or call **800.294.1500** to learn more about how you can save with GlobalFit!



401(K) SAVINGS PLAN: FIDELITY

Essential Utilities sponsors a 401(k) plan, which allow employees the ability to save for retirement on a tax-deferred basis through Fidelity.

Employees are automatically enrolled in the plan as a percentage of their base salary according to the schedule below.

Employees may make **pre-tax and Roth** contributions to the plan up to 75% of their salary or the IRS limit of $23,000 for 2024.

- Employees may also make **catch-up** contributions when they reach age 50 to a higher IRS limit of $30,500.
- Employees may also make **after-tax** contributions up to 75% of their salary. Roth contributions allow you earnings in the plan to grow tax free, but after-tax contributions do not.

Matching Contributions

Essential Utilities' matches contributions in the plan. A matching contribution to the plan means that if you choose to contribute to the plan, the company will also make a contribution to your account. Essential Utilities' match is based on the schedule below. In addition to the matching contributions, you receive a non-elective contribution whether you contribute to the plan or not.

Employees may elect up to $23,000 in 2024. Employees age 50+ may make an additional catch-up contribution of $7,500.

EMPLOYEE GROUP	NON-UNION/USW	IBEW
Auto Enrollment	6%	6%
Match	125% up to 5%	50% up to 6%
Non-Elective	3%	6%



How do I make changes?

To Visit **netbenefits.com** or call **800.835.5095**.

Register and create a unique username and strong password. If you have another Fidelity account, use your existing login information to gain access to your Essential Utilities, Inc. 401(k) Plan.

CARRIER CONTACTS

Contact the HR Service Desk at **888.366.3300** or email **HRServiceDesk@Essential.co** for general benefit questions. You can also contact the appropriate provider listed below to learn more about a specific benefit plan.

BENEFIT PLAN	CARRIER	PHONE	WEBSITE
Medical	Highmark	800.241.5704	www.highmarkbcbs.com
Prescription Drug	Highmark	800.241.5704	www.highmarkbcbs.com
Vision	VSP	800.877.7195	www.vsp.com
Dental	Delta Dental	800.932.0783	www.deltadentalins.com
Flexible Spending Accounts and Health Savings Account	HealthEquity	**FSA:** 877.924.3967 **HSA:** 866.346.5800	www.healthequity.com
Telemedicine	Well360	866.883.7358	www.well360virtualhealth.com
Health Advocacy & EAP	Health Advocate	855.424.6400	www.healthadvocate.com/essentialutilities
Voluntary Accident, Critical Illness, Hospital Indemnity	Voya	877.236.7564	https://go.voya.com/eu
Basic & Voluntary Life/AD&D and Long- Term Disability	New York Life	888.842.4462	www.newyorklife.com/group-benefit-solutions/employees
Legal Services	Legal Shield	888.807.0407	https://benefits.legalshield.com/essential
401(k)	Fidelity	800.835.5095	www.netbenefits.com
ESPP	Computer Share	800.205.8314	www.computershare.com/us



GLOSSARY OF BENEFIT TERMS

Balance Billing
Balance billing, sometimes called surprised billing, is a medical bill from a healthcare provider billing a patient for the difference between the total cost of services being charged and the amount the insurance pays.

Coinsurance
The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Copayment/Copay
A flat fee that you pay toward the cost of covered medical services.

Covered Expenses
Health care expenses that are covered under your health plan.

Deductible
A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

Dependent
Individuals who meet eligibility requirements under a health plan and are enrolled to receive benefits from the plan as a qualified dependent.

Flexible Spending Account (FSA)
An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Health Savings Account (HSA)
An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High Deductible Health Plan (HDHP)
A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

In-network
Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient
A person who is treated as a registered patient in a hospital or other health care facility.

Medically Necessary (or medical necessity)
Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare
An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

GLOSSARY OF BENEFIT TERMS

Member
You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-network
Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and coinsurance.

Out-of-pocket Expense
Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-pocket Maximum (OOPM)
The highest out-of-pocket amount that you can be required to pay for covered services during a benefit period.

Preferred Provider Organization (PPO)
A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Premium
The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

Primary Care Physician (PCP)
A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Usual, Customary and Reasonable (UCR) Allowance
The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances.



APPENDIX: CRITICAL ILLNESS RATES

The tables below and on the following page show the per-pay cost of coverage for voluntary critical illness insurance, based on the amount of coverage chosen ($10,000, $15,000, $20,000, or $30,000)

Employee: $30,000 / Spouse: $15,000 / Child(ren): $15,000 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$3.07	$4.68	$4.11	$5.72
25 – 29	$4.04	$6.07	$5.08	$7.11
30 – 34	$5.42	$8.08	$6.46	$9.12
35 – 39	$6.81	$10.02	$7.85	$11.05
40 – 44	$9.30	$13.62	$10.34	$14.65
45 – 49	$15.81	$22.89	$16.85	$23.93
50 – 54	$19.96	$28.78	$21.00	$29.82
55 – 59	$24.81	$35.70	$25.85	$36.74
60 – 64	$31.04	$44.56	$32.08	$45.60
65 – 69	$39.58	$57.37	$41.08	$58.41
70+	$42.12	$60.35	$44.54	$61.38

Employee: $20,000 / Spouse: $10,000 / Child(ren): $10,000 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$2.24	$3.51	$2.93	$4.20
25 – 29	$2.88	$4.43	$3.58	$5.12
30 – 34	$3.81	$5.77	$4.50	$6.46
35 – 39	$4.73	$7.06	$5.42	$7.75
40 – 44	$6.39	$9.46	$7.08	$10.15
45 – 49	$10.73	$15.65	$11.42	$16.34
50 – 54	$13.50	$19.57	$14.19	$20.26
55 – 59	$16.73	$24.18	$17.42	$24.88
60 – 64	$20.88	$30.09	$21.58	$30.78
65 – 69	$26.88	$38.63	$27.58	$39.32
70+	$28.27	$40.62	$28.96	$41.31

APPENDIX: CRITICAL ILLNESS RATES

The tables below show the per-pay cost of coverage for voluntary critical illness insurance, based on the amount of coverage chosen ($10,000, $15,000, $20,000, or $30,000)

Employee: $15,000: / Spouse: $7,500 / Child(ren): $7,500 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$1.82	$2.92	$2.34	$3.44
25 – 29	$2.31	$3.61	$2.83	$4.14
30 – 34	$3.00	$4.62	$3.52	$5.14
35 – 39	$3.69	$5.58	$4.21	$6.11
40 – 44	$4.94	$7.38	$5.46	$7.91
45 – 49	$8.19	$12.02	$8.71	$12.54
50 – 54	$10.27	$14.97	$10.79	$15.49
55 – 59	$12.69	$18.43	$13.21	$18.95
60 – 64	$15.81	$22.86	$16.33	$23.38
65 – 69	$20.31	$29.26	$20.83	$29.78
70+	$21.35	$30.75	$21.87	$31.27

Employee: $10,000 / Spouse $5,000 / Child(ren) $5,000 (Wellness Included)

ATTAINED AGE	EE ONLY	EE + SP	EE+ CH	EE + FAM
Under 25	$1.41	$2.33	$1.75	$2.68
25 – 29	$1.73	$2.79	$2.08	$3.14
30 – 34	$2.19	$3.46	$2.54	$3.81
35 – 39	$2.65	$4.11	$3.00	$4.45
40 – 44	$3.48	$5.31	$3.83	$5.65
45 – 49	$5.65	$8.40	$6.00	$8.75
50 – 54	$7.04	$10.36	$7.38	$10.71
55 – 59	$8.65	$12.67	$9.00	$13.02
60 – 64	$10.73	$15.62	$11.08	$15.97
65 – 69	$13.73	$19.89	$14.08	$20.24
70+	$14.42	$20.88	$14.77	$21.23



Essential™
Providing natural resources for life.

PEOPLES™
An Essential Utilities Company

This benefit summary provides selected highlights of the employee benefits program at Essential Utilities. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Essential Utilities. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Essential Utilities reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

Essential Utilities
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					Plan Year 2024			EE Cost Share	
Plan	Plan	Contribution Level	Coverage Tier	Enrollment	Premium Equivalent	Employee Contributions	Employer Contributions	EE Contrib.	w/ HSA Seed
Delta	PPO 1 - $1000 Ded	Band 1	Employee	4	$715.03	$115.20	$599.82	16.1%	16.1%
			Emp + Spouse	1	$1,584.92	$255.15	$1,329.77	16.1%	16.1%
			Emp + Child	0	$1,125.91	$182.03	$943.88	16.2%	16.2%
			Emp + Children	0	$1,642.24	$264.44	$1,377.80	16.1%	16.1%
			Emp + Family	1	$2,197.88	$322.54	$1,875.34	14.7%	14.7%
		Band 2	Employee	1	$715.03	$135.53	$579.49	19.0%	19.0%
			Emp + Spouse	0	$1,584.92	$300.16	$1,284.75	18.9%	18.9%
			Emp + Child	0	$1,125.91	$214.15	$911.76	19.0%	19.0%
			Emp + Children	1	$1,642.24	$311.11	$1,331.13	18.9%	18.9%
			Emp + Family	1	$2,197.88	$379.46	$1,818.43	17.3%	17.3%
		Band 3	Employee	0	$715.03	$170.96	$544.06	23.9%	23.9%
			Emp + Spouse	0	$1,584.92	$378.61	$1,206.31	23.9%	23.9%
			Emp + Child	0	$1,125.91	$270.12	$855.78	24.0%	24.0%
			Emp + Children	0	$1,642.24	$392.41	$1,249.83	23.9%	23.9%
			Emp + Family	0	$2,197.88	$479.05	$1,718.83	21.8%	21.8%
	PPO 2 - $500 Ded	Band 1	Employee	38	$774.63	$128.24	$646.39	16.6%	16.6%
			Emp + Spouse	13	$1,735.50	$280.26	$1,455.24	16.1%	16.1%
			Emp + Child	7	$1,229.09	$203.18	$1,025.90	16.5%	16.5%
			Emp + Children	1	$1,798.88	$289.38	$1,509.51	16.1%	16.1%
			Emp + Family	31	$2,413.22	$352.05	$2,061.18	14.6%	14.6%
		Band 2	Employee	7	$774.63	$150.87	$623.76	19.5%	19.5%
			Emp + Spouse	5	$1,735.50	$329.72	$1,405.78	19.0%	19.0%
			Emp + Child	1	$1,229.09	$239.04	$990.05	19.4%	19.4%
			Emp + Children	0	$1,798.88	$340.44	$1,458.44	18.9%	18.9%
			Emp + Family	13	$2,413.22	$414.17	$1,999.05	17.2%	17.2%
		Band 3	Employee	0	$774.63	$190.23	$584.40	24.6%	24.6%
			Emp + Spouse	0	$1,735.50	$415.85	$1,319.65	24.0%	24.0%
			Emp + Child	0	$1,229.09	$301.40	$927.68	24.5%	24.5%
			Emp + Children	0	$1,798.88	$429.37	$1,369.51	23.9%	23.9%
			Emp + Family	1	$2,413.22	$522.84	$1,890.38	21.7%	21.7%
	HDHP	Band 1	Employee	0	$562.31	$92.66	$469.65	16.5%	15.7%
			Emp + Spouse	0	$1,198.20	$196.83	$1,001.37	16.4%	15.7%
			Emp + Child	0	$862.12	$144.22	$717.90	16.7%	15.7%
			Emp + Children	0	$1,239.81	$203.34	$1,036.47	16.4%	15.7%
			Emp + Family	0	$1,643.35	$247.30	$1,396.06	15.0%	14.5%
		Band 2	Employee	1	$562.31	$111.19	$451.12	19.8%	18.8%
			Emp + Spouse	0	$1,198.20	$236.20	$962.00	19.7%	18.8%
			Emp + Child	0	$862.12	$173.06	$689.05	20.1%	18.8%
			Emp + Children	0	$1,239.81	$244.02	$995.80	19.7%	18.8%
			Emp + Family	0	$1,643.35	$298.25	$1,345.10	18.1%	17.5%
		Band 3	Employee	0	$562.31	$143.23	$419.08	25.5%	24.2%
			Emp + Spouse	0	$1,198.20	$304.27	$893.92	25.4%	24.2%
			Emp + Child	0	$862.12	$222.94	$639.18	25.9%	24.2%
			Emp + Children	0	$1,239.81	$314.34	$925.47	25.4%	24.2%
			Emp + Family	0	$1,643.35	$412.00	$1,231.35	25.1%	24.2%

Essential Utilities
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					Plan Year 2024			EE Cost Share	
Plan	Plan	Contribution Level	Coverage Tier	Enrollment	Premium Equivalent	Employee Contributions	Employer Contributions	EE Contrib.	w/ HSA Seed
PNG Non-Union	MEDICAL - $1,000 PPO 1	Band 1 - Full Time 17% ER	Employee	2	$703.36	$117.03	$586.33	16.6%	16.6%
			Employee + Spouse	0	$1,894.85	$259.14	$1,635.71	13.7%	13.7%
			Employee + Domestic Partner	0	$1,894.85	$259.14	$1,635.71	13.7%	13.7%
			Employee + Child	0	$1,692.28	$226.83	$1,465.45	13.4%	13.4%
			Employee + Children	0	$1,692.28	$226.83	$1,465.45	13.4%	13.4%
			Family	0	$2,176.19	$360.25	$1,815.95	16.6%	16.6%
			Employee + Child(ren) + Domestic Partner	0	$2,176.19	$360.25	$1,815.95	16.6%	16.6%
		Band 2 - Full Time 20% ER	Employee	3	$703.36	$137.69	$565.67	19.6%	19.6%
			Employee + Spouse	5	$1,894.85	$304.86	$1,589.99	16.1%	16.1%
			Employee + Domestic Partner	0	$1,894.85	$304.86	$1,589.99	16.1%	16.1%
			Employee + Child	1	$1,692.28	$266.86	$1,425.42	15.8%	15.8%
			Employee + Children	0	$1,692.28	$266.86	$1,425.42	15.8%	15.8%
			Family	3	$2,176.19	$423.82	$1,752.37	19.5%	19.5%
			Employee + Child(ren) + Domestic Partner	0	$2,176.19	$423.82	$1,752.37	19.5%	19.5%
		Band 3 - Full Time 25% ER	Employee	0	$703.36	$175.84	$527.52	25.0%	25.0%
			Employee + Spouse	0	$1,894.85	$390.06	$1,504.79	20.6%	20.6%
			Employee + Domestic Partner	0	$1,894.85	$390.06	$1,504.79	20.6%	20.6%
			Employee + Child	0	$1,692.28	$341.45	$1,350.83	20.2%	20.2%
			Employee + Children	0	$1,692.28	$341.45	$1,350.83	20.2%	20.2%
			Family	0	$2,176.19	$542.28	$1,633.92	24.9%	24.9%
			Employee + Child(ren) + Domestic Partner	0	$2,176.19	$542.28	$1,633.92	24.9%	24.9%
	MEDICAL - $500 PPO 2	Band 1 - Full Time 17% ER	Employee	10	$772.29	$131.29	$641.00	17.0%	17.0%
			Employee + Spouse	7	$2,080.54	$311.93	$1,768.61	15.0%	15.0%
			Employee + Domestic Partner	0	$2,080.54	$311.93	$1,768.61	15.0%	15.0%
			Employee + Child	0	$1,858.13	$272.12	$1,586.01	14.6%	14.6%
			Employee + Children	0	$1,858.13	$272.12	$1,586.01	14.6%	14.6%
			Family	5	$2,389.46	$406.21	$1,983.25	17.0%	17.0%
			Employee + Child(ren) + Domestic Partner	1	$2,389.46	$406.21	$1,983.25	17.0%	17.0%
		Band 2 - Full Time 20% ER	Employee	11	$772.29	$154.46	$617.83	20.0%	20.0%
			Employee + Spouse	8	$2,080.54	$366.98	$1,713.56	17.6%	17.6%
			Employee + Domestic Partner	2	$2,080.54	$366.98	$1,713.56	17.6%	17.6%
			Employee + Child	1	$1,858.13	$320.14	$1,537.99	17.2%	17.2%
			Employee + Children	2	$1,858.13	$320.14	$1,537.99	17.2%	17.2%
			Family	18	$2,389.46	$477.89	$1,911.57	20.0%	20.0%
			Employee + Child(ren) + Domestic Partner	1	$2,389.46	$477.89	$1,911.57	20.0%	20.0%
		Band 3 - Full Time 25% ER	Employee	0	$772.29	$193.07	$579.22	25.0%	25.0%
			Employee + Spouse	0	$2,080.54	$469.55	$1,610.99	22.6%	22.6%
			Employee + Domestic Partner	0	$2,080.54	$469.55	$1,610.99	22.6%	22.6%
			Employee + Child	0	$1,858.13	$409.61	$1,448.52	22.0%	22.0%
			Employee + Children	0	$1,858.13	$409.61	$1,448.52	22.0%	22.0%
			Family	0	$2,389.46	$597.37	$1,792.10	25.0%	25.0%
			Employee + Child(ren) + Domestic Partner	0	$2,389.46	$597.37	$1,792.10	25.0%	25.0%
	MEDICAL - $1,500 HDHP	Band 1 - Full Time 15% ER	Employee	75	$641.59	$87.60	$553.99	13.7%	11.7%
			Employee + Spouse	14	$1,728.52	$199.40	$1,529.12	11.5%	10.6%
			Employee + Domestic Partner	1	$1,728.52	$199.40	$1,529.12	11.5%	10.6%
			Employee + Child	8	$1,543.73	$176.06	$1,367.67	11.4%	10.4%
			Employee + Children	16	$1,543.73	$176.06	$1,367.67	11.4%	10.4%
			Family	25	$1,985.18	$270.00	$1,715.18	13.6%	12.7%
			Employee + Child(ren) + Domestic Partner	0	$1,985.18	$270.00	$1,715.18	13.6%	12.7%
		Band 2 - Full Time 18% ER	Employee	95	$641.59	$98.11	$543.48	15.3%	13.2%
			Employee + Spouse	45	$1,728.52	$239.29	$1,489.23	13.8%	12.8%
			Employee + Domestic Partner	3	$1,728.52	$239.29	$1,489.23	13.8%	12.8%
			Employee + Child	8	$1,543.73	$211.27	$1,332.46	13.7%	12.5%
			Employee + Children	10	$1,543.73	$211.27	$1,332.46	13.7%	12.5%
			Family	102	$1,985.18	$304.18	$1,681.01	15.3%	14.3%
			Employee + Child(ren) + Domestic Partner	1	$1,985.18	$304.18	$1,681.01	15.3%	14.3%
		Band 3 - Full Time 23% ER	Employee	0	$641.59	$117.47	$524.12	18.3%	15.8%
			Employee + Spouse	0	$1,728.52	$274.76	$1,453.76	15.9%	14.7%
			Employee + Domestic Partner	0	$1,728.52	$274.76	$1,453.76	15.9%	14.7%
			Employee + Child	0	$1,543.73	$243.29	$1,300.44	15.8%	14.4%
			Employee + Children	0	$1,543.73	$243.29	$1,300.44	15.8%	14.4%
			Family	0	$1,985.18	$347.68	$1,637.50	17.5%	16.3%
			Employee + Child(ren) + Domestic Partner	0	$1,985.18	$347.68	$1,637.50	17.5%	16.3%


Essential™
UTILITIES
PY2024 PROJECTIONS
Data through March 31, 2023
CONNER
STRONG &
BUCKELEW

Essential Utilities

Dental Rates and Contributions

PY2024 Rates - Status Quo

				Plan Year 2023			Plan Year 2024			Contribution Change	
Benefit	Plan	Contribution Level	Coverage Tier	Premium Equivalent	Employee Contributions	Employer Contributions	Premium Equivalent	Employee Contributions	Employer Contributions	$ Change	% Change
Dental	Base Plan	27.5%	Employee	$31.10	$8.55	$22.55	$31.10	$8.55	$22.55	$0.00	0.0%
			Emp + Spouse	$62.95	$17.31	$45.64	$62.95	$17.31	$45.64	$0.00	0.0%
			Emp + Child	$77.85	$21.41	$56.44	$77.85	$21.41	$56.44	$0.00	0.0%
			Emp + Children	$77.85	$21.41	$56.44	$77.85	$21.41	$56.44	$0.00	0.0%
			Emp + Family	$119.83	$32.95	$86.88	$119.83	$32.95	$86.88	$0.00	0.0%
		Officer 32.5%	Employee	$31.10	$10.11	$20.99	$31.10	$10.11	$20.99	$0.00	0.0%
			Emp + Spouse	$62.95	$20.46	$42.49	$62.95	$20.46	$42.49	$0.00	0.0%
			Emp + Child	$77.85	$25.30	$52.55	$77.85	$25.30	$52.55	$0.00	0.0%
			Emp + Children	$77.85	$25.30	$52.55	$77.85	$25.30	$52.55	$0.00	0.0%
			Emp + Family	$119.83	$38.94	$80.89	$119.83	$38.94	$80.89	$0.00	0.0%
	Buy Up	--	Employee	$35.37	$12.82	$22.55	$35.37	$12.82	$22.55	$0.00	0.0%
			Emp + Spouse	$71.57	$25.93	$45.64	$71.57	$25.93	$45.64	$0.00	0.0%
			Emp + Child	$84.43	$27.99	$56.44	$84.43	$27.99	$56.44	$0.00	0.0%
			Emp + Children	$84.43	$27.99	$56.44	$84.43	$27.99	$56.44	$0.00	0.0%
			Emp + Family	$131.24	$44.36	$86.88	$131.24	$44.36	$86.88	$0.00	0.0%
		Officer	Employee	$35.37	$14.38	$20.99	$35.37	$14.38	$20.99	$0.00	0.0%
			Emp + Spouse	$71.57	$29.08	$42.49	$71.57	$29.08	$42.49	$0.00	0.0%
			Emp + Child	$84.43	$31.88	$52.55	$84.43	$31.88	$52.55	$0.00	0.0%
			Emp + Children	$84.43	$31.88	$52.55	$84.43	$31.88	$52.55	$0.00	0.0%
			Emp + Family	$131.24	$50.35	$80.89	$131.24	$50.35	$80.89	$0.00	0.0%
	Base Plan (PNG Non Union)	PNG Non Union	Employee	$31.10	$8.55	$22.55	$31.10	$8.55	$22.55	$0.00	0.0%
			Emp + Spouse	$62.95	$17.31	$45.64	$62.95	$17.31	$45.64	$0.00	0.0%
			Emp + Domestic Partner	$62.95	$17.31	$45.64	$62.95	$17.31	$45.64	$0.00	0.0%
			Emp + Child(ren)	$77.85	$21.41	$56.44	$77.85	$21.41	$56.44	$0.00	0.0%
			Emp + Family	$119.83	$32.95	$86.88	$119.83	$32.95	$86.88	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$119.83	$32.95	$86.88	$119.83	$32.95	$86.88	$0.00	0.0%
	Buy Up Plan (PNG Non Union)	PNG Non Union	Employee	$35.37	$12.82	$22.55	$35.37	$12.82	$22.55	$0.00	0.0%
			Emp + Spouse	$71.57	$25.93	$45.64	$71.57	$25.93	$45.64	$0.00	0.0%
			Emp + Domestic Partner	$71.57	$25.93	$45.64	$71.57	$25.93	$45.64	$0.00	0.0%
			Emp + Child(ren)	$84.43	$27.99	$56.44	$84.43	$27.99	$56.44	$0.00	0.0%
			Emp + Family	$131.24	$44.36	$86.88	$131.24	$44.36	$86.88	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$131.24	$44.36	$86.88	$131.24	$44.36	$86.88	$0.00	0.0%
			Employee	$32.66	$0.00	$32.66	$32.66	$0.00	$32.66	$0.00	0.0%

	IUOE 542 Union	Bundled	Emp + Spouse	$66.11	$0.00	$66.11	$66.11	$0.00	$66.11	$0.00	0.0%
			Emp + Child	$68.96	$0.00	$68.96	$68.96	$0.00	$68.96	$0.00	0.0%
			Emp + Children	$68.96	$0.00	$68.96	$68.96	$0.00	$68.96	$0.00	0.0%
			Emp + Family	$110.27	$0.00	$110.27	$110.27	$0.00	$110.27	$0.00	0.0%
		Stand Alone	Employee	$32.66	$8.98	$23.68	$32.66	$8.98	$23.68	$0.00	0.0%
			Emp + Spouse	$66.11	$18.18	$47.93	$66.11	$18.18	$47.93	$0.00	0.0%
			Emp + Child	$68.96	$18.96	$50.00	$68.96	$18.96	$50.00	$0.00	0.0%
			Emp + Children	$68.96	$18.96	$50.00	$68.96	$18.96	$50.00	$0.00	0.0%
			Emp + Family	$110.27	$30.32	$79.95	$110.27	$30.32	$79.95	$0.00	0.0%
	612 Union Plan	--	Employee	$23.55	$7.07	$16.48	$24.96	$7.07	$17.89	$0.00	0.0%
			Emp + Spouse	$51.36	$15.42	$35.94	$54.44	$15.42	$39.02	$0.00	0.0%
			Emp + Domestic Partner	$51.36	$30.61	$20.75	$54.44	$30.61	$23.83	$0.00	0.0%
			Emp + Child(ren)	$61.99	$18.61	$43.38	$65.71	$18.61	$47.10	$0.00	0.0%
			Emp + Family	$99.92	$30.00	$69.92	$105.92	$30.00	$75.92	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$99.92	$42.14	$57.78	$105.92	$42.14	$63.78	$0.00	0.0%

Essential Utilities

Vision Rates and Contributions

PY2024 Rates - Status Quo

				Plan Year 2024			Contribution Change	
Benefit	Plan	Contribution Level	Coverage Tier	Premium Equivalent	Employee Contributions	Employer Contributions	$ Change	% Change
Vision	Base Plan	20%	Employee	$5.68	$1.10	$4.58	$0.00	0.0%
			Emp + Spouse	$11.36	$2.21	$9.15	$0.00	0.0%
			Emp + Child	$12.16	$2.36	$9.80	$0.00	0.0%
			Emp + Children	$12.16	$2.36	$9.80	$0.00	0.0%
			Emp + Family	$19.43	$3.77	$15.66	$0.00	0.0%
		Officer 25%	Employee	$5.68	$1.38	$4.30	$0.00	0.0%
			Emp + Spouse	$11.36	$2.76	$8.60	$0.00	0.0%
			Emp + Child	$12.16	$2.95	$9.21	$0.00	0.0%
			Emp + Children	$12.16	$2.95	$9.21	$0.00	0.0%
			Emp + Family	$19.43	$4.72	$14.71	$0.00	0.0%
	Base Plan + Protec	20%	Employee	$7.05	$1.10	$5.95	$0.00	0.0%
			Emp + Spouse	$12.73	$2.21	$10.52	$0.00	0.0%
			Emp + Child	$13.53	$2.36	$11.17	$0.00	0.0%
			Emp + Children	$13.53	$2.36	$11.17	$0.00	0.0%
			Emp + Family	$20.80	$3.77	$17.03	$0.00	0.0%
		Officer 25%	Employee	$6.61	$1.38	$5.23	$0.00	0.0%
			Emp + Spouse	$12.29	$2.76	$9.53	$0.00	0.0%
			Emp + Child	$13.09	$2.95	$10.14	$0.00	0.0%
			Emp + Children	$13.09	$2.95	$10.14	$0.00	0.0%
			Emp + Family	$20.36	$4.72	$15.64	$0.00	0.0%
	Buy Up	--	Employee	$8.23	$3.65	$4.58	$0.00	0.0%
			Emp + Spouse	$16.46	$7.31	$9.15	$0.00	0.0%
			Emp + Child	$17.61	$7.81	$9.80	$0.00	0.0%
			Emp + Children	$17.61	$7.81	$9.80	$0.00	0.0%
			Emp + Family	$28.15	$12.49	$15.66	$0.00	0.0%
		Officer	Employee	$8.23	$3.93	$4.30	$0.00	0.0%
			Emp + Spouse	$16.46	$7.86	$8.60	$0.00	0.0%
			Emp + Child	$17.61	$8.40	$9.21	$0.00	0.0%
			Emp + Children	$17.61	$8.40	$9.21	$0.00	0.0%
			Emp + Family	$28.15	$13.44	$14.71	$0.00	0.0%
	Buy Up + Protec	--	Employee	$10.24	$3.65	$6.59	$0.00	0.0%
			Emp + Spouse	$18.48	$7.31	$11.17	$0.00	0.0%
			Emp + Child	$19.63	$7.81	$11.82	$0.00	0.0%
			Emp + Children	$19.63	$7.81	$11.82	$0.00	0.0%
			Emp + Family	$30.17	$12.49	$17.68	$0.00	0.0%
		Officer	Employee	$9.59	$3.93	$5.66	$0.00	0.0%
			Emp + Spouse	$17.83	$7.86	$9.97	$0.00	0.0%
			Emp + Child	$18.98	$8.40	$10.58	$0.00	0.0%
			Emp + Children	$18.98	$8.40	$10.58	$0.00	0.0%
			Emp + Family	$29.52	$13.44	$16.08	$0.00	0.0%

Essential Utilities

Vision Rates and Contributions

PY2024 Rates - Status Quo

				Plan Year 2023			Plan Year 2024			Contribution Change	
Benefit	Plan	Contribution Level	Coverage Tier	Premium Equivalent	Employee Contributions	Employer Contributions	Premium Equivalent	Employee Contributions	Employer Contributions	$ Change	% Change
Vision	Base Plan	PNG Non Union	Employee	$5.68	$1.10	$4.58	$5.68	$1.10	$4.58	$0.00	0.0%
			Emp + Spouse	$11.36	$2.21	$9.15	$11.36	$2.21	$9.15	$0.00	0.0%
			Emp + Domestic Partner	$11.36	$2.21	$9.15	$11.36	$2.21	$9.15	$0.00	0.0%
			Emp + Child	$12.16	$2.36	$9.80	$12.16	$2.36	$9.80	$0.00	0.0%
			Emp + Children	$12.16	$2.36	$9.80	$12.16	$2.36	$9.80	$0.00	0.0%
			Emp + Family	$19.43	$3.77	$15.66	$19.43	$3.77	$15.66	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$19.43	$3.77	$15.66	$19.43	$3.77	$15.66	$0.00	0.0%
	Base Plan + Protec	PNG Non Union	Employee	$6.61	$1.10	$5.51	$7.05	$1.10	$5.95	$0.00	0.0%
			Emp + Spouse	$12.29	$2.21	$10.08	$12.73	$2.21	$10.52	$0.00	0.0%
			Emp + Domestic Partner	$12.29	$2.21	$10.08	$12.73	$2.21	$10.52	$0.00	0.0%
			Emp + Child	$13.09	$2.36	$10.73	$13.53	$2.36	$11.17	$0.00	0.0%
			Emp + Children	$13.09	$2.36	$10.73	$13.53	$2.36	$11.17	$0.00	0.0%
			Emp + Family	$20.36	$3.77	$16.59	$20.80	$3.77	$17.03	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$20.36	$3.77	$16.59	$20.80	$3.77	$17.03	$0.00	0.0%
	Buy Up	PNG Non Union	Employee	$8.23	$3.65	$4.58	$8.23	$3.65	$4.58	$0.00	0.0%
			Emp + Spouse	$16.46	$7.31	$9.15	$16.46	$7.31	$9.15	$0.00	0.0%
			Emp + Domestic Partner	$16.46	$7.31	$9.15	$16.46	$7.31	$9.15	$0.00	0.0%
			Emp + Child	$17.61	$7.81	$9.80	$17.61	$7.81	$9.80	$0.00	0.0%
			Emp + Children	$17.61	$7.81	$9.80	$17.61	$7.81	$9.80	$0.00	0.0%
			Emp + Family	$28.15	$12.49	$15.66	$28.15	$12.49	$15.66	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$28.15	$12.49	$15.66	$28.15	$12.49	$15.66	$0.00	0.0%
	Buy Up + Protec	PNG Non Union	Employee	$9.59	$3.65	$5.94	$10.24	$3.65	$6.59	$0.00	0.0%
			Emp + Spouse	$17.83	$7.31	$10.52	$18.48	$7.31	$11.17	$0.00	0.0%
			Emp + Domestic Partner	$17.83	$7.31	$10.52	$18.48	$7.31	$11.17	$0.00	0.0%
			Emp + Child	$18.98	$7.81	$11.17	$19.63	$7.81	$11.82	$0.00	0.0%
			Emp + Children	$18.98	$7.81	$11.17	$19.63	$7.81	$11.82	$0.00	0.0%
			Emp + Family	$29.52	$12.49	$17.03	$30.17	$12.49	$17.68	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$29.52	$12.49	$17.03	$30.17	$12.49	$17.68	$0.00	0.0%
	Protec Stand alone	All	Employee	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%
			Emp + Spouse	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%
			Emp + Domestic Partner	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%
			Emp + Child	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%
			Emp + Children	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%

		Emp + Family	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%
		Emp + Child(ren) & Domestic Prtnr	$3.22	$3.22	$0.00	$4.75	$4.75	$0.00	$1.53	47.5%
	612 Union Plan	--	Employee	$5.98	$2.39	$3.59	$5.98	$2.39	$3.59	$0.00	0.0%
			Emp + Spouse	$11.96	$4.78	$7.18	$11.96	$4.78	$7.18	$0.00	0.0%
			Emp + Domestic Partner	$11.96	$8.36	$3.60	$11.96	$8.36	$3.60	$0.00	0.0%
			Emp + Child(ren)	$12.04	$4.82	$7.22	$12.04	$4.82	$7.22	$0.00	0.0%
			Emp + Family	$16.52	$6.61	$9.91	$16.52	$6.61	$9.91	$0.00	0.0%
			Emp + Child(ren) & Domestic Prtnr	$16.52	$10.79	$5.73	$16.52	$10.79	$5.73	$0.00	0.0%

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

44. Provide each medical insurance policy that Delta currently maintains.

Response:

See the attached Benefit Summaries and Benefit Booklets for the 3 Plan Options:

1) Essential Utilities (Group Number: 10491262) – HDHP

2) Essential Utilities (Group Number: 10105003) – PPO1

3) Essential Utilities (Group Number: 10105005) – PPO2

Independence

Medical Benefit Highlights

High Deductible Health Plan - Essential Utilities

Covered Services	Your Costs (You pay)	
Benefits per Contract Year	**In-Network**	**Out-of-Network**
Deductible (Aggregate)[1]		
Individual/Family	$1,600/$3,200	$5,000/$15,000
Out-of-Pocket Maximum (Embedded)[2]		
Individual/Family	$3,000/$6,000	$15,000/$45,000
Coinsurance	20%	50%
Preventive Services	**In-Network**	**Out-of-Network**
Preventive Care	No charge no deductible	50% after deductible
Preventive Colonoscopy		
Preventive Plus Providers	No charge no deductible	Not covered
Hospital Based	No charge no deductible	50% after deductible
Physician Services	**In-Network**	**Out-of-Network**
Primary Care Physician (PCP)		
Office Visit	20% after deductible	50% after deductible
Telemedicine Visit	20% after deductible	50% after deductible
Specialist		
Office Visit	20% after deductible	50% after deductible
Telemedicine Visit	20% after deductible	50% after deductible
Retail Health Clinic Visit	20% after deductible	50% after deductible
Urgent Care Visit	20% no deductible	50% after deductible
Virtual Care[3]	**In-Network**	**Out-of-Network**
Telemedicine	No charge after deductible	Not covered
Teledermatology	Not covered	Not covered
Telebehavioral Health	No charge after deductible	Not covered
Therapy Services	**In-Network**	**Out-of-Network**
Physical Therapy (50 visits/year)[4]		
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible
Occupational Therapy (50 visits/year)[5]		
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible
Speech Therapy (30 visits/year)[4]	20% after deductible	50% after deductible

Independence

Emergency Services	In-Network	Out-of-Network
Emergency Room	20% no deductible	Covered at In-Network level
Emergency Ambulance	20% no deductible	Covered at In-Network level
Non-Emergency Ambulance	20% no deductible	50% after deductible

Hospital Services	In-Network	Out-of-Network
Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year)[6]	20% no deductible	50% after deductible
Observation Services	20% no deductible	20% after deductible
Maternity Hospital Services[6]	20% no deductible	50% after deductible
Inpatient Professional Services (includes Maternity)	20% no deductible	50% after deductible

Outpatient Surgery	In-Network	Out-of-Network
Freestanding	20% no deductible	50% after deductible
Hospital Based	20% no deductible	50% after deductible
Outpatient Professional Services	20% no deductible	50% after deductible

Outpatient Diagnostics	In-Network	Out-of-Network
Diagnostic Medical (EKG)	20% no deductible	50% after deductible
Routine Radiology (X-Ray)		
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible

Outpatient Lab and Pathology	In-Network	Out-of-Network
Freestanding	20% no deductible	50% after deductible
Hospital Based	20% no deductible	50% after deductible

Other Medical Services	In-Network	Out-of-Network
Spinal Manipulations (20 visits/year)[4]	20% after deductible	50% after deductible
Acupuncture (20 visits/year)[4]	20% after deductible	50% after deductible
Standard Injectables	20% no deductible	50% after deductible
Allergy Injections	20% no deductible	50% after deductible
Biotech/Specialty Injectables		
Home/Office	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
Chemotherapy	20% no deductible	50% after deductible
Dialysis	20% no deductible	50% after deductible

Independence

Skilled Nursing Facility (120 days/year)[4]	20% no deductible	50% after deductible
Home Health (60 visits/year)[4]	20% no deductible	50% after deductible
Hospice	20% no deductible	50% after deductible
Durable Medical Equipment (DME)	20% no deductible	40% after deductible
Mental Health – Outpatient (includes serious mental illness and substance abuse)		
Office Visit	20% after deductible	50% after deductible
All Other Services	20% after deductible	50% after deductible
Mental Health – Inpatient (includes serious mental illness and substance abuse)[6]	20% no deductible	50% after deductible

1 Aggregate deductible: For family coverage, the entire family deductible must be met before copayments or coinsurance are applied for an individual member.

2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

3 Telemedicine is provided by a designated telemedicine provider, please visit **www.ibx.com/findcarenow**.

4 Combined in and out-of-network.

5 Occupational Therapy and Cognitive Therapy combined visit limit in and out-of-network.

6 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

The Preferred Provider Organization (PPO) program gives you the freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by having care provided by preferred providers who participate in the BlueCard® PPO program (these are network providers). If you access care from a provider who does not participate in the BlueCard® PPO Program, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit **www.ibx.com/LGBooklet** or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to **http://www.ibx.com/preapproval** or call the phone number that is listed on the back of your identification card.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. **www.ibx.com**

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1901 Market Street
Philadelphia, PA 19103-1480

Independence

ESSENTIAL UTILITIES
762 W LANCASTER AVE
BRYN MAWR, PA 19010

April 2, 2024

Re: Your QCC Insurance Company Benefit Program

Dear Administrator:

Enclosed is a copy of the benefit booklet(s) that outlines the benefit program currently administered by Independence Blue Cross. The attached booklet(s) serves to document the benefit program agreement reached between us.

For our records, please indicate your acceptance of the benefit program outlined in the booklet(s) by signing, where indicated below, and returning this page to us within ten (10) days of your receipt of this letter. This signed acceptance page should be returned to:

Independence Blue Cross
Contract and Booklet Department, 33rd Floor
Attn: Charles Cauthorn
1901 Market Street
Philadelphia, PA 19103

If it is more convenient, you may alternately choose to fax this signed acceptance page to us at 215-241-4428.

We look forward to continuing our business relationship with you. If any questions or problems should arise regarding your benefit program, please call your Independence Blue Cross Marketing Executive.

Sincerely,

Koleen A. Cavanaugh

Printed Name: **Koleen Cavanaugh**
Title: SVP and Chief Marketing Executive

Enc.

Agreed to and Accepted:

Name: _____

Date: _____

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

THE PERSONAL CHOICE HEALTH BENEFITS PROGRAM

A COMPREHENSIVE MAJOR MEDICAL GROUP BENEFIT BOOKLET

Administered by

QCC Insurance Company
(Called "the Claims Administrator")
A Pennsylvania Corporation
Located at
1901 Market Street
Philadelphia, PA 19103

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Taglines as of 12/31/2022

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INTRODUCTION

Thank you for joining QCC Insurance Company (the Claims Administrator). Our goal is to provide Members with access to quality health care coverage. This Benefit Booklet is a summary of the Members benefits and the procedures required in order to receive the benefits and services to which Members are entitled. Members' specific benefits covered by the Claims Administrator are described in the ***Description of Covered Services*** section of this Benefit Booklet. Benefits, exclusions and limitations appear in the ***Exclusions – What Is Not Covered*** and the ***Schedule of Covered Services*** sections of this Benefit Booklet.

Please remember that this Benefit Booklet is a summary of the provisions and benefits provided in the Program selected by the Member's Group. Additional information is contained in the Group Program Document available through the Member's Group benefits administrator. The information in this Benefit Booklet is subject to the provisions of the Group Program Document. If changes are made to the Members Group's Program, the Member will be notified by the Members Group benefits administrator. Group Program Document changes will apply to benefits for services received after the effective date of change.

If changes are made to this Program, the Member will be notified. Changes will apply to benefits for services received on or after the effective date unless otherwise required by applicable law. The effective date is the *later* of:

- The effective date of the change;
- The Members Effective Date of coverage; or
- The Group Program Document anniversary date coinciding with or next following that service's effective date.

Please read the Benefit Booklet thoroughly and keep it handy. It will answer most questions regarding the Claims Administrator's procedures and services. **If Members have any other questions, they should call the Claims Administrator's Customer Service Department ("Customer Service") at the telephone number shown on the Members Identification Card ("ID Card").**

Any rights of a Member to receive benefits under the Group Program Document and Benefit Booklet are personal to the Member and may not be assigned in whole or in part to any person, Provider or entity, nor may benefits be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Group Program Document and Benefit Booklet, as required by law.

See ***Important Notices*** section for updated language and coverage changes that may affect this Benefit Booklet.

Your Costs		
Benefit Period	Contract Year (twelve (12) month period beginning on Group's anniversary date)	
	IN-NETWORK	**OUT-OF-NETWORK**
Program Deductible		
Individual	$1,600	$5,000
Family	$3,200	$15,000
Note for Program Deductible shown above: In each Benefit Period, the Deductibles shown above apply to all Covered Services except as otherwise specified in the ***Schedule of Covered Services***. In each Benefit Period, the Family Deductible will be applied to all family members covered under a Family Coverage. A Deductible will not be applied to any covered family member once the Family Deductible has been satisfied for all covered family members combined. The In-Network Care Individual Deductible and In-Network Care Family Deductible amounts may be subject to an annual cost of living adjustment for high deductible health plans that are compatible with a health savings account. Any annual adjustment will be made in accordance with Internal Revenue Code section 223. Members will be notified in advance of any changes to the In-Network Care Individual Deductible and In-Network Care Family Deductible amounts.		
Coinsurance(I)	20% for Covered Services, except as otherwise specified in the ***Schedule of Covered Services.***	50% for Covered Services, except as otherwise specified in the ***Schedule of Covered Services.***

	IN-NETWORK	OUT-OF-NETWORK
Coinsurance Limit[I]		
Individual	$3,000	$15,000
Family	$6,000	$45,000
Note for Coinsurance Limit shown above: When a Member Incurs the level of In-Network Coinsurance Limit listed above of Coinsurance expense in one Benefit Period for In-Network Covered Services, no additional Coinsurance will be required for the balance of that Benefit Period. After the Family In-Network Coinsurance Limit amount has been Incurred for Covered Services by Members under the same Family Coverage in a Benefit Period, no additional Coinsurance will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Coinsurance Limit amount.		
Out-of-Pocket Limit		
Individual	$3,000	$15,000
Family	$6,000	$45,000
Note for Out-of-Pocket Limit shown above: When a Member Incurs the level of In-Network Out-of-Pocket expenses listed above of Copayments, Deductible and Coinsurance expense in one Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of the Benefit Period. After the Family In-Network Out-of-Pocket Limit amount have been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of the Benefit Period. However, no family member will contribute more than the individual In-Network Out-of-Pocket amount. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. The In-Network dollar amount specified above shall not include any expense Incurred for Penalties associated with failure to Precertify required services or for amounts that exceed the Health Benefit Plan's payment (see the ***Covered Expense*** definition for details). When a Member Incurs the level of Out-of-Network Out-of-Pocket expenses listed above of Coinsurance expense in one Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% for the balance of the Benefit Period. After the Family Out-of-Network Out-of-Pocket Limit amount have been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance will be reduced to 0% for the balance of the Benefit Period. The Out-of-Network dollar amount specified above shall not include any expense Incurred for any Deductible, Copayments or Penalties associated with failure to Precertify required services or for amounts that exceed the Health Benefit Plan's payment (see the ***Covered Expense*** definition for details). The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit may be subject to an annual cost of living adjustment for high deductible health plans that are compatible with a health savings account. Any annual adjustment will be made in accordance with Internal Revenue Code section 223. Members will be notified in advance of any changes to the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit amounts.		
Lifetime Maximum	Unlimited	Unlimited

SCHEDULE OF COVERED SERVICES

This ***Schedule of Covered Services*** is an overview of the benefits you are entitled to. More details can be found in ***the Description of Covered Services*** section.

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Schedule of Covered Services*** during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this ***Schedule of Covered Services*** are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the "Covered Expense" definition in the ***Important Definitions*** section.

Some Covered Services must be Precertified before the Member receives the services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Acupuncture(4)	20%, after Deductible	50%, after Deductible
Note for Acupuncture shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits		
Alcohol Or Drug Abuse And Dependency(3)		
Inpatient Hospital Detoxification and Rehabilitation	20%, after Deductible*	50%, after Deductible**
Hospital and Non-Hospital Residential Care	20%, after Deductible*	50%, after Deductible**
Outpatient Treatment		
Office Visit	20%, after Deductible	50%, after Deductible
All Other	20%, after Deductible	50%, after Deductible
Telebehavioral Health	None, after Deductible	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Ambulance Services/Transport (4)		
Emergency	20%, after Deductible	20%, after In-Network Deductible
Non-Emergency	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Autism Spectrum Disorders(4)	Same cost-sharing as any other medical service within the applicable medical service (For example, Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (For example, Therapy Services, Diagnostic Services, etc.)
Note for Autism Spectrum Disorders shown above: Benefit Period Maximums and visit limits do not apply If this Program does not provide coverage for prescription drugs, Autism Spectrum Disorders medications are covered less the applicable Coinsurance per 30 day prescription order: Generic Coinsurance – 30% Brand Coinsurance – 30%		
Blood(3)	20%, after Deductible	50%, after Deductible
Colorectal Cancer Screening(4)	20%, after Deductible	50%, after Deductible
Diabetic Education Program(4)	None, after Deductible	Not Covered
Diabetic Equipment And Supplies(4)	20%, after Deductible	50%, after Deductible
Durable Medical Equipment And Consumable Medical Supplies(4)	20%, after Deductible	50%, after Deductible
Emergency Care Services(4)	20%, after Deductible	20%, after In-Network Deductible
Home Health Care(4)	20%, after Deductible	50%, after Deductible
Note for Home Health Care shown above: Benefit Period Maximum: 60 visits. Benefit Period Maximum and cost-sharing do not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Hospice Services(3)	20%, after Deductible	50%, after Deductible
Note for Hospice Services shown above: Respite Care: Maximum of seven In-Network/Out-of-Network days every six months.		
Hospital Services(2)		
Facility Charge	20%, after Deductible*	50%, after Deductible**
Professional Charge	20%, after Deductible	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Immunizations(1)	None, Deductible does not apply	50%, Deductible does not apply
Injectable Medications(4)		
Specialty Drug		
Home/Office	20%, after Deductible	50%, after Deductible
Outpatient	20%, after Deductible	50%, after Deductible
Standard Injectable Drugs	20%, after Deductible	50%, after Deductible
Laboratory and Pathology Tests(4)		
Freestanding Laboratory	20%, after Deductible	50%, after Deductible
Hospital-Based Laboratory	20%, after Deductible	50%, after Deductible
Maternity/OB-GYN/Family Services(3)		
Artificial Insemination	20%, after Deductible	50%, after Deductible
Elective Abortions		
Professional Service	20%, after Deductible	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
* Only one Copayment will apply depending upon place of service.		
Maternity/Obstetrical Care		
Professional Service	20%, after Deductible	50%, after Deductible
Facility Service: Inpatient/Birthing Center	20%, after Deductible	50%, after Deductible
Newborn Care	20%, after Deductible	50%, after Deductible
Note for Newborn Care shown above: Cost-sharing does not apply for the first 31 days following birth		
Medical Care(2)	20%, after Deductible	50%, after Deductible
Medical Foods and Nutritional Formulas(4)	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Mental Health/Psychiatric Care (3)		
Inpatient	20%, after Deductible*	50%, after Deductible**
Outpatient		
Office Visit	20%, after Deductible	50%, after Deductible
All Other	20%, after Deductible	50%, after Deductible
Telebehavioral Health	None, after Deductible	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Methadone Treatment(4)	None, after Deductible	50%, after Deductible
Nutrition Counseling For Weight Management(1)	None, Deductible does not apply	50%, after Deductible
Note for Nutrition Counseling For Weight Management shown above: Benefit Period Maximum: 6 In-Network/Out-of-Network visits. Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Observation Room(4)	20%, after Deductible	20%, after Deductible
Orthotics(4)	20%, after Deductible	50%, after Deductible
Podiatric Care(4)	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Preventive Care – Adult(1)	None, Deductible does not apply	50%, Deductible does not apply
Routine/Preventive Colonoscopy		
Preventive Plus (P+) Facility/Non-Hospital based Facility*	None, Deductible does not apply	Not Covered
Non-Preventive Plus (P+) Facility/Hospital based Facility	None**, Deductible does not apply	50%, Deductible does not apply
* For $0 (None) Member cost-sharing to apply, all services must be performed by an In-Network gastroenterologist or a colon and rectal surgeon. ** The Copayment will be waived if the In-Network Provider determines that it is Medically Necessary to have the service performed by a Provider that is Hospital based. *Note for Routine/Preventive Colonoscopy shown above:* There is no cost-share applied if the preventive colonoscopy service is performed at a facility that is not Hospital based (For example, an Ambulatory Surgical Facility); if the preventive colonoscopy service is performed at a Hospital based facility, the Hospital based Copayment shown above will apply. In addition to seeking services from Preventive Plus (P+) Providers, colonoscopy screenings must meet the United State Preventive Services Task Force's (USPSTF) guidelines for $0 (None) Member cost-sharing to apply.		
Preventive Care – Pediatric(1)	None, Deductible does not apply	50%, Deductible does not apply
Primary Care Physician Office Visits/Retail Clinics/Telemedicine Visits(1)		
Office Visits/Retail Clinics	20%, after Deductible	50%, after Deductible
Telemedicine Visits (excluding Retail Clinics)	20%, after Deductible	50%, after Deductible
Note for Primary Care Physician Office Visits/Retail Clinics/Telemedicine Visits shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.		
Prosthetic Devices(4)	20%, after Deductible	50%, after Deductible
Radiology Services – Non-Routine(4) (including MRI/MRA, CT scans, PET scans)		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Radiology Services – Routine(4)		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
Skilled Nursing Facility Services(2)	20%, after Deductible	50%, after Deductible
Note for Skilled Nursing Facility Services shown above: Benefit Period Maximum: 120 In-Network/Out-of-Network Inpatient days Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Sleep Studies(4)		
Home/Freestanding Sleep Center	20%, after Deductible	50%, after Deductible
Facility Charge	20%, after Deductible	50%, after Deductible
Smoking Cessation(1)	None, Deductible does not apply	50%, Deductible does not apply
Specialist Office/Telemedicine Visits(4)		
Office Visits	20%, after Deductible	50%, after Deductible
Telemedicine Visits	20%, after Deductible	50%, after Deductible
Note for Specialist Office/Telemedicine Visits shown above: If a Member receives Covered Services in addition to an office visit, additional Copayments, Deductibles or Coinsurance may apply.		
Spinal Manipulation Services(4)	20%, after Deductible	50%, after Deductible
Note for Spinal Manipulation Services shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits.		
Surgical Services(3)		
Outpatient Ambulatory Surgical Center	20%, after Deductible	50%, after Deductible
Outpatient Facility Charge	20%, after Deductible	50%, after Deductible
Outpatient Professional Charge	20%, after Deductible	50%, after Deductible
Outpatient Anesthesia	20%, after Deductible	50%, after Deductible
Second Surgical Opinion		
Office Visits	20%, after Deductible	50%, after Deductible
Telemedicine Visits	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Surgical Services (Continued)		
Note for Surgical Services shown above: If more than one surgical procedure is performed by the same Professional Provider during the same operative session, the Claims Administrator will pay 100% of the Covered Service for the highest paying procedure and 50% of the Covered Services for each additional procedure.		
Therapy Services(4)		
Cardiac Rehabilitation Therapy	20%, after Deductible	50%, after Deductible
Note for Cardiac Rehabilitation Therapy shown above Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.		
Chemotherapy	20%, after Deductible	50%, after Deductible
Dialysis	20%, after Deductible	50%, after Deductible
Infusion Therapy		
Home/Office	20%, after Deductible	50%, after Deductible
Outpatient	20%, after Deductible	50%, after Deductible
Physical Therapy/Occupational Therapy		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
Note for Physical Therapy/Occupational Therapy shown above: Benefit Period Maximum: 50 In Network/Out of Network sessions of Physical Therapy/Occupational Therapy combined. Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy. Benefit Period Maximums does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Pulmonary Rehabilitation Therapy	20%, after Deductible	50%, after Deductible
Note for Pulmonary Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions		
Radiation Therapy	20%, after Deductible	50%, after Deductible
Respiratory Therapy	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Therapy Services(4) **(continued)**		
Speech Therapy	20%, after Deductible	50%, after Deductible
Note for Speech Therapy shown above: Benefit Period Maximum: 30 In-Network/Out-of-Network sessions. Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Transplant Services(3)		
Inpatient Facility Charges	20%, after Deductible	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
Urgent Care Centers(4)	20%, after Deductible	50%, after Deductible
Women's Preventive Care(1)	None, Deductible does not apply	50%, Deductible does not apply
Note for Women's Preventive Care shown above: **Contraceptives mandated by the Women's Preventive Services provision of PPACA, are covered at 100% for certain generic products and brand products. All other contraceptive products are not covered.**		

BENEFIT	If the Member utilizes a contracted vendor	If the Member does not utilize a contracted vendor
Virtual Care Services(4)		
Telemedicine Visit (Vendor/Virtual Provider)	None, after Deductible	Not Covered
Teledermatology	Not Covered	Not Covered
Telebehavioral Health	None, after Deductible	Not Covered

(1) Located in the Primary & Preventive Care Section of the ***Description of Covered Services***
(2) Located in the Inpatient Section of the ***Description of Covered Services***
(3) Located in the Inpatient/Outpatient Section of the ***Description of Covered Services***
(4) Located in the Outpatient Section of the ***Description of Covered Services***

DESCRIPTION OF COVERED SERVICES

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Description of Covered Services*** section during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. These amounts and percentages, and other cost-sharing requirements are specified in the ***Schedule of Covered Services***.

Covered Services may be provided by either an In-Network or Out-of-Network Provider. However, the Member will maximize the benefits available when Covered Services are provided by a Provider that belongs to the Personal Choice Network (an In-Network Provider) and has a contract with the Claims Administrator to provide services and supplies to the Member. The Member will be held harmless for Out-of-Network differentials if: an In-Network Provider fails to provide written notice to the Member of the Provider's Out-of-Network status for certain services; or, an In-Network Provider provides a written order for certain services to be performed by an In-Network Provider that has Out-of-Network status for those services and that Provider performs such service. The ***General Information*** section provides more detail regarding In-Network and Out-of-Network Providers, the Personal Choice Network, and the reimbursement of Covered Services provided by Facility Providers and Professional Providers.

Some Covered Services must be Precertified before the Member receives the services. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

PRIMARY AND PREVENTIVE CARE

A Member is entitled to benefits for Primary Care and Preventive Care Covered Services when deemed Medically Necessary and billed for by a Provider. Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

"Preventive Care" services generally describe health care services performed to catch the early warning signs of health problems. These services are performed when the Member has no symptoms of disease. "Primary Care" services generally describe health care services performed to treat an illness or injury.

The Claims Administrator reviews the schedule of Covered Services, at certain times. Reviews are based on recommendations from organizations such as:

- The American Academy of Pediatrics;
- The American College of Physicians;
- The U.S. Preventive Services Task Force; and
- The American Cancer Society.

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at https://www.healthcare.gov/preventive-care-benefits/.

The Claims Administrator reserves the right to modify the Preventive Schedule document at any time. However, the Member has to be given a written notice of the change, before the change takes effect.

Immunizations
The Claims Administrator will provide coverage for the following:
- Pediatric immunizations;
- Adult immunizations; and
- The agents used for the immunizations.

All immunizations, and the agents used for them, must conform to the standards set by the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services.*

Pediatric and adult immunization schedules can be found in the Preventive Schedule document.

The benefits for these pediatric immunizations are limited to Members under 21 years of age.

Nutrition Counseling for Weight Management
The Claims Administrator will provide coverage for nutrition counseling visits or sessions for the purpose of weight management. However, they need to be performed and billed by any of the following Providers, in an office setting:
- By the Member's Physician;
- By a Specialist; or
- By a Registered Dietitian (RD).

This benefit is in addition to any other nutrition counseling Covered Services described in this Benefit Booklet.

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)
The Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT), in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

A BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

Preventive Care - Adult
The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Preventive Care - Pediatric
The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Primary Care Physician Office Visits/Retail Clinics/Telemedicine Visits
The Claims Administrator will provide coverage for Medical Care visits, by a Primary Care Provider, for any of the following services:
- The examination of an illness or injury;
- The diagnosis of an illness or injury; and
- The treatment of an illness or injury.

For the purpose of this benefit, "Office Visits" include:
- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to a Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

In addition to Office Visits a Member may receive Medical Care at a Retail Clinic. Retail Clinics are staffed by certified family nurse practitioners, who are trained to diagnose, treat, and write prescriptions when clinically appropriate. Nurse practitioners are supported by a local Physician who is on-call during clinic hours to provide guidance and direction when necessary.

Examples of treatment and services that are provided at a Retail Clinic include, but are not limited to:

- Sore throat;
- Ear, eye, or sinus infection;
- Allergies;
- Minor burns;
- Skin infections or rashes; and
- Pregnancy testing.

For the purposes of this benefit, “Telemedicine Visits” include Medical Care visits when the encounter takes place via a secure Health Insurance Portability and Accountability Act (HIPAA) – complaint interactive audio and video telecommunications system as specified in the Claims Administrator’s policies.

Smoking Cessation
Smoking cessation includes clinical preventive services rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) as described under the Preventive Services provision of the Patient Protection and Affordable Care Act.

Women's Preventive Care
The Claims Administrator will provide coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document. Covered Services and Supplies include, but are not limited to, the following:

- Routine Gynecological Exam, Pap Smear: Members are covered for one routine gynecological exam each Benefit Period. This includes the following:
  - A pelvic exam and clinical breast exam; and
  - Routine Pap smears.

  These must be done in accordance with the recommendations of the *American College of Obstetricians and Gynecologists.*
- Mammograms: Coverage will be provided for screening mammograms. The Claims Administrator will only provide coverage for benefits for mammography if the following applies:
  - It is performed by a qualified mammography service provider.
  - That service provider is properly certified by the appropriate state or federal agency.
  - That certification is done in accordance with the Mammography Quality Assurance Act of 1992.
- Breastfeeding comprehensive support and counseling from trained providers; access to breastfeeding supplies, including coverage for rental of hospital-grade breastfeeding pumps under Durable Medical Equipment supplier with Medical Necessity review; and coverage for lactation support and counseling provided during postpartum hospitalization, Mother's Option visits, and obstetrician or pediatrician visits for pregnant and nursing women at no cost share to the Member when provided by an In-Network Provider.
- Contraception: The Women’s Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care. The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration (FDA) include.

- Sterilization surgery for women;
- Surgical sterilization implant for women;
- Implantable rod;
- IUD copper;
- IUD with progestin;
- The shot or injection;
- Oral contraceptives (combined pill);
- Oral contraceptives (progestin only, and);
- Oral contraceptives (extended or continuous use);
- The contraceptive patch;
- Vaginal contraceptive rings;
- Diaphragm;
- Contraceptive sponges;
- Cervical caps;
- Female condoms;
- Spermicides;
- Emergency contraception (levonorgestrel); and
- Emergency contraception (ulipristal acetate).

Although all FDA approved contraceptive methods and patient education and counseling, are covered, only certain contraceptive drug options in each category are covered at no cost share to the Member when provided by an In-Network Provider. Abortifacients are not considered contraceptives.

If a Member's Physician determines that they require more than one well-women visit annually to obtain all recommended preventive services (based on the women's health status, health needs and other risk factors), the additional visit(s) will be provided without cost-sharing.

INPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Inpatient Care are Covered Services when they are:

- Deemed Medically Necessary;
- Provided by a Facility Provider and billed by a Provider; and
- Preapproved by the Claims Administrator.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Hospital Services

- Ancillary Services

  The Claims Administrator will provide coverage for all ancillary services usually provided and billed for by Hospitals, except for personal convenience items. This includes, but is not limited to:

- Meals, including special meals or dietary services, as required by the Member's condition;
- Use of operating room, delivery room, recovery room, or other specialty service rooms and any equipment or supplies in those rooms;
- Casts, surgical dressings, and supplies, devices or appliances surgically inserted within the body;
- Oxygen and oxygen therapy;
- Anesthesia when administered by a Hospital employee, and the supplies and use of anesthetic equipment;
- Therapy Services when administered by a person who is appropriately licensed and authorized to perform such services;
- All drugs and medications (including intravenous injections and solutions);
  - For use while in the Hospital;
  - Which are released for general use; and
  - Which are commercially available to Hospitals.
- Use of special care units, including, but not limited to intensive care units or coronary care units; and
- Pre-admission testing.

■ Room and Board

The Claims Administrator will provide coverage for general nursing care and such other services as are covered by the Hospital's regular charges for accommodations in the following:

- An average semi-private room, as designated by the Hospital; or a private room, when designated by the Claims Administrator as semi-private for the purposes of this Program in Hospitals having primarily private rooms;
- A private room, when Medically Necessary;
- A special care unit, such as intensive or coronary care, when such a designated unit with concentrated facilities, equipment and supportive services is required to provide an intensive level of care for a critically ill patient;
- A bed in a general ward; and
- Nursery facilities.

Benefits are provided up to the number of days specified in the ***Schedule of Covered Services***.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Hospital.

It will not provide coverage for:

- Time spent outside of the Hospital, if the Member interrupts the stay and then stay past midnight on the day the interruption occurs; or
- Time spent in the Hospital after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

Medical Care
The Claims Administrator will provide coverage for Medical Care rendered to the Member, in the following way, except as specifically provided.

It is Medical Care that is rendered:
- By a Professional Provider who is in charge of the case;
- While the Member is an Inpatient in a Hospital, Rehabilitation Hospital or Skilled Nursing Facility; and
- For a condition not related to Surgery, pregnancy, radiation therapy or Mental Illness.

Such care includes Inpatient intensive Medical Care rendered to the Member:
- While the Member's condition requires a Professional Provider's constant attendance and treatment; and
- For a prolonged period of time.

- Concurrent Care
  The Claims Administrator will provide coverage for the following services, while the Member is an Inpatient, when they occur together:
  - Services rendered to the Member by a Professional Provider:
    - Who is not in charge of the case; but
    - Whose particular skills are required for the treatment of complicated conditions.
  - Services rendered to the Member as an Inpatient in a:
    - Hospital;
    - Rehabilitation Hospital; or
    - Skilled Nursing Facility.

  This does not include:
  - Observation or reassurance of the Member;
  - Standby services;
  - Routine preoperative physical examinations;
  - Medical Care routinely performed in the pre- or post-operative or pre- or post-natal periods; or
  - Medical Care required by a Facility Provider's rules and regulations.

- Consultations
  The Claims Administrator will provide coverage for Consultation services when rendered in both of the following ways:
  - By a Professional Provider, at the request of the attending Professional Provider; and
  - While the Member is an Inpatient in a:
    - Hospital;
    - Rehabilitation Hospital; or
    - Skilled Nursing Facility.

  Benefits are limited to one consultation per consultant during any Inpatient confinement.

  Consultations do not include staff consultations which are required by the Facility Provider's rules and regulations.

Skilled Nursing Facility Services
The Claims Administrator will provide coverage for a Skilled Nursing Facility:
- When Medically Necessary as determined by the Claims Administrator.
- Up to the Maximum days specified in the ***Schedule of Covered Services***.

The Member must require treatment:
- By skilled nursing personnel;
- Which can be provided only on an Inpatient basis in a Skilled Nursing Facility.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:
- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Skilled Nursing Facility.

It will not provide coverage for:
- Time spent outside of the Skilled Nursing Facility, if the Member interrupts their stay and then stays past midnight on the day the interruption occurs;
- Time spent if the Member remains past midnight of the day on which the interruption occurred; or
- Time spent in the Skilled Nursing Facility after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

INPATIENT/OUTPATIENT SERVICES

The Member is entitled to benefits for Covered Services while the Member is an Inpatient in a Facility Provider or on an Outpatient basis when both of the following happen:
- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Blood
The Claims Administrator will provide coverage for the administration of blood and blood processing from donors. In addition, benefits are also provided for:
- Autologous blood drawing, storage or transfusion.
  - This refers to a process that allows the Member to have their own blood drawn and stored for personal use.
  - One example would be self-donation, in advance of planned Surgery.
- Whole blood, blood plasma and blood derivatives:
  - Which are not classified as drugs in the official formularies; and
  - Which have not been replaced by a donor.

Hospice Services

The Claims Administrator will provide coverage for palliative and supportive services provided to a terminally ill Member through a Hospice program by a Hospice Provider. This also includes Respite Care.

- Who is eligible: The Member will be eligible for Hospice benefits if both of the following occur:
  - The Member's attending Physician certifies that the Member has a terminal illness, with a medical prognosis of six months or less; and
  - The Member elects to receive care primarily to relieve pain.
- The goal of care and what is included: Hospice Care provides services to make the Member as comfortable and pain-free as possible. This is primarily comfort care, and it includes:
  - Pain relief;
  - Physical care;
  - Counseling; and
  - Other services, that would help the Member cope with a terminal illness, rather than cure it.
- What happens to the treatment of the Member's illness: When the Member elects to receive Hospice Care:
  - Benefits for treatment provided to cure the terminal illness are no longer provided.
  - The Member can also change their mind and elect to not receive Hospice Care anymore.
- How long Hospice care continues: Benefits for Covered Hospice Services shall be provided until whichever occurs first:
  - The Member's discharge from Hospice Care; or
  - The Member's death.
- Respite Care for the Caregiver: If the Member were to receive Hospice Care primarily in the home, the Member's primary caregiver may need to be relieved, for a short period. In such a case, the Claims Administrator will provide coverage for the Member to receive the same kind of care in the following way:
  - On a short-term basis;
  - As an Inpatient; and
  - In a Medicare certified Skilled Nursing Facility.
    This can only be arranged when the Hospice considers such care necessary to relieve primary caregivers in the Member's home.

Maternity/OB-GYN/Family Services

- Artificial Insemination
  Services performed by a Professional Provider for the promotion of fertilization of a female recipient's own ova (eggs):
  - By the introduction of mature sperm from partner or donor into the recipient's vagina or uterus, with accompanying:
    - Simple sperm preparation;
    - Sperm washing; and/or
    - Thawing.

- Elective Abortions
  The Claims Administrator will provide coverage for services provided in a Facility Provider that is a Hospital or Birth Center. It also includes services performed by a Professional Provider for the voluntary termination of a pregnancy by a Member, which is a Covered Expense under this Program.

- Maternity/Obstetrical Care
  The Claims Administrator will provide coverage for Covered Services rendered in the care and management of a pregnancy for a Member.
  - Pre-notification - The Claims Administrator should be notified of the need for maternity care within one month of the first prenatal visit to the Physician or midwife.
  - Facility and Professional Services - The Claims Administrator will provide coverage for:
    - Facility services: Provided by a Facility Provider that is a Hospital or Birth Center; and
    - Professional services: Performed by a Professional Provider or certified midwife.
  - Scope of Care - The Claims Administrator will provide coverage for:
    - Prenatal care; and
    - Postnatal care.
  - Type of delivery - Maternity care Inpatient benefits will be provided for:
    - 48 hours for vaginal deliveries; and
    - 96 hours for cesarean deliveries.

  Except as otherwise approved by the Claims Administrator.
  - Home Health Care for Early Discharge: In the event of early post-partum discharge from an Inpatient Admission:
    - Benefits are provided for Home Health Care, as provided for in the Home Health Care benefit.

- Newborn Care
  - A Member's newborn child will be entitled to benefits provided by this Program:
    - From the date of birth up to a maximum of 31 days.
  - Such coverage within the 31 days will include care which is necessary for the treatment of:
    - Medically diagnosed congenital defects;
    - Medically diagnosed birth abnormalities;
    - Medically diagnosed prematurity; and
    - Routine nursery care.
  - Coverage for a newborn may be continued beyond 31 days under conditions specified in the ***General Information*** section of this Benefit Booklet.

Mental Health/Psychiatric Care
The Claims Administrator will provide coverage for the treatment of Mental Illness and Serious Mental Illness based on the services provided and reported by the Provider. Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Mental Health/Psychiatric Care to any current or potential Member, Dependent or In-Network Provider.

- Regarding the provision of care other than Mental Health/Psychiatric Care: When a Provider renders Medical Care, other than Mental Health/Psychiatric Care, for a Member with Mental Illness and Serious Mental Illness, payment for such Medical Care:
  - Will be based on the Medical Benefits available; and
  - Will not be subject to the Mental Health/Psychiatric Care limitations. Emergency Care will be considered In-Network Care.

- Inpatient Treatment
  The Claims Administrator will provide coverage, subject to the Benefit Period limitation(s) stated in the ***Schedule of Covered Services***, during an Inpatient Admission for treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be received from an In-Network Facility Provider and Inpatient visits for the treatment of Mental Illness and Serious Mental Illness must be performed by an In-Network Professional Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Electroconvulsive therapy;
- Psychological testing; and
- Psychopharmacologic management.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

- Outpatient Treatment

  The Claims Administrator will provide coverage for Outpatient treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be performed by an In-Network Professional Provider/In-Network Facility Provider.

  Covered Services include treatments such as:
  - Psychiatric visits;
  - Psychiatric consultations;
  - Individual and group psychotherapy;
  - Licensed Clinical Social Worker visits;
  - Master's Prepared Therapist visits;
  - Tele-Behavioral Health services;
  - Electroconvulsive therapy;
  - Psychological testing;
  - Psychopharmacologic management;and
  - Psychoanalysis.

- Benefit Period Maximums for Mental Health/Psychiatric Care

  All Inpatient Mental Health/Psychiatric Care for both Mental Illness and Serious Mental Illness are covered up to the Maximum day amount(s) per Benefit Period specified in the ***Schedule of Covered Services***. Out-of-Network Benefit Period maximums are part of, not separate from, In-Network Benefit Period maximums.

Routine Patient Costs Associated With Qualifying Clinical Trials

- The Claims Administrator provides coverage for Routine Patient Costs Associated with Participation in a Qualifying Clinical Trial (see the ***Important Definitions*** section).
- To ensure coverage and appropriate claims processing, the Claims Administrator must be notified in advance of the Member's participation in a Qualifying Clinical Trial. Benefits are payable if the Qualifying Clinical Trial is conducted by an In-Network Professional Provider, and conducted in an In-Network Facility Provider. If there is no comparable Qualifying Clinical Trial being performed by an In-Network Professional Provider, and in an In-Network Facility Provider, then the Claims Administrator will consider the services by an Out-of-Network Provider, participating in the clinical trial, as covered if the clinical trial is deemed a Qualifying Clinical Trial (see ***Important Definitions*** section) by the Claims Administrator.

Surgical Services

The Claims Administrator will provide coverage for surgical services provided:

- By a Professional Provider, and/or a Facility Provider
- For the treatment of disease or injury.

Separate payment will not be made for:

- Inpatient preoperative care or all postoperative care normally provided by the surgeon as part of the surgical procedure.

Covered Services also include:

- Congenital Cleft Palate - The orthodontic treatment of congenital cleft palates:
  - That involve the maxillary arch (the part of the upper jaw that holds the teeth);
  - That is performed together with bone graft Surgery; and
  - That is performed to correct bony deficits that are present with extremely wide clefts affecting the alveolus.
- Mastectomy Care - The Claims Administrator will provide coverage for the following when performed after a mastectomy:
  - All stages of reconstruction of the breast on which the mastectomy has been performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - Prostheses and physical complications all stages of mastectomy, including lymphedemas; and
  - Surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to:
    - Augmentation;
    - Mammoplasty;
    - Reduction mammoplasty; and
    - Mastopexy.
- Coverage is also provided for:
  - The surgical procedure performed in connection with the initial and subsequent insertion or removal of Prosthetic Devices (either before or after Surgery) to replace the removed breast or portions of it;
  - The treatment of physical complications at all stages of the mastectomy, including lymphedemas. Treatment of lymphedemas is not subject to any benefit Maximum amounts that may apply to "Physical Therapy" services as provided under the subsection entitled "Therapy Services" of this section; and
  - Routine neonatal circumcisions and any voluntary surgical procedure for sterilization.

- Anesthesia
  - The Claims Administrator will provide coverage for the administration of Anesthesia:
    - In connection with the performance of Covered Services;
    - When rendered by or under the direct supervision of a Professional Provider other than the surgeon, assistant surgeon or attending Professional Provider (except an Obstetrician providing Anesthesia during labor and delivery and an oral surgeon providing services otherwise covered under this Benefit Booklet).
  - General Anesthesia, along with hospitalization and all related medical expenses normally Incurred as a result of the administration of general Anesthesia, when rendered in conjunction with dental care provided to Members age seven or under and for developmentally disabled Members when determined by the Claims Administrator to be Medically Necessary and when a successful result cannot be expected for treatment under local Anesthesia, or when a superior result can be expected from treatment under general Anesthesia.

- Assistant at Surgery

  The Claims Administrator will provide coverage for an assistant surgeon's services if:
  - The assistant surgeon actively assists the operating surgeon in the performance of covered Surgery;
  - An intern, resident, or house staff member is not available; and
  - The Member's condition or the type of Surgery must require the active assistance of an assistant surgeon as determined by the Claims Administrator.

  Surgical assistance is not covered when performed by a Professional Provider who themselves performs and bills for another surgical procedure during the same operative session.

- Hospital Admission for Dental Procedures or Dental Surgery

  The Claims Administrator will provide coverage for a Hospital admission in connection with dental procedures or Surgery only when:
  - The Member has an existing non-dental physical disorder or condition; and
  - Hospitalization is Medically Necessary to ensure the Member's health.

  Dental procedures or Surgery performed during such a confinement will only be covered for the services described in "Oral Surgery" and "Assistant at Surgery" provisions.

- Oral Surgery

  The Claims Administrator will provide coverage for Covered Services provided by a Professional Provider and/or Facility Provider for:
  - Orthognathic Surgery - Surgery on the bones of the jaw (maxilla or mandible) to correct their position and/or structure for the following clinical indications only:
    - For accidents: The initial treatment of Accidental Injury/trauma (That is, fractured facial bones and fractured jaws), in order to restore proper function.
    - For congenital defects: In cases where it is documented that a severe congenital defect (That is, cleft palate) results in speech difficulties that have not responded to non-surgical interventions.
    - For chewing and breathing problems: In cases where it is documented (using objective measurements) that chewing or breathing function is materially compromised (defined as greater than two standard deviations from normal) where such compromise is not amenable to non-surgical treatments, and where it is shown that orthognathic Surgery will decrease airway resistance, improve breathing, or restore swallowing.
  - Other Oral Surgery - Defined as Surgery on or involving the teeth, mouth, tongue, lips, gums, and contiguous structures. Covered Service will only be provided for:
    - Surgical removal of impacted teeth which are partially or completely covered by bone;
    - Surgical treatment of cysts, infections, and tumors performed on the structures of the mouth; and
    - Surgical removal of teeth prior to cardiac Surgery, Radiation Therapy or organ transplantation.

  To the extent that the Member has available dental coverage, the Claims Administrator reserves the right to seek recovery from the Provider.

  The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision.

- Second Surgical Opinion (Voluntary)

  The Claims Administrator will provide coverage for consultations for Surgery to determine the Medical Necessity of an elective surgical procedure.
  - "Elective Surgery" is that Surgery which is not of an Emergency or life threatening nature;
  - Such Covered Services must be performed and billed by a Professional Provider other than the one who initially recommended performing the Surgery.

Transplant Services

When a Member is the recipient of transplanted human organs, marrow, or tissues, benefits are provided for all Inpatient and Outpatient transplants, which are beyond the Experimental/Investigative stage. Benefits, are also provided for those services to the Member which are directly and specifically related to the covered transplantation. This includes services for the examination of such transplanted organs, marrow, or tissue and the processing of Blood provided to a Member:

- When both the recipient and the donor are Members, the payment of their respective medical expenses shall be covered by their respective benefit programs.
- When only the recipient is a Member, and the donor has no available coverage or source for funding, benefits provided to the donor will be charged against the recipient's coverage under this Program. The donor benefits are limited to only those not provided or available to the donor from any other source. This includes, but is not limited to, other insurance coverage, or coverage by the Claims Administrator or any government program. When only the recipient is a Member and the donor has available coverage or a source for funding, the donor must use such coverage or source for funding as no benefits are provided to the donor under this Program.
- When only the donor is a Member, the donor is entitled to the benefits of this Program for all related donor expenses, subject to the following additional limitations:
  - The benefits are limited to only those benefits not provided or available to the donor from any other source for funding or coverage in accordance with the terms of this Program; and
  - No benefits will be provided to the donor recipient.
- If any organ or tissue is sold rather than donated to the Member recipient, no benefits will be payable for the purchase price of such organ or tissue.

Treatment for Alcohol or Drug Abuse and Dependency

- Alcohol Or Drug Abuse And Dependency is a disease that can be described as follows:
  It is an addiction to alcohol and/or drugs. It is also the compulsive behavior that results from this addiction.
  - This addiction makes it hard for a person to function well with other people.
  - It makes it hard for a person to function well in the work that they do.
  - It will also cause person's body and mind to become quite ill if the alcohol and/or drugs are taken away.
- The Claims Administrator will provide coverage for the care and treatment of Alcohol Or Drug Abuse And Dependency:
  - Provided by a licensed Hospital or licensed Facility Provider or an appropriately licensed behavioral health Provider.
  - Subject to the Maximum(s) shown in the Schedule of Covered Services; and
  - According to the provisions outlined below.
- For maximum benefits, treatment must be received from an In-Network Provider.
- To Access Treatment for Alcohol Or Drug Abuse And Dependency:
  - Call the behavioral health management company at the phone number shown on the Members ID Card.

Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Alcohol Or Drug Abuse And Dependency to any current or potential Member, Dependent or In-Network Provider.

- Inpatient Treatment
  - Inpatient Detoxification
    Covered Services include:
    - Lodging and dietary services;
    - Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
    - Diagnostic x-rays;
    - Psychiatric, psychological and medical laboratory testing; and
    - Drugs, medicines, use of equipment and supplies.

    A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

  - Hospital and Non-Hospital Residential Treatment
    Hospital or Non-Hospital Residential Treatment of Alcohol Or Drug Abuse And Dependency shall be covered on the same basis as any other illness covered under this Program.

    Covered services include:
    - Lodging and dietary services;
    - Physician, Psychologist, nurse, certified addictions counselor and trained staff services;
    - Rehabilitation therapy and counseling;
    - Family counseling and intervention;
    - Psychiatric, psychological and medical laboratory testing; and
    - Drugs, medicines, use of equipment and supplies.

    A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

- Outpatient Treatment
  - Covered services include:
    - Diagnosis and treatment of substance abuse, including Outpatient Detoxification by the appropriately licensed behavioral health Provider;
    - Appropriately licensed behavioral health providers including Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
    - Telebehavioral Health services;
    - Rehabilitation therapy and counseling;
    - Family counseling and intervention;
    - Psychiatric, psychological and medical laboratory testing; and
    - Medication management and use of equipment and supplies.

OUTPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Outpatient Care are Covered Services when:
- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Acupuncture
The Claims Administrator will provide coverage for Acupuncture up to the limits specified in the ***Schedule of Covered Services*** for all Covered Services.

Ambulance Services/Transport
The Claims Administrator will provide coverage for ambulance services. However, these services need to be:
- Medically Necessary as determined by the Claims Administrator; and
- Used for transportation in a specially designed and equipped vehicle that is used only to transport the sick or injured and only when the following applies;
  - The vehicle is licensed as an ambulance, where required by applicable law;
  - The ambulance transport is appropriate for the Member's clinical condition;
  - The use of any other method of transportation, such as taxi, private car, wheel-chair van or other type of private or public vehicle transport would endanger the Member's health or be inappropriate for the Member's medical condition; and
  - The ambulance transport satisfies the destination and other requirements as stated under Regarding Emergency Ambulance transport or Regarding Non-Emergency Ambulance transports.

In addition, the Claims Administrator will provide coverage for services provided by a licensed Emergency services Provider who initiates necessary intervention to evaluate and, if necessary, stabilize the condition of the Member and subsequently determines the Member does not require transport or the Member refuses to be transported. These services must be Medically Necessary as determined by the Claims Administrator.

Benefits are payable for air or sea ambulance transportation only if the Member's condition, and the distance to the nearest facility able to treat the Member's condition, justify the use of an alternative to land transport.

- Regarding Emergency Ambulance transport: The ambulance must be transporting the Member:
  - From the Member's home, or the scene of an accident or Medical Emergency;
  - To the nearest Hospital, or other Emergency Care Facility, that can provide the Medically Necessary Covered Services for the Member's condition.
- Regarding Non-Emergency Ambulance transports: Non-Emergency air or ground facility transport may be covered when Medically Necessary as determined by the Claims Administrator (For example, sending facility does not have the required services to effectively treat the Member, such as trauma or burn care). Non-Emergency air or ground transport may be covered to transport the Member back to an In-Network Facility Provider as determined by the Claims Administrator, when:
  - The transfer is Medically Necessary (as determined by the Claims Administrator's definition of Medical Necessity); and
  - The Member's medical condition requires uninterrupted care and attendance by qualified medical staff during transport by ground ambulance, or by air transport when transfer cannot be safely provided by land ambulance.

  Non-Emergency ambulance transports are not provided for family members or companions or for the convenience of the Member, the family, or the Provider treating the Member.

Autism Spectrum Disorders (ASD)
The Claims Administrator will provide coverage for the diagnostic assessment and treatment of Autism Spectrum Disorders (ASD).

Diagnostic assessment is defined as Medically Necessary assessments, evaluations or tests performed by a licensed Physician, licensed Physician assistant, licensed Psychologist or Certified Registered Nurse practitioner, or Autism Service Provider to diagnose whether an individual has an Autism Spectrum Disorder. Results of the diagnostic assessment shall be valid for a period of not less than 12 months, unless a licensed Physician or licensed Psychologist determines an earlier assessment is necessary.

Treatment of Autism Spectrum Disorders shall be identified in an ASD Treatment Plan and shall include any Medically Necessary Pharmacy Care, Psychiatric Care, Psychological Care, Rehabilitative Care and Therapeutic Care that is:

- Prescribed, ordered or provided by a licensed Physician, licensed Physician assistant, licensed Psychologist, Licensed Clinical Social Worker or Certified Registered Nurse practitioner;
- Provided by an Autism Service Provider, including a Behavior Specialist; or
- Provided by a person, entity or group that works under the direction of an Autism Service Provider.

An ASD Treatment Plan shall be developed by a licensed Physician or licensed Psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The ASD Treatment Plan may be reviewed by the Claims Administrator once every six months. A more or less frequent review can be agreed upon by the Claims Administrator and the licensed Physician or licensed Psychologist developing the ASD Treatment Plan.

Treatment of Autism Spectrum Disorders will include any of the following Medically Necessary services that are listed in an ASD Treatment Plan developed by a licensed Physician or licensed Psychologist:

- Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- Pharmacy Care - Medications prescribed by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner to determine the need or effectiveness of such medications. If this Program provides benefits for prescription drugs the ASD medications may be purchased at a pharmacy, subject to the cost-sharing arrangement applicable to the prescription drug coverage. If this Program does not provide coverage for prescription drugs, ASD medications may be purchased at a pharmacy, and the Member will be reimbursed at 100% less the applicable Coinsurance amount shown in the ***Schedule of Covered Services***. Benefits are available for up to a 30 day supply.
- Psychiatric Care - Direct or consultative services provided by a Physician who specializes in psychiatry.
- Psychological Care - Direct or consultative services provided by a Psychologist.
- Rehabilitative Care - Professional services and treatment programs, including applied behavioral analysis, provided by an Autism Service Provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.
- Habilitative Care - Health care services provided by an Autism Service Provider that help an individual to keep, learn, or improve skills and functioning for daily living.
- Therapeutic Care - Services provided by speech language pathologists, occupational therapists or physical therapists.

Upon full or partial denial of coverage for any Autism Spectrum Disorders benefits, a Member shall be entitled to file an Appeal. The Appeal process will:

- Provide internal review followed by independent external review; and
- Have levels, expedited and standard Appeal time frames, and other terms established by the Claims Administrator consistent with applicable Pennsylvania and federal law.

Appeal filing procedures will be described in notices denying any Autism Spectrum Disorders benefits. Full Appeal process descriptions will be provided after a new Appeal is initiated and can also be obtained at any time by contacting Member Services.

Colorectal Cancer Screening
The Claims Administrator will provide coverage for colorectal cancer screening for Symptomatic Members, Nonsymptomatic Members over age 50, and Nonsymptomatic Members under age 50 who are at high risk or increased risk for colorectal cancer. Coverage for colorectal cancer screening must be in accordance with the current American Cancer Society guidelines, and consistent with approved medical standards and practices. The method and frequency of screening to be utilized shall be:

- Coverage for Symptomatic Members shall include a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at a frequency determined by a treating Physician.
- Coverage for Nonsymptomatic Members over age 50 shall include, but not be limited to:
  - An annual fecal occult blood test;
  - A sigmoidoscopy, a screening barium enema, or a test consistent with approved medical standards and practices to detect colon cancer, at least once every five years; and
  - A colonoscopy at least once every ten years.
- Coverage for Nonsymptomatic Members under age 50 who are at high or increased risk for colorectal cancer shall include a colonoscopy or any combination of colorectal cancer screening tests.

"Nonsymptomatic Member at high or increased risk" means a Member who poses a higher than average risk for colorectal cancer according to the current American Cancer Society guidelines on screening for colorectal cancer.

"Symptomatic Member" means a Member who experiences a change in bowel habits, rectal bleeding or persistent stomach cramps, weight loss or abdominal pain.

Consumable Medical Supplies
The Claims Administrator will provide coverage for the purchase of Consumable Medical Supplies when:

- It is used in the Member’s home; and
- It is obtained through a Professional Provider.

Diabetic Education Program
When prescribed by a Professional Provider legally authorized to prescribe such items under law, the Claims Administrator will provide coverage for diabetes Outpatient self-management training and education, including medical nutrition, for the treatment of:

- Insulin-dependent diabetes;
- Insulin-using diabetes;
- Gestational diabetes; and
- Noninsulin-using diabetes.

When Physician certification must occur: The attending Physician must certify that a Member requires diabetic education on an Outpatient basis, under the following circumstances:

- Upon the initial diagnosis of diabetes;
- Upon a significant change in the Member's symptoms or condition; or
- Upon the introduction of new medication or a therapeutic process in the treatment or management of the Member's symptoms or condition.

Requirements that must be met: Outpatient diabetic education services will be covered when they meet specific requirements.

- These requirements are based on the certification programs for Outpatient diabetic education developed by the American Diabetes Association and the Pennsylvania Department of Health.
- Specific requirements: Outpatient diabetic education services and education program must:
  - Be provided by an In-Network Provider; and
  - Be conducted under the supervision of a licensed health care professional with expertise in diabetes, and subject to the requirements of the Claims Administrator.

Covered services include Outpatient sessions that include, but may not be limited to, the following information:

- Initial assessment of the Member's needs;
- Family involvement and/or social support;
- Psychological adjustment for the Member;
- General facts/overview on diabetes;
- Prevention and treatment of complications for chronic diabetes, (That is, foot, skin and eye care);
- Nutrition including its impact on blood glucose levels;
- Exercise and activity;
- Medications;
- Monitoring and use of the monitoring results;
- Use of community resources; and
- Pregnancy and gestational diabetes' if applicable.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a Pharmacy: This Program provides benefits for Prescription Drugs:
  - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a Pharmacy, if available;
  - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a Pharmacy:
  - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
  - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
  - Blood glucose monitors;
  - Insulin pumps;
  - Insulin infusion devices; and
  - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:
  - Blood testing strips;
  - Visual reading and urine test strips;
  - Insulin and insulin analogs;
  - Injection aids;
  - Insulin syringes;
  - Lancets and lancet devices;
  - Monitor supplies;
  - Pharmacological agents for controlling blood sugar levels; and
  - Glucagon emergency kits.

Diagnostic Services

The Claims Administrator will provide coverage for the following Diagnostic Services, when ordered by a Professional Provider and billed by a Professional Provider, and/or a Facility Provider:

- Routine Diagnostic Services, including, but not limited to:
  - Routine radiology: Consisting of x-rays, mammograms, ultrasound, and nuclear medicine;
  - Routine medical procedures: Consisting of ECG, EEG and other diagnostic medical procedures approved by the Claims Administrator; and
  - Allergy testing: Consisting of percutaneous, intracutaneous and patch tests.
- Non-Routine Diagnostic Services, including, but not limited to:
  - Nuclear Cardiology Imaging;
  - MRI/MRA;
  - CT Scans;
  - PET Scans; and
  - Sleep Studies.
- Diagnostic laboratory and pathology tests.
- Genetic testing and counseling.
  This includes services provided to a Member at risk for a specific disease that is a result of:
  - Family history; or
  - Exposure to environmental factors that are known to cause physical or mental disorders.

  When clinical usefulness of specific genetic tests has been established by the Claims Administrator, these services are covered for the purpose of:
  - Diagnosis;
  - Screening;
  - Predicting the course of a disease;
  - Judging the response to a therapy;
  - Examining risk for a disease; or
  - Reproductive decision-making.

Durable Medical Equipment

The Claims Administrator will provide coverage for the rental or, at the option of the Claims Administrator, the purchase of Durable Medical Equipment when:

- Prescribed by a Professional Provider and required for therapeutic use; and
- Determined to be Medically Necessary by the Claims Administrator.

Although an item may be classified as Durable Medical Equipment it may not be covered in every instance. Durable Medical Equipment, as defined in the ***Important Definitions*** section, that includes equipment that meets the following criteria:

- It is durable and can withstand repeated use. An item is considered durable if it can withstand repeated use, (That is, the type of item that could normally be rented). Medical Supplies of an expendable nature are not considered "durable" (For example, see the "Non-reusable supplies" provisions of the "Durable Medical Equipment" exclusion of the ***Exclusions - What Is Not Covered*** section of this Program);
- It customarily and primarily serves a medical purpose;
- It is generally not useful to a person without an illness or injury. The item must be expected to make a meaningful contribution to the treatment of the Member's illness, injury, or to improvement of a malformed body part; and
- It is appropriate for home use.

- Replacement and Repair:
  The Claims Administrator will provide coverage for the repair or replacement of Durable Medical Equipment

when the equipment does not function properly; and is no longer useful for its intended purpose, in the following limited situations:

- Due to a change in a Member's condition: When a change in the Member's condition requires a change in the Durable Medical Equipment the Claims Administrator will provide repair or replacement of the equipment;
- Due to breakage: When the Durable Medical Equipment is broken due to significant damage, defect, or wear, the Claims Administrator will provide repair or replacement only if the equipment's warranty has expired and it has exceeded its reasonable useful life as determined by the Claims Administrator.

Breakage under warranty: If the Durable Medical Equipment breaks while it is under warranty, replacement and repair is subject to the terms of the warranty. Contacts with the manufacturer or other responsible party to obtain replacement or repairs based on the warranty are the responsibility of:

- The Claims Administrator in the case of rented equipment; and
- The Member in the case of purchased equipment.

Breakage during reasonable useful lifetime: The Claims Administrator will not be responsible if the Durable Medical Equipment breaks during its reasonable useful lifetime for any reason not covered by warranty. (For example, the Claims Administrator will not provide benefits for repairs and replacements needed because the equipment was abused or misplaced.)

Cost to repair vs. cost to replace: The Claims Administrator will provide benefits to repair Durable Medical Equipment when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of Durable Medical Equipment:

- Replacement means the removal and substitution of Durable Medical Equipment or one of its components necessary for proper functioning;
- A repair is a restoration of the Durable Medical Equipment or one of its components to correct problems due to wear or damage or defect.

Emergency Care Services

- The In-Network level of benefits provided: Benefits for Emergency Care Services provided by a Hospital Emergency Room or other Outpatient Emergency Facility are provided by the Claims Administrator. They are provided at the In-Network level of benefits, regardless of whether the Member is treated by a In-Network or Out-of-Network Provider.
- Where to call and where to go: If Emergency Services are required, whether the Member is located in or outside the Personal Choice Network service area: Call 911 or seek treatment immediately at the emergency department of the closest Hospital or Outpatient Emergency Facility.
- What Emergency Care is: Emergency Care services are Outpatient services and supplies provided by a Hospital or Facility Provider and/or Professional Provider for initial treatment of the Emergency.
- Examples of an Emergency include:
  - Heart attack;
  - Loss of consciousness or respiration;
  - Cardiovascular accident;
  - Convulsions;
  - Severe Accidental Injury; and
  - Other acute medical conditions as determined by the Claims Administrator.

Note: Should any dispute arise as to whether an Emergency existed or as to the duration of an Emergency: The determination by the Claims Administrator shall be final.

Home Health Care

- Covered Services: The Claims Administrator will provide coverage for the following services when performed by a licensed Home Health Care Provider:
  - Professional services of appropriately licensed and certified individuals;
  - Intermittent skilled nursing care;
  - Physical Therapy;
  - Speech Therapy;
  - Well mother/well baby care following release from an Inpatient maternity stay; and
  - Care within 48 hours following release from an Inpatient Admission when the discharge occurs within 48 hours following a mastectomy.
- Regarding well mother/well baby care: With respect to well mother/well baby care following early release from an Inpatient maternity stay, Home Health Care services must be provided within 48 hours if:
  - Discharge occurs earlier than 48 hours of a vaginal delivery; or
  - Discharge occurs earlier than 96 hours of a cesarean delivery.

  No cost-sharing shall apply to these benefits when they are provided after an early discharge from the Inpatient maternity stay.
- Regarding other medical services and supplies: The Claims Administrator will also provide coverage for certain other medical services and supplies, when provided along with a primary service. Such other services and supplies include:
  - Occupational Therapy;
  - Medical social services; and
  - Home health aides in conjunction with skilled services and other services which may be approved by the Claims Administrator.
- Regarding Medical Necessity: Home Health Care benefits will be provided only when prescribed by the Member's attending Physician, in a written Plan Of Treatment and approved by the Claims Administrator as Medically Necessary.
- Regarding the issue of being confined: There is no requirement that the Member be previously confined in a Hospital or Skilled Nursing Facility prior to receiving Home Health Care.
- Regarding being Homebound: With the exception of Home Health Care provided to a Member, immediately following an Inpatient release for maternity care, the Member must be Homebound in order to be eligible to receive Home Health Care benefits by a Home Health Care Provider.

Limitations: This benefit is subject to the limits shown in the ***Schedule of Covered Services.***

Injectable Medications

The Claims Administrator will provide coverage for injectable medications required in the treatment of an injury or illness when administered by a Professional Provider.

- Specialty Drugs
  - Refer to a medication that meets certain criteria including, but not limited to:
    - The drug is used in the treatment of a rare, complex, or chronic disease;
    - A high level of involvement is required by a healthcare provider to administer the drug;
    - Complex storage and/or shipping requirements are necessary to maintain the drug's stability;
    - The drug requires comprehensive patient monitoring and education by a healthcare provider regarding safety, side effects, and compliance; and
    - Access to the drug may be limited.
  - Specialty Drugs can be categorized into different drug classes, including Gene Replacement Therapies. To obtain a list of Specialty Drugs please logon to www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information/specialty-drugs or call the Customer Service telephone number shown on the Member's Identification Card.
  - Gene Replacement Therapies are eligible for coverage under the medical benefit and require Precertification from the Claims Administrator. Claims Administrator has an established network of providers to administer Gene Replacement Therapies and can be found at: Gene-based therapies |

Independence Blue Cross (ibx.com). Gene Replacement Therapies that are eligible for coverage are included on the Precertification list. This list can be found at: https://www.ibx.com/resources/for-providers/policies-and-guidelines/operations-management/preapproval-requirements.

- Coinsurance applies:
  - The purchase of all Specialty Drugs is subject to:
    - Coinsurance, if dispensed by an In-Network Provider; or
    - Coinsurance, if dispensed by an Out-of-Network Provider.
  - The Coinsurance amounts are shown in the ***Schedule of Covered Services***.
- Coinsurance amounts will apply:
  - To each 30 day supply of medication dispensed for medications administered on a regularly scheduled basis; or
  - To each course/series of injections if administered on an intermittent basis.

  A 90 day supply of medication may be dispensed for some medications that are used for the treatment of a chronic illness.
- Dual Coverage
- Coverage and costs: The Claims Administrator will provide coverage for an injectable medication in accordance with Medical Policy coverage criteria and the terms and conditions of this Benefit Booklet. This is subject to any applicable Deductible, Copayment and/or Coinsurance or Precertification requirements:
  - If the drug is covered under the "Injectable Medication" benefit of this Benefit Booklet and is administered by a healthcare Provider in a Hospital Outpatient facility, provider's office, ambulatory (or free-standing) infusion suite, home (through a home infusion vendor), inpatient Hospital, or any other health care facility, this drug is eligible for coverage under the medical benefit:
    - Injectable medications are subject to the cost-share specified in the ***Schedule of Covered Services***.
  - Certain injectable medications may have a different formulation that is deemed eligible for coverage under the prescription drug benefit, if the benefit exists for the drug and if the Member can safely self-administer the drug without the assistance of a healthcare Provider, in accordance with the drug's prescribing information:
    - Self-administered drugs are subject to the cost-sharing associated with the terms of the Member's prescription drug benefit.

  Cost-sharing amounts for a drug that may be eligible for coverage under the Member's medical benefit or prescription drug benefit may vary. Members should discuss these coverage options with their healthcare Provider. Member financial responsibilities (including Deductible, Copayment, and/or Coinsurance) depend on the terms and conditions of the Member's applicable benefit. These terms and conditions are subject to change.

■ Standard Injectable Drugs
- Standard Injectable Drugs refer to a medication that is either injectable or infusible, but is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug.
- Standard Injectable Drugs include, but are not limited to:
  - Allergy injections and extractions; and
  - Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.
- Self-Administered Prescription Drugs generally are not covered.
- For more information on Self-Administered Prescription Drugs:
  - Please refer to the ***Exclusions - What Is Not Covered*** section and the description of "Insulin and Oral Agents" coverage in the ***Description of Covered Services*** section.

Insulin and Oral Agents
The Claims Administrator will provide coverage for Insulin and oral agents to control blood sugar as prescribed by a Physician and dispensed by a licensed pharmacy. Benefits are available for up to a 30 day supply when dispensed from a retail pharmacy.

Medical Foods and Nutritional Formulas

- The Claims Administrator will provide coverage for Medical Foods when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as:
  - Phenylketonuria;
  - Branched-chain ketonuria;
  - Galactosemia; and
  - Homocystinuria.

  Coverage is provided when administered on an Outpatient basis, either orally or through a tube.

- The Claims Administrator will provide coverage for Nutritional Formulas when the Nutritional Formula is administered through a tube.

- The Claims Administrator will provide coverage for oral elemental formulas for an infant or child suffering from Severe Systemic Protein Allergy, food protein-induced enterocolitis syndrome, eosinophilic disorders, or short-bowel syndrome that do not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.

- The Claims Administrator will provide coverage for Medical Foods and Nutritional Formulas when provided through a Durable Medical Equipment supplier or in connection with Infusion Therapy as provided for in this Program.

An estimated basal caloric requirement for Medical Foods and Nutritional Formula is not required for those with IEMs, or for when administered through a tube.

Non-Surgical Dental Services

The Claims Administrator will provide coverage only for:

- The initial treatment of Accidental Injury/trauma, (That is, fractured facial bones and fractured jaws), in order to restore proper function.

  Restoration of proper function includes the dental services required for the initial restoration or replacement of Sound Natural Teeth, required for the initial treatment for the Accidental Injury/trauma. This includes:
  - The first caps;
  - Crowns;
  - Bridges; and
  - Dentures (but not dental implants).

- The preparation of the jaws and gums required for initial replacement of Sound Natural Teeth. Injury as a result of chewing or biting is not considered an Accidental Injury. See the exclusion of dental services in the ***Exclusions - What Is Not Covered*** section for more information on what dental services are not covered.

Orthotics (Devices Used for Support of Bones and Joints)
The Claims Administrator will provide coverage for:
- The first purchase and fitting: This is the initial purchase and fitting (per medical episode) of orthotic devices which are Medically Necessary as determined by the Claims Administrator. This does not include foot orthotics, unless the Member requires foot orthotics as a result of diabetes.
- Replacements due to growth: The replacement of covered orthotics for Dependent children when required due to natural growth.

Podiatric Care
The Claims Administrator will provide coverage for:
- Capsular or surgical treatment of bunions;
- Ingrown toenail Surgery; and
- Other non-routine Medically Necessary foot care.

In addition, for Members with peripheral vascular and/or peripheral neuropathic diseases, including but not limited to diabetes, benefits for routine foot care services are covered.

Prosthetic Devices
The Claims Administrator will provide coverage for expenses Incurred for Prosthetic Devices (except dental prostheses) required as a result of illness or injury. Expenses for Prosthetic Devices are subject to medical review by the Claims Administrator to determine eligibility and Medical Necessity.

Such expenses may include, but not be limited to:
- The purchase, fitting, necessary adjustments and repairs of Prosthetic Devices which replace all or part of an absent body organ including contiguous tissue or which replace all or part of the function of an inoperative or malfunctioning body organ;
- The supplies and replacement of parts necessary for the proper functioning of the Prosthetic Device. Except coverage is not available for enhancements or deluxe supplies or convenience features that do not serve or contribute towards any clinically established physiological and/or functional improvements;
- Breast prostheses required to replace the removed breast or portions thereof as a result of mastectomy and prostheses inserted during reconstructive Surgery incident and subsequent to mastectomy; and
- Benefits are provided for the following visual Prosthetics when Medically Necessary and prescribed for one of the following conditions:
  - Initial contact lenses prescribed for treatment of infantile glaucoma;
  - Initial pinhole glasses prescribed for use after Surgery for detached retina;
  - Initial corneal or scleral lenses prescribed:
    - In connection with the treatment of keratoconus; or
    - To reduce a corneal irregularity other than astigmatism;
  - Initial scleral lenses prescribed to retain moisture in cases where normal tearing is not present or adequate; and
  - Initial pair of basic eyeglasses when prescribed to perform the function of a human lens (aphakia) lost as a result of:
    - Accidental Injury;
    - Trauma; or
    - Ocular Surgery.

The repair and replacement provisions do not apply to this item.

Benefits for replacement of a Prosthetic Device or its parts will be provided:
- When there has been a significant change in the Member's medical condition that requires the replacement;
- If the prostheses breaks because it is defective;
- If the prostheses breaks because it exceeds its life expectancy, as determined by the manufacturer; or
- For a Dependent's child due to the normal growth process when Medically Necessary.

The Claims Administrator will provide benefits to repair Prosthetic Devices when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of the prostheses, replacement means the removal and substitution of the prostheses or one of its components necessary for proper functioning. A repair is a restoration of the prostheses or one of its components to correct problems due to wear or damage. However, the Claims Administrator will not provide benefits for repairs and replacements needed because the prostheses was abused or misplaced.

If a Prosthetic Device breaks and is under warranty, it is the responsibility of the Member to work with the manufacturer to replace or repair it.

Specialist Office/Telemedicine Visits
The Claims Administrator will provide coverage for Specialist Services Medical Care provided in the office by a Provider other than a Primary Care Provider.

For the purpose of this benefit "in the office" includes:
- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to the Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

For the purpose of this benefit, “Telemedicine Visits” include Medical Care visits when the encounter takes place via a secure Health Insurance Portability and Accountability Act (HIPAA) – complaint interactive audio and video telecommunications system as specified in the Claims Administrator‘s policies.

Spinal Manipulation Services
The Claims Administrator will provide coverage for the detection and correction of structural imbalance or dislocation (subluxation) of the Member's spine resulting from, or related to any of the following:
- Distortion of, or in, the vertebral column;
- Misalignment of, or in, the vertebral column; or
- Dislocation (Subluxation) of, or in, the vertebral column.

The detection and correction can be done by: Manual or mechanical means (by hand or machine).

This service will be provided for, up to the limits specified in the ***Schedule of Covered Services*** for spinal manipulations.

Therapy Services
The Claims Administrator will provide coverage, subject to the Benefit Period Maximums specified in the ***Schedule of Covered Services***, for the following services prescribed by a Physician and performed by a Professional Provider, a therapist who is registered or licensed by the appropriate authority to perform the applicable therapeutic service, and/or Facility Provider, which are used in treatment of an illness or injury to promote recovery of the Member.
- Cardiac Rehabilitation Therapy
  Refers to a medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.

- Chemotherapy
  The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:
  - Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents;
  - The FDA approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Claims Administrator's policies; and
  - Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

  Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

- Dialysis
  The treatment of acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body by hemodialysis, peritoneal dialysis, hemoperfusion, or chronic ambulatory peritoneal dialysis (CAPD), or continuous cyclical peritoneal dialysis (CCPD).

- Infusion Therapy
  The infusion of drug, hydration, or nutrition (parenteral or enteral) into the body by a Professional Provider. Infusion therapy includes all professional services, supplies, and equipment that are required to safely and effectively administer the therapy. Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to prepare the drug, administer the infusion, and monitor the Member. The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy
  Includes treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living. Coverage will also include services rendered by a registered, licensed occupational therapist.

- Physical Therapy
  Includes treatment by physical means, heat, hydrotherapy or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury, or loss of body part, including the treatment of functional loss following hand and/or foot Surgery.

- Pulmonary Rehabilitation Therapy
  Includes treatment through a multidisciplinary program which combines Physical Therapy with an educational process directed towards the stabilization of pulmonary diseases and the improvement of functional status.

- Radiation Therapy
  The treatment of disease by x-ray, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery, including the cost of radioactive materials supplied and billed by the Provider.

- Respiratory Therapy
  Includes the introduction of dry or moist gases into the lungs for treatment purposes. Coverage will also include services by a respiratory therapist.

- Speech Therapy
  Includes treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital anomalies, or previous therapeutic processes. Coverage will also include services by a speech therapist.

Urgent Care Centers
The Claims Administrator will provide coverage for Urgent Care Centers, when Medically Necessary as determined by the Claims Administrator.

- Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention:
  - In a non-Emergency situation;
  - That cannot wait to be addressed by the Member's Professional Provider or Retail Clinic.

Cost-sharing requirements are specified in the **Schedule of Covered Services**.

Virtual Care Services

- Services Provided by a contacted vendor
  Virtual care services are provided by contracted vendors who are licensed to provide standard medical assessments, treatments, care and services to patients via the telephone or secure video when a Professional Provider is unavailable or inaccessible. These licensed Providers do not replace an existing Professional Provider relationship but enhances it with an efficient, convenient alternative for non-emergency medical problems. The applicable vendor Provider cost-sharing requirements are specified in the Schedule of Covered Services. The Member will pay the applicable cost-sharing via credit or debit card prior to the consultation.
- Benefits Provided by Professional Provider
  Virtual care services are also covered, when provided by a Professional Provider and subject to the relevant cost-share applicable to that Provider. The Provider’s eligibility will be determined by the Claims Administrator in the Claims Administrator’s policies, who is licensed in the state where the Virtual care service is being offered. Virtual care services are covered when the encounter takes place via a secure Health Insurance Portability and Accountability Act (HIPAA) - compliant interactive audio and video telecommunications system as specified in the Claims Administrator’s policies.

EXCLUSIONS – WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

Alternative Therapies/Complementary Medicine
For Alternative Therapies/Complementary Medicine, including but not limited to:
- Music therapy;
- Dance therapy;
- Equestrian/hippotherapy;
- Homeopathy;
- Primal therapy;
- Rolfing;
- Psychodrama;
- Vitamin or other dietary supplements and therapy;
- Naturopathy;
- Hypnotherapy;
- Bioenergetic therapy;
- Qi Gong;
- Ayurvedic therapy;
- Aromatherapy;
- Massage therapy;
- Therapeutic touch;
- Recreational, wilderness, educational and sleep therapies.

Ambulance Services/Transport
For ambulance services/transport except as specifically provided under this Program.

Assisted Fertilization Techniques
For assisted fertilization techniques such as, but not limited to, in-vitro fertilization, gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT).

Autism
- For the diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program.
- For the diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders.

Benefit Maximums
For charges Incurred for expenses in excess of Benefit Maximums as specified in the ***Schedule of Covered Services.***

Cognitive Rehabilitation Therapy
For Cognitive Rehabilitation Therapy, except when provided integral to other supportive therapies, such as, but not limited to physical, occupational and speech therapies in a multidisciplinary, goal-oriented and integrated treatment program designed to improve management and independence following neurological damage to the central nervous system caused by illness or trauma (For example: stroke, acute brain insult, encephalopathy).

Consumable Medical Supplies
For Consumable Medical Supplies, any item that meets the following criteria is not a covered Consumable Medical Supply and will not be covered:

- The item is for comfort or convenience.
- The item is not primarily medical in nature. Items not covered include, but are not limited to:
  - Ear plugs;
  - Ice pack;
  - Silverware/utensils;
  - Feeding chairs; and
  - Toilet seats.
- The item has features of a medical nature which are not required by the member's condition.
- The item is generally not prescribed by an eligible Provider.

Some examples of not covered Consumable Medical Supplies are:

- Incontinence pads;
- Lamb's wool pads;
- Face masks (surgical);
- Disposable gloves, sheets and bags;
- Bandages;
- Antiseptics; and
- Skin preparations.

Contraception
For Contraceptives.

Correctional Facility

- While a Member is incarcerated in any adult or juvenile penal or correctional facility or institution; or
- Care for conditions that federal, state or local law requires to be treated in a public facility.

Cosmetic Surgery
For services and operations for cosmetic purposes

- Which are done to improve the appearance of any portion of the body; and
- From which no improvement in physiologic function can be expected.

However, benefits are payable to correct:

- A condition resulting from an accident; and
- Functional impairment which results from a covered disease, injury or congenital birth defect.

This exclusion does not apply to mastectomy related charges as provided for and defined in the "Surgical Services" section in the ***Description of Covered Services.***

Cranial Prostheses (Including Wigs)
For cranial prostheses, including wigs intended to replace hair.

Day Rehabilitation Program
For Day Rehabilitation Program services.

Dental Care

- For dental services related to:
  - The care, filling, removal or replacement of teeth, including dental implants to replace teeth or to treat congenital anodontia, ectodermal dysplasia or dentinogenesis imperfecta; and
  - The treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth, except as otherwise specifically stated in this Benefit Booklet.
  - Specific services not covered include, but are not limited to (unless otherwise described in this Benefit Booklet):
    - Apicoectomy (dental root resection);
    - Prophylaxis of any kind;
    - Root canal treatments;
    - Soft tissue impactions;
    - Alveolectomy;
    - Bone grafts or other procedures provided to augment an atrophic mandible or maxilla in preparation of the mouth for dentures or dental implants; and
    - Treatment of periodontal disease;
- For dental implants for any reason.
- For dentures, unless for the initial treatment of an Accidental Injury/trauma.
- For Orthodontic treatment, except for appliances used for palatal expansion to treat congenital cleft palate.
- For injury as a result of chewing or biting (neither is considered an Accidental Injury).

Diagnostic Screening Examinations

For diagnostic screening examinations, except for mammograms and preventive care as provided in the "Primary and Preventive Care", "Women's Preventive Care" and "Diagnostic Services" subsections of the ***Description of Covered Services.***

Durable Medical Equipment
For the following examples of equipment that do not meet the definition of Durable Medical Equipment include, but are not limited to:

- Comfort and convenience items, such as massage devices, portable whirlpool pumps, telephone alert systems, bed-wetting alarms, and ramps.
- Equipment used for environmental control, such as air cleaners, air conditioners, dehumidifiers, portable room heaters, and heating and cooling plants.
- Equipment inappropriate for home use. This is an item that generally requires professional supervision for proper operation, such as:
  - Diathermy machines;
  - Medcolator;
  - Data transmission devices used for telemedicine purposes;
  - Pulse tachometer;
  - Translift chairs; and
  - Traction units.
- Non-reusable supplies other than a supply that is an integral part of the Durable Medical Equipment item required for the Durable Medical Equipment function. This means the equipment is not durable or is not a component of the Durable Medical Equipment.
- Equipment that is not primarily medical in nature. Equipment which is primarily and customarily used for a non-medical purpose may or may not be considered "medical" in nature. This is true even though the item may have some medically related use. Such items include, but are not limited to:
  - Equipment For Safety;
  - Exercise equipment;
  - Speech teaching machines;
  - Strollers;
  - Toileting systems;
  - Electronically-controlled heating and cooling units for pain relief;
  - Bathtub lifts;
  - Stairglides; and
  - Elevators.
- Equipment with features of a medical nature which are not required by the Member’s condition, such as a gait trainer. The therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a Medical Necessity and realistically feasible alternative item that serves essentially the same purpose.
- Duplicate equipment for use when traveling or for an additional residence, whether or not prescribed by a Professional Provider.
- Services not primarily billed for by a Provider such as delivery, set-up and service activities and installation and labor of rented or purchased equipment.
- Modifications to vehicles, dwellings and other structures. This includes any modifications made to a vehicle, dwelling or other structure to accommodate a Member’s disability or any modifications made to a vehicle, dwelling or other structure to accommodate a Durable Medical Equipment item, such as customization to a wheelchair.

Effective Date
Which were Incurred prior to the Member's Effective Date of coverage.

Experimental/Investigative
Which are Experimental/Investigative in nature, except, as approved by the Claims Administrator, Routine Patient Costs Associated With Qualifying Clinical Trials that meets the definition of a Qualifying Clinical Trial under this Benefit Booklet.

Foot Orthotics
For supportive devices for the foot (orthotics), such as, but not limited to:
- Foot inserts;
- Arch supports;
- Heel pads and heel cups; and
- Orthopedic/corrective shoes.

This exclusion does not apply to orthotics and podiatric appliances required for the prevention of complications associated with diabetes.

Hearing Aids
For hearing or audiometric examinations, and Hearing Aids and the fitting thereof; and, routine examinations. Services and supplies related to these items are not covered.

Cochlear electromagnetic hearing devices, a semi-implantable Hearing Aid, is not covered. Cochlear electromagnetic hearing devices are not considered cochlear implants.

High Cost Technical Equipment
For equipment costs related to services performed on high cost technological equipment as defined by the Claims Administrator, such as, but not limited to:
- Computer Tomography (CT) scanners;
- Magnetic Resonance Imagers (MRI); and
- Linear accelerators.

Unless the acquisition of such equipment by a Professional Provider was approved:
- Through the Certificate of Need (CON) process; and/or
- By the Claims Administrator.

Home Blood Pressure Machines
For home blood pressure machines, except for Members:
- With pregnancy-induced hypertension;
- With hypertension complicated by pregnancy;
- With end-stage renal disease receiving home dialysis; or
- Who are eligible for home blood pressure machine benefits as required based on ACA preventive mandates.

Home Health Care
For Home Health Care services and supplies in connection with Home health services for the following:
- Custodial services, food, housing, homemaker services, Home delivered meals and supplementary dietary assistance;
- Rental or purchase of Durable Medical Equipment;
- Rental or purchase of medical appliances (For example, braces) and Prosthetic Devices (For example, artificial limbs); supportive environmental materials and equipment, such as:
  - Handrails;
  - Ramps;
  - Telephones;
  - Air conditioners and similar services;
  - Appliances; and
  - Devices.

- Prescription drugs;
- Provided by family members, relatives, and friends;
- A Member's transportation, including services provided by voluntary ambulance associations for which the Member is not obligated to pay;
- Emergency or non-Emergency Ambulance services;
- Visiting teachers, friendly visitors, vocational guidance and other counselors, and services related to diversional Occupational Therapy and/or social services;
- Services provided to individuals (other than a Member released from an Inpatient maternity stay), who are not essentially Homebound for medical reasons; and
- Visits by any Provider personnel solely for the purpose of assessing a Member's condition and determining whether or not the Member requires and qualifies for Home Health Care services and will or will not be provided services by the Provider.

Hospice Care
For Hospice Care benefits for the following:
- Services and supplies for which there is no charge;
- Research studies directed to life lengthening methods of treatment;
- Services or expenses Incurred in regard to the Member's personal, legal and financial affairs (such as preparation and execution of a will or other disposition of personal and real property);
- Care provided by family members, relatives, and friends; and
- Private Duty Nursing.

Immediate Family
Rendered by a member of the Member's Immediate Family.

Immunizations for Employment or Travel
For Immunizations required for employment purposes or travel.

Intensive Behavioral Health Services/Pediatric Intensive Behavioral Health Services
For services designated as intensive behavioral health services/pediatric intensive behavioral health services (defined in Pennsylvania Medical Assistance Manual Chapter 1155), except as specifically provided under this Program (For example, Applied Behavioral Analysis).

Laboratory and Pathology Tests for Employment
For laboratory and pathology tests in connection with obtaining or continuing employment.

Lipedema
For Liposuction (Suction-Assisted Lipectomy) for the treatment of lipedema. This exclusion does not apply to:
- Liposuction (Suction-Assisted Lipectomy) for the treatment of lipedema when the Claims Administrator:
  - Determines the Liposuction (Suction-Assisted Lipectomy) is Medically Necessary; and
  - The Liposuction (Suction-Assisted Lipectomy) is limited to one procedure per area of the body per lifetime.

Medical Foods And Nutritional Formulas
- For appetite suppressants;
- For oral non-elemental nutritional supplements (For example, Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (For example, Nutramigen, Alimentun, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, and soy-based

products. This exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the Description of Covered Services;
- For elemental semi-solid foods (For example, Neocate Nutra);
- For products that replace fluids and electrolytes (For example, Electrolyte Gastro, Pedialyte);
- For oral additives (For example, Duocal, fiber, probiotics, or vitamins) and food thickeners (For example, Thick-It, Resource ThickenUp); and
- For supplies associated with the oral administration of formula (For example, bottles, nipples).

Medical Supplies
For Medical Supplies such as but not limited to thermometers, ovulation kits, early pregnancy or home pregnancy testing kits.

Medical Necessity
Which are not Medically Necessary as determined by the Claims Administrator for the diagnosis or treatment of illness or injury.

Mental Health/Psychiatric Care
- For vocational or religious counseling; and
- For activities that are primarily of an educational nature.

Military Service
For any loss sustained or expenses Incurred in the following ways:
- During military service while on active duty as a member of the armed forces of any nation; or
- As a result of enemy action or act of war, whether declared or undeclared.

Miscellaneous

- For care in a:
  - Long term care facility, including a:
    - Nursing home;
    - Assisted living facility; and
    - Board and care home;
  - Continuing care retirement facility;
  - Convalescent home;
  - School;
  - Camp; or
  - Institution for intellectually disabled children.
- For broken appointments.
- For Telephone consultations.
- For completion of a claim form.
- For marriage counseling.
- For Custodial Care, domiciliary care or rest cures.
- Which are not billed and performed by a Provider as defined under this coverage as a "Professional Provider", "Facility Provider" or "Ancillary Service Provider" except as otherwise indicated under the subsections entitled:
  - "Therapy Services"; and
  - "Ambulance Services/Transport" in the ***Description of Covered Services*** section.
- Performed by a Professional Provider enrolled in an education or training program when such services are:
  - Related to the education or training program; and are
  - Provided through a Hospital or university.
- For weight reduction and premarital blood tests. This exclusion does not apply to nutrition visits as set forth in the ***Description of Covered Services*** section under the subsection entitled "Nutrition Counseling for Weight Management".
- For any Therapy Service provided for:
  - Work hardening activities/programs; or
  - Evaluations not associated with therapy.

Motor Vehicle

For injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is:

- Paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan; or
- Payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law.

Non-Covered Services

Any services, supplies or treatments not specifically listed as covered benefits in this Program.

Obesity

For treatment of obesity, including surgical treatment of obesity.

This exclusion does not apply to pharmacological drugs for weight reduction or nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

Orthoptic/Pleoptic Therapy

For treatment associated with Orthoptic/Pleoptic Therapy.

Over-The-Counter Drugs

For over-the-counter drugs and any other medications that may be dispensed without a doctor’s prescription, except for medications administered during an Inpatient Admission. This exclusion does not apply to over-the-counter medicines that are prescribed by a Physician in accordance with applicable law.

Personal Hygiene and Convenience Items
For personal hygiene and convenience items such as, but not limited to the following, whether or not recommended by a Provider:

- Air conditioners;
- Humidifiers;
- Physical fitness or exercise equipment;
- Radio;
- Beauty/barber shop services;
- Guest trays;
- Wigs;
- Chairlifts;
- Stairglides;
- Elevators;
- Sauna;
- Television;
- Spa or health club memberships;
- Whirlpool;
- Telephone;
- Guest Service; or
- Hot tub or equivalent device.

Physical Examinations
For routine physical examinations for non-preventive purposes, such as:

- Pre-marital examinations;
- Physicals for college;
- Camp or travel; and
- Examinations for insurance, licensing and employment.

- Drugs obtained through mail order prescription drug services of an Out-of-Network Mail Order Pharmacy; and

Prescription Drugs

- For prescription drugs, except as may be provided by a prescription drug rider attached to this Benefit Booklet. This exclusion does NOT apply to insulin, insulin analogs and pharmacological agents for controlling blood sugar levels, as provided for the treatment of diabetes.
- For drugs and medicines for which the Member has coverage under a free-standing prescription drug program provided through the Enrolled Group.

Private Duty Nursing
For Inpatient and Outpatient Private Duty Nursing services.

Relative Counseling or Consultations
For counseling or consultation with a Member's relatives, or Hospital charges for a Member's relatives or guests, except as may be specifically provided or allowed in the "Treatment for Alcohol Or Drug Abuse And Dependency" or "Transplant Services" sections of the ***Description of Covered Services.***

Responsibility of Another Party

- For which a Member would have no legal obligation to pay, or another party has primary responsibility.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.

Responsibility of Medicare
Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is "payable under Medicare" when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the Claims Administrator.

Reversal of a Sterilization
For any Surgery performed for the reversal of a sterilization procedure.

Routine Foot Care
As defined in the Claims Administrator's Medical Policy unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes.

Self-Administered Prescription Drugs
For Self-Administered Prescription Drugs, regardless of whether the drugs are provided or administered by a Provider. Drugs are considered Self-Administered Prescription Drugs even when initial medical supervision and/or instruction is required prior to patient self-administration.

This exclusion does not apply to Self-Administered Prescription Drugs that are:
- Mandated to be covered by law, such as insulin or any drugs required for the treatment of diabetes, unless these drugs are covered by a Free-Standing Prescription Drug Contract issued to the Group by the Claims Administrator; or
- Required for treatment of an Emergency condition that requires a Self-Administered Prescription Drug.

Sexual Dysfunction
For sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist.

Skilled Nursing Facility
For Skilled Nursing Facility services in connection with the following:
- When confinement in a Skilled Nursing Facility is intended solely to assist the Member with the activities of daily living or to provide an institutional environment for the convenience of a Member;
- For the treatment of Alcohol And Drug Abuse Or Dependency, and Mental Illness; or
- After the Member has reached the maximum level of recovery possible for their particular condition and no longer requires definitive treatment other than routine Custodial Care.

Temporomandibular Joint Syndrome (TMJ)
For treatment of temporomandibular joint syndrome (TMJ), also known as craniomandibular disorders (CMD), with intraoral devices or with any non-surgical method to alter vertical dimension.

Termination Date
Which were or are Incurred after the date of termination of the Member's coverage except as provided in the ***General Information*** section.

Travel
For travel, whether or not it has been recommended by a Professional Provider or if it is required to receive treatment at an out of area Provider.

Veteran's Administration or Department of Defense
To the extent a Member is legally entitled to receive when provided by the Veteran's Administration or by the Department of Defense in a government facility reasonably accessible by the Member.

Vision

- For correction of myopia or hyperopia by means of corneal microsurgery, such as:
  - Keratomileusis;
  - Keratophakia;
  - Radial keratotomy and all related services.
- For eyeglasses, lenses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses except as otherwise described in this Benefit Booklet.

Worker's Compensation

For any occupational illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of:

- Worker's Compensation Law; or
- Any similar Occupational Disease Law or Act.

This exclusion applies whether or not the Member claims the benefits or compensation.

ELIGIBILITY, CHANGE AND TERMINATION RULES UNDER THE PROGRAM

Effective Date: The date the Group agrees that all eligible persons may apply and become covered for the benefits as set forth in this Program and described in this Benefit Booklet. If a person becomes an eligible person after the Group's Effective Date, that date becomes the eligible person's effective date under this Program.

Eligible Person
The Employee is eligible to be covered under this Program if the Employee is determined by the Group as eligible to apply for coverage and sign the Application.

Eligibility shall not be affected by the Employee's physical condition and determination of eligibility for the coverage by the employer shall be final and binding.

Eligible Dependent
The Employee's family is eligible for coverage (Dependent coverage) under this Program when the Employee is eligible for Employee coverage. An eligible Dependent is defined as the Employee's spouse under a legally valid existing marriage, the Employee's child(ren), including any stepchild, legally adopted child, a child placed for adoption or any child whose coverage is the Employee's responsibility under the terms of a qualified release or court order. The limiting age for covered children is the first of the month following the month in which they reach age 26.

In addition, a full-time student will be considered eligible for coverage when they are on a Medically Necessary leave of absence from an Accredited Educational Institution. The Dependent child will be eligible for coverage until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. The limiting age referenced above will be applicable regardless of the status of the Medically Necessary leave of absence.

A full-time student who is eligible for coverage under this Program who is:
- A member of the Pennsylvania National Guard or any reserve component of the U.S. armed forces and who is called or ordered to active duty, other than active duty for training for a period of 30 or more consecutive days; or
- A member of the Pennsylvania National Guard who is ordered to active state duty, including duty under Pa. C.S. Ch. 76 (relates to Emergency Management Assistance Compact), for a period of 30 or more consecutive days.

Eligibility for these Dependents will be extended for a period equal to the duration of the Dependent's service on duty or active state duty or until the individual is no longer a full-time student regardless of the age of the Dependent when the educational program at the Accredited Educational Institution was interrupted due to military duty.

As proof of eligibility, the Employee must submit a form to the Claims Administrator approved by the Department of Military & Veterans Affairs (DMVA):
- Notifying the Claims Administrator that the Dependent has been placed on active duty;
- Notifying the Claims Administrator that the Dependent is no longer on active duty; or
- Showing that the Dependent has re-enrolled as a full-time student in an Accredited Educational Institution for the first term or semester starting 60 or more days after their release from active duty.

Eligibility will be continued past the limiting age for unmarried children, regardless of age, who are incapable of

self-support because of mental or physical incapacitation and who are dependent on the Employee for over half of their support. The Claims Administrator may require proof of eligibility under the prior Claims Administrator's plan and also from time to time under this Program.

The newborn child(ren) of the Employee or the Employee's Dependent shall be entitled to the benefits provided by this Program from the date of birth for a period of 31 days. Coverage of newborn children within such 31 days shall include care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. To be eligible for Dependent coverage beyond the 31 day period, the Employee must enroll the newborn child within such 31 days. To continue coverage beyond 31 days for a newborn child, who does not otherwise qualify for coverage as a Dependent, the Employee must apply within 31 days after the birth of the newborn and the appropriate rate, calculated from the 32nd day after birth, must be paid when billed.

A newly acquired Dependent shall be eligible for coverage under this Program on the date the Dependent is acquired provided that the Employee applies to the Claims Administrator for addition of the Dependent within 31 days after the Dependent is acquired and the Employee makes timely payment of the appropriate rate. If Application is made later than 31 days after the Dependent is acquired, coverage shall become effective on the first billing date following 30 days after the Employee's Application is accepted by the Claims Administrator.

A Dependent child of a custodial parent covered under this Program may be enrolled under the terms of a qualified medical release or court order, as required by law.

No Dependent may be eligible for coverage as a Dependent of more than one Member of the Enrolled Group. No individual may be eligible for coverage hereunder as a Member and as a Dependent of a Member at the same time.

Benefits to Which the Member Is Entitled
The liability of the Claims Administrator is limited to the benefits specified in this Benefit Booklet. The Claims Administrator's determination of the benefit provisions applicable for the services rendered to the Member shall be conclusive.

Termination of Coverage at Termination Of Employment Or Membership In The Group
When a Member ceases to be an eligible Employee or eligible Dependent, or the required contribution is not paid, the Member's coverage will terminate at the end of the last month for which payment was made. However, if benefits under this Program are provided by and/or approved by the Claims Administrator before the Claims Administrator receives notice of the Member’s termination under this Program, the cost of such benefits will be the sole responsibility of the Member. In that circumstance, the Claims Administrator will consider the effective date of termination of a Member under this Program to be not more than 60 days before the first day of the month in which the Group notified the Claims Administrator of such termination.

Consumer Rights
Each Member has the right to access, review and copy their own health and membership records and request amendments to their records. This includes information pertaining to claim payments, payment methodology, reduction or denial, medical information secured from other agents, plans or providers.

For more information about accessing, reviewing or copying records, call Member Services at the toll-free number referenced on the Identification Card.

Member/Provider Relationship
- The choice of a Provider is solely the Member’s choice.
- The Claims Administrator does not furnish Covered Services but only makes payment for Covered Services received by persons covered under this Program. The Claims Administrator is not liable for any

act or omission of any Provider. The Claims Administrator has no responsibility for a Provider's failure or refusal to render Covered Services to a Member.

COVERAGE CONTINUATION

Termination of the Member's Coverage and Conversion Privilege Under This Program

- Termination of this Program – Termination of the Group coverage (this Program) automatically terminates all coverage for the Member (an Enrolled Employee) and the Member's eligible Dependents. The privilege of conversion to a conversion contract shall be available to any Member who has been continuously covered under the Program Document for at least three months (or covered for similar benefits under any group plan that this Program replaced).

  It is the responsibility of the Group or the Group's Applicant Agent to notify the Member and the Member's eligible Dependents of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given.

  Rescission: If it is proven that the Member or the Member's eligible Dependent obtained or attempted to obtain benefits or payment for benefits, through fraud or intentional misrepresentation of material fact, the Claims Administrator, may, upon notice to the Member, terminate the coverage. The Member will receive written notice at least 30 days prior to termination but will have the right to utilize the ***Complaint and Appeal Process*** to appeal cancellation.

  The privilege of conversion is available for the Member and the Member's eligible Dependents except in the following circumstances:
  - The Group terminates this Program in favor of group coverage by another organization; or
  - The Group terminates the Member in anticipation of terminating this Program in favor of group coverage by another organization.

- Notice of Conversion – Written notice of termination and the privilege of conversion to a conversion contract shall be given within 60 days after the date of termination of this Program. Once the Member receives notice and the Member elects a conversion plan, payment for coverage under the conversion contract must be made within 31 days. Evidence of insurability is not required. Upon receipt of this payment, the conversion contract will be effective on the date of the Member's termination under this Program.

  Conversion coverage shall not be available if the Member is eligible for another health care program which is available in the Group where the Member is employed or with which the Member is affiliated to the extent that the conversion coverage would result in over-insurance.

  If the Member's coverage or the coverage of the Member's eligible dependent terminates because of the Member's death, the Member's change in employment status, divorce of dependent spouse, or change in a dependent's eligibility status, the terminated Member will be eligible to apply within 31 days of termination (or termination of the continuation privileges under COBRA) to conversion coverage, of the type for which that Member is then qualified at the rate then in effect. This conversion coverage may be different from the coverage provided under this Program. Evidence of insurability is not required.

Continuation Of Coverage At Termination Of Employment Or Membership Due To Total Disability

The Member's protection under this Program may be extended after the date the Member ceases to be a Member under this Program because of termination of employment or membership in the Group. It will be extended if, on that date, the Member is Totally Disabled from an illness or injury. The extension is only for that illness or injury and any related illness or injury. It will be for the time the Member remains Totally Disabled from any such illness or injury, but not beyond 12 months if the Member ceases to be a Member because the Member's coverage under this Program ends.

Coverage under this Program will apply during an extension as if the Member was still a Member. In addition, coverage will apply only to the extent that other coverage for the Covered Services is not provided for the Member through the Claims Administrator by the Group. Continuation of coverage is subject to payment of the applicable premium.

Continuation Of Incapacitated Child
If an unmarried child is incapable of self-support because of mental or physical incapacity and is dependent on the Member (an enrolled Employee) for over half of the child's support, the Member may apply to the Claims Administrator to continue coverage of such child under this Program upon such terms and conditions as the Claims Administrator may determine. Coverage of such Dependent child shall terminate upon the child's marriage. Continuation of benefits under this provision will only apply if the child was eligible as a Dependent and mental or physical incapacity commenced prior to age 26.

The child must be unmarried, incapable of self-support and the disability must have commenced prior to attaining 26 years of age. The disability must be certified by the attending Physician; furthermore, the disability is subject to annual medical review. In a case where a handicapped child is over 26 years of age and joining the Claims Administrator for the first time, the handicapped child must have been covered under the prior Claims Administrator and submit proof from the prior Claims Administrator that the child was covered as a handicapped person.

When The Employee Terminates Employment - Continuation Of Coverage Provisions Consolidated Omnibus Budget Reconciliation Act Of 1985, As Amended (COBRA)
The Employee should contact their Employer for more information about COBRA and the events that may allow the Employee or the Employee's eligible Dependents to temporarily extend health care coverage.

INFORMATION ABOUT PROVIDER REIMBURSEMENT
The Member's Personal Choice Network Plan (this Program) is a program, which allows the Member to maximize the Member's health care benefits by utilizing the Personal Choice Network, which is comprised of Providers that have a contractual arrangement with the Claims Administrator. These Providers are called "In-Network Providers". In-Network Providers are doctors, Hospitals and other health care professionals and institutions that are part of the Personal Choice Network, which is designed to provide access to care through a selected managed network of Providers. Services by In-Network Providers are delivered through a selected, managed network of Providers designed to provide quality care. The Personal Choice Network includes Hospitals, Primary Care Physicians and specialists, and a wide range of Ancillary Service Providers, including suppliers of Durable Medical Equipment, Hospice care and Home Health Care Agencies, Skilled Nursing Facilities, Free Standing Dialysis Facilities and Ambulatory Surgical Facilities.

When the Member receives health care through a Provider that is a member of the Personal Choice Network, the Member incurs lower out-of-pocket expenses, and there are no claim forms to fill out. Benefits are also provided if the Member chooses to receive health care through a Provider that is not an In-Network Provider. However, the level of benefits will be reduced, and the Member will be responsible for a greater share of out-of-pocket expenses, and the amount of the Member's expenses could be substantial. The Member may have to reach a Deductible before receiving benefits, and the Member may be required to file a claim form.

A directory of the In-Network Providers who belong to the Personal Choice Network is available to the Member upon request. It will identify the Professional Providers who have agreed to become In-Network Professional Providers and will also identify the Hospitals in the Network with which the In-Network Professional Providers are affiliated. Also included in the directory is a listing of the Ancillary Service Providers affiliated with the Personal Choice Network. The directory is updated periodically throughout the year, and the Claims Administrator reserves the right to add or delete Physicians and/or Hospitals at any given time. It is important to know that continued participation of any one doctor, Hospital or other Provider cannot be guaranteed. For information regarding Providers that participate in the Personal Choice Network, call 1-800-ASK BLUE (TTY: 711).

The Claims Administrator covers only care that is "Medically Necessary". Medically Necessary care is care that is needed for the Member's particular condition and that the Member receives at the most appropriate level of service. Examples of different levels of service are Hospital Inpatient care, treatment in Short Procedure Units and Hospital Outpatient Care.

Some of the services the Member receives through this Program must be Precertified before the Member receives them, to determine whether they are Medically Necessary. Failure to Precertify services to be provided by an Out-of-Network Provider, when required, may result in a reduction of benefits. Precertification of services is a vital program feature that reviews the Medically Necessary of certain procedures/admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective. Precertification also helps determine the most appropriate setting for certain services. Innovations in health care enable doctors to provide services, once provided exclusively in an Inpatient setting, in many different settings - such as an Outpatient department of a Hospital or a doctor’s office.

When the Member seeks medical treatment that requires Precertification, the Member is not responsible for obtaining the Precertification if treatment is provided by an In-Network Provider (That is, a Provider in the Personal Choice Network). In addition, if the In-Network Provider fails to obtain a required Precertification of services, the Member will be held harmless from any associated financial Penalties assessed by the Program as a result. If the request for Precertification is denied, the Member will be notified in writing that the admission/service will not be paid because it is considered to be medically inappropriate. If the Member decides to continue treatment or care that has not been approved, the Member will be asked to do the following:

- Acknowledge this in writing.
- Request to have services provided.
- State the Member's willingness to assume financial liability.

When the Member seeks treatment from an Out-of-Network Provider or a BlueCard Provider (excluding Inpatient Admissions), the Member is responsible for initiating the Precertification process. The Member or the Member's Provider should call the Precertification number listed on the Member's Identification Card, and give their name, facility’s name, diagnosis, and procedure or reason for admission. Failure to Precertify required services will result in a reduction of benefits payable to the Member.

Payment Of Providers

- In-Network Provider Reimbursement

  Personal Choice reimbursement programs for health care Providers are intended to encourage the provision of quality, cost-effective care for Personal Choice members. Set forth below is a general description of Personal Choice reimbursement programs, by type of Personal Choice Network health care Provider.

  Please note that these programs may change from time to time, and the arrangements with particular Providers may be modified as new contracts are negotiated. If the Member has any questions about how the Member's health care Provider is compensated, the Member should speak to their healthcare Provider directly or contact Customer Services.

  - Physicians

    Personal Choice Network Physicians, including Primary Care Provider (PCPs) and specialists, are paid on a fee-for-service basis, meaning that payment is made according to the Claims Administrator’s Personal Choice fee schedule for the specific medical services that the Physician performs.

  - Institutional Providers

    Hospitals: For most Inpatient medical and surgical services, Hospitals are paid per diem rates, which are specific amounts paid for each day a Member is in the Hospital. These rates usually vary according

to the intensity of the Covered Services provided. Some Hospitals are also paid case rates, which are set dollar amounts paid for a complete Hospital stay related to a specific procedure or diagnosis, (For example, transplants). For most Outpatient and Emergency Services and procedures, most Hospitals are paid specific rates based on the type of Covered Service performed. For a few Covered Services, Hospitals are paid based on a percentage of billed charges. Most Hospitals are paid through a combination of the above payment mechanisms for various services.

The Claims Administrator implemented a quality incentive program with a few Hospitals. This program provides increased reimbursement to these Hospitals based on them meeting specific quality criteria, including "Patient Safety Measures". Such patient safety measures are consistent with recommendations by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry and are designed to help reduce medical and medication errors. Other criteria are directed at improved patient outcomes, higher nursing staff ratios, and electronic submissions. This is a new incentive program that is expected to evolve over time.

Skilled Nursing Facilities, Rehabilitation Hospitals, and other care facilities: Most Skilled Nursing Facilities and other special care facilities are paid per diem rates, which are specific amounts paid for each day a Member is in the facility. These amounts may vary according to the intensity of the Covered Services provided.

Ambulatory Surgical Facilities (ASFs): Most ASFs are paid specific rates based on the type of Covered Service performed. For a few services, some ASFs are paid based on a percentage of billed charges.

- Physician Group Practices, Physician Associations and Integrated Delivery Systems Certain Physician group practices, independent physician associations (IPAs) and integrated hospital/physician organizations called Integrated Delivery Systems (IDS) employ or contract with individual Physicians to provide medical services. These groups are paid as described in the Physician's reimbursement section outlined above. These groups may pay their affiliated Physicians a salary and/or provide incentives based on production, quality, service, or other performance standards.

- Ancillary Service Providers, certain Facility Providers and Mental Health/Psychiatric Care and Alcohol Or Drug Abuse And Dependency Providers, Ancillary Service Providers, such as Durable Medical Equipment Providers, laboratory Providers, Home Health Care Agencies, and mental health/psychiatric care and Alcohol and Drug Abuse Providers are paid on the basis of fee-for-service payments according to the Claims Administrator's Personal Choice fee schedule for the specific Covered Services performed. In some cases, such as for mental health/psychiatric care and Alcohol and Drug Abuse benefits, one vendor arranges for all such services through a contracted set of providers. The Claims Administrator reimburses the contracted Providers of these vendors on a fee-for-service basis. An affiliate of Independence Blue Cross has less than a 1% ownership interest in this mental health/psychiatric care and Alcohol and Drug Abuse vendor.

■ Payment of Out-of-Network Providers
For Covered Services received from an Out-of-Network Provider when the Consolidated Appropriations Act ("CAA") does not apply to the Covered Services, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider. For Covered Services that fall within the scope of the CAA, payment will be made directly to the Out-of-Network Provider in accordance with the provisions of the CAA.

■ Payment Methods
A Member or the Provider may submit bills directly to the Claims Administrator, and, to the extent that benefits are payable within the terms and conditions of this Benefit Booklet, reimbursement will be furnished as detailed below. The Member's benefits for Covered Services are based on the rate of

reimbursement as set forth under "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Facility Providers
  - In-Network Facility Providers
    In-Network Facility Providers are members of the Personal Choice Network and have a contractual arrangement with the Claims Administrator for the provision of services to Members. Benefits will be provided as specified in the ***Schedule of Covered Services*** for Covered Services which have been performed by an In-Network Facility Provider. The Claims Administrator will compensate In-Network Facility Providers in accordance with the contracts entered into between such Providers and the Claims Administrator. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. No payment will be made directly to the Member for Covered Services rendered by any In-Network Facility Provider.

  - Out-of-Network Facility Providers
    Out-of-Network Facility Providers include facilities that are not part of the Personal Choice Network. The Claims Administrator may have a contractual arrangement with a facility even if it is not part of the Personal Choice Network.

    The Claims Administrator will provide benefits for Covered Services provided by an Out-of-Network Facility Provider at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The reimbursement rate is specified under "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

    If the Claims Administrator determines that Covered Services were for Emergency Care as defined herein, the Member is protected from surprise billing or balance billing. The Member cannot be balanced billed for the Emergency Services. This includes services the Member may receive after the Member is in stable condition, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed for these post-stabilization services. Emergency admissions must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be based upon the methodology established by the CAA.

    Once Covered Services are rendered by a Facility Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Facility Provider. The Member will have no liability to any person because of its rejection of the request.

- Professional Providers
  - In-Network Providers
    The Claims Administrator is authorized by the Member to make payment directly to the In-Network Professional Providers furnishing Covered Services for which benefits are provided under this Program. In-Network Professional Providers have agreed to accept the rate of reimbursement determined by a contract as payment in full for Covered Services. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. In-Network Professional Providers will make no additional charge to Members for Covered Services except in the case of certain Copayments, Coinsurance or other cost-sharing features as specified under this Program. The Member is responsible within 60 days of the date in which the Claims Administrator finalizes such services to pay, or make arrangements to pay, such amounts to the In-Network Professional Provider.

    Benefit amounts, as specified in the ***Schedule of Covered Services*** of this Program, refer to

Covered Services rendered by a Professional Provider which are regularly included in such Provider's charges and are billed by and payable to such Provider. Any dispute between the In-Network Professional Provider and a Member with respect to balance billing shall be submitted to the Claims Administrator for determination. The decision of the Claims Administrator shall be final.

Once Covered Services are rendered by a Professional Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Professional Provider. The Claims Administrator will have no liability to any person because of its rejection of the request.

- Emergency Care by Out-of-Network Providers
  If the Claims Administrator determines that Covered Services provided by an Out-of-Network Provider were for Emergency Care, the Member is protected from surprise billing or balance billing and will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. For Emergency Care and other Out-of-Network Providers, such as ambulance and air ambulance services, the Claims Administrator will reimburse the Out-of-Network Provider directly for Covered Services based upon the methodology established by the CAA. In these situations, the Member cannot be balanced billed for the Emergency Services. This includes services the Member may receive after the Member is in stable condition, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed for these post-stabilization services. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. Inpatient admissions for Emergency Care must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be based upon the methodology established by the CAA.

- Out-of-Network Hospital-Based Provider Reimbursement
  When the Member receives Covered Services from an Out-of-Network Hospital-Based Provider while the Member is an Inpatient at an In-Network Hospital or other In-Network Facility Provider and are being treated by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Covered Services provided by the Out-of-Network Hospital-Based Provider. For Covered Services outside the scope of the CAA, payment will be made to the Member, who will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For Covered Services within the scope of the CAA, the Claims Administrator will reimburse the Out-of-Network Hospital-Based Provider directly based upon the methodology established by the CAA. The Member cannot be balanced billed by the Out-of-Network Hospital-Based Provider, and the Out-of-Network Hospital-Based Provider cannot ask the Member to give up their right under the CAA not to be balanced billed. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. Payment for services provided by Out-of-Network Hospital-Based Providers will be based upon the methodology

established by the CAA..

If the Member receives other services at an In-Network Hospital or other In-Network Facility Provider, Out-of-Network Providers cannot balance bill the Member, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed.

Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider and the CAA does not apply to the Covered Service, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Inpatient Hospital Consultations by an Out-of-Network Professional Provider
  When the Member receives Covered Services for an Inpatient hospital consultation from an Out-of-Network Professional Provider while the Member is Inpatient at an In-Network Facility Provider, and the Covered Services are referred by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Inpatient hospital consultation.The Claims Administrator will reimburse the Out-of-Network Professional Provider at an In-Network rate directly. For certain Out-of-Network Hospital-Based Providers (For example, anesthesiologists, hospitalists and other Providers as defined by the CAA), the Claims Administrator will reimburse the Out-of-Network Hospital-Based Provider directly based upon the methodology established by the CAA. For certain Providers, the Member cannot be balanced billed by the Out-of-Network Professional Provider, and the Out-of-Network Professional Provider cannot

ask the Member to give up their right under the CAA not to be balanced billed.

For such Covered Services not within the scope of the CAA, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. For Covered Services within the scope of the CAA, payment for consultation services provided by Out-of-Network Professional Providers will be made directly to the Provider based upon the methodology established by the CAA.

The Out-of-Network Professional Provider cannot balance bill the Member, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed.

Note that when the Member elects to see an Out-of-Network Professional Provider for follow-up care or any other service when the Member has the ability to select an In-Network Provider, and the CAA does not apply to the Covered Service, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care and other Covered Services within the scope of the CAA, if an Out-of-Network Professional Provider admits the Member to a Hospital or other Facility Provider, services provided by Out-of-Network Professional Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Out-of-Network Air Ambulance Providers
  For air ambulance services provided by an Out-of-Network Provider, the Member is protected from surprise billing or balance billing and will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. The Claims Administrator will reimburse the Out-of-Network Provider directly based upon the methodology established by the CAA. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for air ambulance services and the Member cannot be balanced billed for the air ambulance services provided by an Out-of-Network Provider. Payment for air ambulance services provided by Out-of-Network Providers, will be based upon the methodology established by the CAA.

- Out-of-Network Professional Provider Reimbursement
  Except as set forth above, when a Member seeks care from an Out-of-Network Professional Provider, benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services, from an Out-of-Network Professional Provider, the Member will be responsible to reimburse the Out-of-Network Professional Provider for the difference between the Claims Administrator’s payment and the Out-of-Network Professional Provider's charge.

- Ancillary Service Providers
  - In-Network Ancillary Service Providers
    In-Network Ancillary Service Providers include members of the Personal Choice Network that have a contractual relationship with the Claims Administrator for the provision of services or supplies to Members. Benefits will be provided as specified in the ***Schedule of Covered Services*** for the provision of services or supplies provided to Members by In-Network Ancillary Service Providers. The Claims Administrator will compensate In-Network Ancillary Service Providers in the Personal Choice Network in accordance with the contracts entered into between such Providers and the

Claims Administrator. No payment will be made directly to the Member for Covered Services rendered by any In-Network Ancillary Service Provider.

- Out-of-Network Ancillary Service Providers
  Out-of-Network Ancillary Service Providers are not members of the Personal Choice Network. Benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The Member will be penalized by the application of higher cost-sharing as detailed in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Ancillary Service Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services, from an Out-of-Network Ancillary Service Provider, the Member will be responsible to reimburse the Out-of-Network Ancillary Service Provider for the difference between the Claims Administrator's payment and the Out-of-Network Ancillary Service Provider's charge.

- Assignment of Benefits to Providers
  The right of a Member to receive benefit payments under this Program is personal to the Member and is not assignable in whole or in part to any person, Hospital, or other entity nor may benefits of this Program be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under this Program, as required by law.

BlueCard Program

- Out-of-Area Services

Overview

The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever the Member accesses healthcare services outside of the geographic area the Claims Administrator serves, the claims for these services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When the Member receives care outside of the Claims Administrator's service area, the Member will receive it from one of two kinds or providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. the Claims Administrator explains below how the Claims Administrator pays both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Claims Administrator to provide the specific service or services.

- BlueCard® Program
  Under the BlueCard® Program, when the Member receives Covered Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what we agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all

interactions with its participating providers.

When the Member receives Covered Services outside the Claims Administrator's service area and the claim is processed through the BlueCard Program, the amount the Member pays for Covered Services is calculated based on the lower of:

- The billed charges for Covered Services; or
- The negotiated price that the Host Blue makes available to the Claims Administrator.

Often this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to the Member's healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with the Member's healthcare provider or provider group that may include types of settlements, incentive payments and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for the Member's claim because they will not be applied after a claim has already been paid.

- Special Cases: Value-Based Programs

BlueCard® Program

If the Member receives Covered Services under a Value-Based Program inside a Host Blue's service area, the Member will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments.

Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements

If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to the Group on the Member's behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

- Nonparticipating Providers Outside the Claims Administrator's Service Area

  - Member Liability Calculation
    When Covered Services are provided outside of the Claims Administrator's service area by nonparticipating providers, the amount the Member pays for such services will normally be based on either the Host Blue’s nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, the Member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

  - Exceptions
    In certain situations, the Claims Administrator may use other payment methods, such as billed

charges for Covered Services, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment to determine the amount the Claims Administrator will pay for services provided by nonparticipating providers. In these situations, the Member may be liable for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph.

- Blue Cross Blue Shield Global Core

If the Member is outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter “BlueCard service area”), the Member may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists the Member with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when the Member receives care from providers outside the BlueCard service area, the Member will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

If the Member needs medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, the Member should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) (TTY: 711) or call collect at 1.804.673.1177 (TTY: 711), 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services
  In most cases, if the Member contacts the service center for assistance, hospitals will not require the Member to pay for covered inpatient services, except for the Member's deductibles, coinsurance, etc. In such cases, the hospital will submit the Member's claims to the service center to begin claims processing. However, if the Member paid in full at the time of service, the Member must submit a claim to receive reimbursement for Covered Services. **The Member must contact the Claims Administrator to obtain precertification for non-emergency inpatient services.**

- Outpatient Services
  Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require the Member to pay in full at the time of service. The Member must submit a claim to obtain reimbursement for Covered Services.

SERVICES AND SUPPLIES REQUIRING PRECERTIFICATION

Precertification Review

When required, Precertification review evaluates the Medical Necessity, including the appropriateness of the setting, of proposed services for coverage under the Member’s benefit plan. Examples of these services include planned or elective Inpatient Admissions and selected Outpatient procedures. For groups located in the Personal Choice Network service area, Precertification review may be initiated by the Provider or the Member depending on whether the Provider is a Personal Choice Network Provider. For Member’s located outside the Claims Administrator's Personal Choice Network who are accessing BlueCard Providers, the Member is responsible for initiating or requesting the Provider to initiate the Precertification review (excluding Inpatient Admissions). Where Precertification review is required, the Claims Administrator's coverage of the proposed procedure is contingent upon the review being completed and receipt of the approval certification. Coverage penalties may be applied where Precertification review is required for a procedure but is not obtained.

While the majority of services requiring Precertification review are reviewed for Medical Necessity of the requested procedure setting (For example, Inpatient, Short Procedure Unit, or Outpatient setting), other elements of the Medical Necessity of the procedure may not always be evaluated and may be automatically approved based on the procedure or diagnosis for which the procedure is requested or an agreement with the performing provider. Precertification review is not required for Emergency services and is not performed where an agreement with the Claims Administrator's local In-Network Provider does not require such review.

The following information provides more specific information of this Program's Precertification requirements.

- Inpatient Pre-Admission Review
  - In-Network Inpatient Admissions
    In accordance with the criteria and procedures described above, Inpatient Admissions, other than an Emergency or maternity admission, must be Precertified in accordance with the standards of the Claims Administrator as to the Medical Necessity of the admission. The Precertification requirements for Emergency admissions are set forth in the "Emergency Admission Review" subsection of this ***General Information*** section. An In-Network Hospital, Skilled Nursing Facility, or other Facility Provider in the Personal Choice Network will verify the Precertification at or before the time of admission. The Hospital, Skilled Nursing Facility or other Facility Provider, is responsible to Precertify an Inpatient Admission under the BlueCard Program. The Claims Administrator will not authorize the Hospital, Skilled Nursing Facility or other Facility Provider admission if Precertification is required and is not obtained in advance. For Member's who reside in the Claims Administrator's local Personal Choice Network service area, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for admissions to Hospitals, Skilled Nursing Facilities or other Facility Providers in the Personal Choice Network which fail to conform to the pre-admission certification requirements unless:
    - The Provider provides prior written notice that the admission will not be paid by the Claims Administrator; and
    - The Member acknowledges this fact in writing together with a request to be admitted which states that the Member will assume financial liability for such Facility Provider admission.

  - Out-of-Network Inpatient Admissions
    For an Out-of-Network Inpatient Admission, the Member is responsible to have the admission (other than for an Emergency or maternity admission) certified in advance as an approved admission.
    - To obtain Precertification, the Member is responsible to contact or have the admitting Physician or other Facility Provider contact the Claims Administrator prior to admission to the Hospital, Skilled Nursing Facility, or other Facility Provider. The Claims Administrator will notify the Member, admitting Physician and the Facility Provider of the determination. The Member is eligible for Inpatient benefits at the Out-of-Network level shown in the ***Schedule of Covered Services*** if, and only if, prior approval of such benefits has been certified in accordance with the provisions of this Benefit Booklet.
    - If such prior approval for a Medically Necessary Inpatient Admission has not been certified as required, there will be a Penalty for non-compliance and the amount, as shown below, will be deemed not to be Covered Services under this Program. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

      If a Member elects to be admitted to the Facility Provider after review and notification that the reason for admission is not approved for an Inpatient level of care, Inpatient benefits will not be provided and the Member will be financially liable for non-covered Inpatient charges.
    - If Precertification is denied, the Member, the Physician or the Facility Provider may Appeal the determination and submit information in support of the claim for Inpatient benefits. A final

determination concerning eligibility for Inpatient benefits will be made and the Member, Physician, or Facility Provider will be so notified.

- Emergency Admission Review
  - In-Network Admissions
    It is the responsibility of the In-Network Provider to notify the Claims Administrator of the In-Network Emergency admission.

  - Out-of-Network Provider Admissions
    - Members are responsible for notifying the Claims Administrator of an Out-of-Network Provider Emergency admission within two business days of the admission, or as soon as reasonably possible, as determined by the Claims Administrator.
    - Failure to initiate Emergency admission review will result in a reduction in Covered Expense for Out-of-Network services. Such Penalty, as shown below, will be the sole responsibility of, and payable by, the Member.
    - If the Member elects to remain hospitalized after the Claims Administrator and the attending Physician have determined that an Inpatient level of care is not Medically Necessary, the Member will be financially liable for non-covered Inpatient charges from the date of notification.

- Concurrent and Retrospective Review
  Concurrent review may be performed while services are being performed. This may occur during an Inpatient stay and typically evaluates the expected and current length of stay to determine if continued hospitalization is Medically Necessary. When performed, the review assesses the level of care provided to the Member and coordinates discharge planning. Concurrent review continues until the patient is discharged. Not all Inpatient stays are reviewed concurrently. Concurrent Review is generally not performed where an Inpatient Facility is paid based on a per case or diagnosis-related basis, or where an agreement with the Facility does not require such review.

  Retrospective/Post Service review:
  Retrospective review occurs after services have been provided. This may be for a variety of reasons, including the Claims Administrator not being notified of a Member's admission until after discharge or where medical charts are unavailable at the time of concurrent review. Certain services are only reviewed on a retrospective/post-service basis.

  In addition to these standard utilization reviews, the Claims Administrator also may determine coverage of certain procedures and other benefits available to Members through Prenotification as required by the Member's benefit plan, and discharge planning.

  Pre-notification. Pre-notification is advance notification to the Claims Administrator of an Inpatient Admission or Outpatient service where no Medical Necessity review is required, such as maternity admissions/deliveries. Pre-notification is primarily used to identify Members for Concurrent review needs, to ascertain discharge planning needs proactively, and to identify Members who may benefit from Case Management programs.

  Discharge Planning. Discharge Planning is performed during an Inpatient Admission and is used to identify and coordinate a Member's needs and benefits coverage following the Inpatient stay, such as covered home care, ambulance transport, acute rehabilitation, or Skilled Nursing Facility placement. Discharge Planning involves the Claims Administrator's authorization of covered post-Hospital services and identifying and referring Members to Disease Management or Case Management benefits.

  Selective Medical Review. In addition to the foregoing requirements, the Claims Administrator reserves the right, under its utilization and quality management programs, to perform a medical review prior to, during or following the performance of certain Covered Services ("Selective Medical Review") that are otherwise not

subject to review as described above. In addition, the Claims Administrator reserves the right to waive medical review for certain Covered Services for certain Providers, if the Claims Administrator determines that those Providers have an established record of meeting the utilization and/or quality management standards for these Covered Services. Coverage penalties are not applied to Members where required Selective Medical Review is not obtained by the Provider.

Other Precertification Requirements
Precertification is required by the Claims Administrator in advance for certain services. **To obtain a list of services that require Precertification, please go to** www.ibx.com/preapproval **or call the Customer Service telephone number that is listed on the Member's Identification Card**. When a Member plans to receive any of these listed procedures, the Claims Administrator will review the Medical Necessity for the procedure or treatment in accordance with the criteria and procedures described above and grant prior approval of benefits accordingly. In certain circumstances the requirement for precertification may be altered or waived at the discretion of the Claims Administrator. The Claims Administrator may retrospectively review these services.

Surgical, diagnostic and other procedures, listed on the Precertification requirements list, that are performed during an Emergency, as determined by the Claims Administrator, do not require Precertification. However, the Claims Administrator should be notified within two business days of Emergency services for such procedures, or as soon as reasonably possible, as determined by the Claims Administrator.

- In-Network Care
  In-Network Providers in the Personal Choice Network must contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and with the In-Network Provider. If the In-Network Provider is a BlueCard Provider, however, the Member must initiate Precertification (excluding Inpatient Admissions).

  If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, subject to a Penalty.

  For In-Network Providers in the Personal Choice Network, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for this financial Penalty for the In-Network Provider's failure to comply with the Precertification requirements or determination, unless a Member elects to receive the treatment after review and written notification that the procedure is not covered as Medically Necessary. In which case benefits will not be provided and the Member will be financially liable for non-covered charges.

- Out-of-Network Care
  For Out-of-Network Care and care provided by BlueCard Providers (excluding Inpatient Admissions), the Member is responsible to have the Provider performing the service contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and the Provider.

  If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, but the Provider's charge less any applicable Coinsurance, Copayments, Deductibles shall be subject to a Penalty, as reflected below. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

Precertification Penalty:
If the Provider is a BlueCard® Provider of another Blue Plan (excluding Inpatient Admissions) or the Member

uses an Out-of-Network Provider, the Member must obtain Precertification if required. The Member will be subject to a 20% reduction in benefits if Precertification is not obtained.

In addition to the Precertification requirements referenced above, the Member should contact the Claims Administrator for certain categories of treatment (listed below) so that the Member will know prior to receiving treatment whether it is a Covered Service. This applies to In-Network Providers in the Personal Choice Network and to Members (and their Providers) who elect to receive treatment provided by either BlueCard Providers or Out-of-Network Providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic;
- Any procedure, treatment, drug or device that represents "emerging technology"; and
- Services that might be considered Experimental/Investigative.

The Member's Provider should be able to assist in determining whether a proposed treatment falls into one of these three categories. Also, the Claims Administrator encourages the Member's Provider to place the call for the Member.

For more information, please see the ***Important Notices*** section of this Benefit Booklet that pertain to Experimental/Investigative Services, Cosmetic services, Medically Necessary services and Emerging Technology.

Disease Management and Decision Support Programs
Disease Management and Decision Support programs help Members to be effective partners in their health care by providing information and support to Members with certain chronic conditions as well as those with everyday health concerns. Disease Management is a systematic, population-based approach that involves identifying Members with certain chronic diseases, intervening with specific information or support to follow Provider's treatment plan, and measuring clinical and other outcomes. Decision Support involves identifying Members who may be facing certain treatment option decisions and offering them information to assist in informed, collaborative decisions with their Physicians. Decision Support also includes the availability of general health information, personal health coaching, Provider information, or other programs to assist in health care decisions.

Disease Management interventions are designed to help Members manage their chronic condition in partnership with their Physician(s). Disease Management programs, when successful, can help such Members avoid long term complications, as well as relapses that would otherwise result in Hospital or Emergency room care. Disease Management programs also include outreach to Members to obtain needed preventive services, or other services recommended for chronic conditions. Information and support may occur in the form of telephonic health coaching, print, audio library or videotape, or Internet formats.

The Claims Administrator will utilize medical information such as claims data to operate the Disease Management or Decision Support program, (For example, to identify Members with chronic disease, to predict which Members would most likely benefit from these services, and to communicate results to the Member's treating Physician(s)). The Claims Administrator will decide what chronic conditions are included in the Disease Management or Decision Support program.

Participation by a Member in Disease Management or Decision Support programs is voluntary. A Member may continue in the Disease Management or Decision Support program until any of the following occurs:

- The Member notifies the Claims Administrator that they have declined participation;
- The Claims Administrator determines that the program, or aspects of the program, will not continue; or
- The Member's Employer decides not to offer the programs.

Out-Of-Area Care for Dependent Students
If an unmarried Dependent child is a full-time student in an Accredited Educational Institution located outside the area served by the Personal Choice Network, the student may be eligible to receive Out-of-Network care at

the In-Network level of benefits. Charges for treatment will be paid at the In-Network level of benefits when the Dependent student receives care from Providers as described in the "BlueCard Program" subsection of the ***General Information*** section. However, treatment provided by an educational facility's infirmary for Urgent Care, (For example, may also be paid at the In-Network level of benefits, but the Claims Administrator should be notified within 48 hours of treatment to insure Covered Services are treated as In-Network Covered Services). Nothing in this provision will act to continue coverage of a Dependent child past the date when such child's coverage would otherwise be terminated under this Program.

UTILIZATION REVIEW PROCESS AND CRITERIA

Utilization Review Process
A basic condition of IBC's, and its subsidiary QCC Insurance Company's ("the Claims Administrator") benefit plan coverage is that in order for a health care service to be covered or payable, the services must be Medically Necessary. To assist the Claims Administrator in making coverage determinations for requested health care services, the Claims Administrator uses established IBC Medical Policies and medical guidelines based on clinically credible evidence to determine the Medical Necessity of the requested services. The appropriateness of the requested setting in which the services are to be performed is part of this assessment. The process of determining the Medical Necessity of requested health care services for coverage determinations based on the benefits available under a Member's benefit plan is called utilization review.

It is not practical to verify Medical Necessity on all procedures on all occasions; therefore, certain procedures may be determined by the Claims Administrator to be Medically Necessary and automatically approved based on the accepted Medical Necessity of the procedure itself, the diagnosis reported or an agreement with the performing Provider. An example of such automatically approved services is an established list of services received in an Emergency room which has been approved by the Claims Administrator based on the procedure meeting Emergency criteria and the severity of diagnosis reported (For example, rule out myocardial infarction, or major trauma). Other requested services, such as certain elective Inpatient or Outpatient procedures may be reviewed on a procedure specific or setting basis.

Utilization review generally includes several components which are based on when the review is performed. When the review is required before a service is performed it is called a Precertification review. Reviews occurring during a hospital stay are called a concurrent review, and those reviews occurring after services have been performed are called either retrospective or post-service reviews. The Claims Administrator follows applicable state and federally required standards for the timeframes in which such reviews are to be performed.

Generally, where a requested service is not automatically approved and must undergo Medical Necessity review, nurses perform the initial case review and evaluation for coverage approval using the Claims Administrator's Medical Policies, established guidelines and evidence-based clinical criteria and protocols; however only a Medical Director employed by the Claims Administrator may deny coverage for a procedure based on Medical Necessity. The evidence-based clinical protocols evaluate the Medical Necessity of specific procedures and the majority are computer-based. Information provided in support of the request is entered into the computer-based system and evaluated against the clinical protocols. Nurses apply applicable benefit plan policies and procedures, taking into consideration the individual Member's condition and applying sound professional judgment. When the clinical criteria are not met, the given service request is referred to a Medical Director for further review for approval or denial. Independent medical consultants may also be engaged to provide clinical review of specific cases or for specific conditions. Should a procedure be denied for coverage based on lack of Medical Necessity, a letter is sent to the requesting Provider and Member in accordance with applicable law.

The Claims Administrator's utilization review program encourages peer dialogue regarding coverage decisions based on Medical Necessity by providing Physicians with direct access to the Claims Administrator's Medical Directors to discuss coverage of a case. Medical Directors and nurses are salaried, and contracted external

Physician and other professional consultants are compensated on a per case reviewed basis, regardless of the coverage determination. The Claims Administrator does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals which would encourage utilization review decisions that result in underutilization.

Clinical Criteria, Guidelines and Resources
The following guidelines, clinical criteria and other resources are used to help make Medical Necessity coverage decisions:

Clinical Decision Support Criteria: Clinical Decision Support Criteria is an externally validated and computer-based system used to assist the Claims Administrator in determining Medical Necessity. This evidence-based, Clinical Decision Support Criteria is nationally recognized and validated. Using a model based on evaluating intensity of service and severity of illness, these criteria assist our clinical staff evaluating the Medical Necessity of coverage based on a Member's specific clinical needs. Clinical Decision Support Criteria helps promote consistency in the Claims Administrator's plan determinations for similar medical issues and requests, and reduces practice variation among the Claims Administrator's clinical staff to minimize subjective decision-making.

Clinical Decision Support Criteria may be applied for Covered Services including but not limited to the following:
- Some elective surgeries-settings for Inpatient and Outpatient procedures (For example, hysterectomy and sinus Surgery);
- Inpatient hospitalizations;
- Inpatient Rehabilitation;
- Home Health;
- Durable Medical Equipment;
- Skilled Nursing Facility.

Centers for Medicare and Medicaid Services (CMS) Guidelines: A set of guidelines adopted and published by CMS for coverage of services by Medicare for Medicare Members.

IBC Medical Policies: IBC maintains an internally developed set of policies that document the coverage and conditions for certain medical/surgical procedures and ancillary services.

Covered Services for which IBC’s Medical Polices are applied include, but are not limited to:
- Ambulance;
- Infusion;
- Speech Therapy;
- Occupational Therapy;
- Durable Medical Equipment;
- Review of potential cosmetic procedures.

IBC (and QCC) Internally Developed Guidelines: A set of guidelines developed specifically by IBC (and QCC), as needed, with input by clinical experts based on accepted practice guidelines within the specific fields and reflecting IBC Medical Policies for coverage.

Delegation of Utilization Review Activities And Criteria
In certain instances, the Claims Administrator has delegated certain utilization review activities, including Precertification review, concurrent review, and Case Management, to integrated delivery systems and/or entities with an expertise in medical management of a certain membership population (such as, Neonates/premature infants) or type of benefit or service (such as mental health/psychiatric care and Alcohol and Drug Abuse or radiology). In such instances, a formal delegation and oversight process is established in accordance with applicable law and nationally-recognized accreditation standards. In such cases, the delegate’s utilization review criteria are generally used, with the Claims Administrator’s approval.

Utilization Review and Criteria for Mental Health/Psychiatric Care and Alcohol and Drug Abuse Services
Utilization Review activities for mental health/psychiatric care and Alcohol and Drug Abuse services have been delegated by IBC (and QCC) to a behavioral health management company, which administers the mental

health/psychiatric care and Alcohol and Drug Abuse benefits for the majority of the Claims Administrator's Members.

COORDINATION OF BENEFITS

Coordination of Benefits
This Program's Coordination of Benefits (COB) provision is designed to conserve funds associated with health care.

- Definitions
  In addition to the Definitions of this Program for purposes of this provision only: "Plan" shall mean any group arrangement providing health care benefits or Covered Services through:
  - Individual, group, (except hospital indemnity plans), blanket (except student accident) or franchise insurance coverage;
  - The Plan, health maintenance organization and other prepayment coverage;
  - Coverage under labor management trusted plans, union welfare plans, Employer organization plans, or Employee benefit organization plans; and
  - Coverage under any tax supported or government program to the extent permitted by law.

- Determination of Benefits
  COB applies when an Employee has health care coverage under any other group health care plan (Plan) for services covered under this Program, or when the Employee has coverage under any tax-supported or governmental program unless such program's benefits are, to the extent permitted by law, excess to those of any private insurance coverage. When COB applies, payments may be coordinated between the Claims Administrator and the other Plan in order to avoid duplication of benefits.

  Benefits under this Program will be provided in full when the Claims Administrator is primary, that is, when the Claims Administrator determines benefits first. If another Plan is primary, the Claims Administrator will provide benefits as described below.

  When an Employee has group health care coverage under this Program and another Plan, the following will apply to determine which coverage is primary:
  - If the other Plan does not include rules for coordinating benefits, such other Plan will be primary.
  - If the other Plan includes rules for coordinating benefits:
    - The Plan covering the patient other than as a Dependent shall be primary.
    - The Plan covering the patient as a Dependent of the parent whose date of birth, excluding year of birth, occurs earlier in the calendar year shall be primary, unless the child's parents are separated or divorced and there is no joint custody agreement. If both parents have the same birthday, the Plan which covered the parent longer shall be primary.
    - Except as provided in the following paragraph, if the child's parents are separated or divorced and there is no joint custody agreement, benefits for the child are determined as follows:
      - First, the Plan covering the child as a Dependent of the parent with custody;
      - Then, the Plan of the spouse of the parent with custody of the child;
      - Finally, the Plan of the parent not having custody of the child.
    - When there is a court decree which establishes financial responsibility for the health care expenses of the Dependent child and the Plan covering the parent with such financial responsibility has actual knowledge of the court decree, benefits of that Plan are determined first.
    - If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans covering the child shall follow the order of benefit determination rules outlined above in the paragraph that begins "The Plan covering the patient as a Dependent...".
  - The Plan covering the patient as an Employee who is neither laid off nor retired (or as that Employee's Dependent) is primary to a Plan which covers that patient as a laid off or retired Employee (or as that

Employee's Dependent). However, if the other Plan does not have the rule described immediately above and if, as a result, the Plans do not agree on the order of benefits, this rule does not apply.
- If none of the above rules apply, the Plan which covered the Employee longer shall be primary.

■ Effect on Benefits

When the Claims Administrator's Plan is secondary, the benefits under this Program will be reduced so that the Claims Administrator will pay no more than the difference, if any, between the benefits provided under the other Plan for services covered under this Program and the total Covered Services provided to the Employee. Benefits payable under another Plan include benefits that would have been payable had the claim been duly made therefore. In no event will the Claims Administrator payment exceed the amount that would have been payable under this Program if the Claims Administrator were primary.

When the benefits are reduced under the primary Plan because an Employee does not comply with the Plan provision, or does not maximize benefits available under the primary Plan, the amount of such reduction will not be considered an allowable benefit. Examples of such provisions are Penalties and increased Coinsurance related to Precertification of admissions and services, In-Network Provider arrangements and other cost-sharing features.

Certain facts are needed to apply COB. The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision. The Claims Administrator, however, shall not be required to determine the existence of any other Plan or the amount of benefits payable under any such Plan, and the payment of benefits under this Program shall be affected by the benefits that would be payable under any and all other Plans only to the extent that the Claims Administrator is furnished with information relative to such other Plans.

■ Right of Recovery

Whenever payments which should have been made under this Program in accordance with this provision have been made under any other Plan, the Claims Administrator shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid shall be deemed to be benefits provided under this Program and, to the extent of such payments, the Claims Administrator shall be fully discharged from liability under this Program.

Whenever payments have been made by the Claims Administrator in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, irrespective of to whom paid, the Claims Administrator shall have the right to recover such payments to the extent of such excess from among one or more of the following, as the Claims Administrator shall determine:
- The person the Claims Administrator has paid or for whom they have paid;
- Insurance companies; or
- Any other organizations.

The Member, on the Member's own behalf and on behalf of the Member's Dependents, shall, upon request, execute and deliver such instruments and papers as may be required and do whatever else is reasonably necessary to secure such rights to the Claims Administrator.

SUBROGATION AND REIMBURSEMENT RIGHTS

The Employee Retirement Income Security Act (ERISA) applies to many health benefit plans and, to comply with legal requirements that relate specifically to ERISA-governed plans, this Benefit Booklet describes

"Subrogation and Reimbursement Rights" in two sections:

- Subrogation and Reimbursement Rights When The Program Is Governed By ERISA; and
- Subrogation and Reimbursement Rights When The Program Is Not Governed By ERISA.

However, the fact that these Rights are described in separate sections using different language does not mean or imply that the Rights are substantively different or that the Rights described in one section are greater or lesser than the Rights described in the other section. Under both sections, the Claims Administrator reserves right the pursue subrogation recoveries and the Member has an obligation to fully reimburse the Claims Administrator to the fullest extent permitted by law.

- **Subrogation and Reimbursement Rights When The Program Is Governed By ERISA**

  By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

  The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented. The right of subrogation or reimbursement is not enforceable if prohibited by statute or regulation.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The Claims Administrator has a right to full reimbursement.

Lien

By accepting benefits for Covered Services from the Claims Administrator, the Member agrees to a first priority equitable lien by agreement on any payment, reimbursement, settlement or judgment received by the Member, or anyone acting on the Member's behalf, from any Responsible Third Party. As a result, the Member must repay to theClaims Administrator the full amount of the medical expenses that were paid to the Member or on the Member's behalf out of the amounts recovered from the Responsible Third Party (plus the costs and fees that are incurred by the Claims Administrator to enforce these rights) first, before funds are allotted toward any other form of damages, whether or not there is an admission of fault or liability by the Responsible Third Party. The Claims Administrator has a lien on any amounts recovered by the Member from a Responsible Third Party, regardless of whether or not the amount is designated as payment for medical expenses. This lien will remain in effect until the Claims Administrator is reimbursed in full.

Constructive Trust

If the Member (or anyone acting on the Member's behalf) receive damages, compensation, benefits or payments of any type from a Responsible Third Party (whether by a court judgment, settlement or otherwise), the Member agrees to maintain the funds in a separate, identifiable account and that the Claims Administrator has a lien on the monies. In addition the Member agrees to serve as the trustee over the monies for the benefit of Claims Administrator to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the member's behalf, plus the attorney's fees and the costs of collection incurred by the Claims Administrator.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator is entitled to recover the full amount of the benefits paid to the Member or on the Member's behalf plus the costs and fees that are incurred by the Claims Administrator to enforce these rights without regard to whether the Member has been made whole or received full compensation

for other damages (including property damage or pain and suffering). The recovery rights of the Claims Administrator will not be reduced by the "made whole" doctrine or "double recovery" doctrine.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing. The recovery rights of the Claims Administrator will not be reduced by the "common fund" doctrine.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits.
- All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative - or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator's ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- Serve as trustee for any and all monies paid to (or payable to) the Member or for the Member's benefit by any Responsible Third Party to the full extent the Claims Administrator paid benefits for an injury or illness.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

■ Subrogation and Reimbursement Rights When The Program Is Not Governed By ERISA

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights to the extent permitted by law. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented. The right of subrogation or reimbursement is not enforceable if prohibited by statute or regulation.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, to the extent permitted by law.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's

compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits.
- All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative – or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

IMPORTANT: Failure to Cooperate
If the Member fails or refuses to sign forms or documents as requested or otherwise fail or refuse to cooperate or abide by any of the obligations described above, the Claims Administrator or Plan Administrator, as applicable, has full discretion and authority to reduce or withhold benefit payments to recover subrogation/reimbursement amounts that are owed and/or to terminate the Member's participation in the Program.

CLAIM PROCEDURES

How To File A Claim
The Member is never required to file a claim when Covered Services are provided by In-Network Providers. When the Member receives care from an Out-of-Network Provider, the Member will need to file a claim to receive benefits. If the Member does not have a claim form, the Member should call the Claims Administrator's Member Services Department at the number listed on the Member's Identification Card, and a claim form will be sent to the Member. The Member should fill out the claim form and return it with their itemized bills to the Claims Administrator at the address listed on the claim form no later than 20 days after completion of the Covered Services. The claim should include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

If it was not possible to file the claim within the 20-day period, the Member's benefits will not be reduced, but in no event will the Claims Administrator be required to accept the claim more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

Release Of Information
Each Member agrees that any person or entity having information relating to an illness or injury for which benefits are claimed under this Program may furnish to the Claims Administrator, upon its request, any information (including copies of records relating to the illness or injury). In addition, the Claims Administrator may furnish similar information to other entities providing similar benefits at their request.

The Claims Administrator may furnish other plans or plan sponsored entities with membership and/or coverage information for the purpose of claims processing or facilitating patient care.

When the Claims Administrator needs to obtain consent for the release of personal health information, authorization of care and treatment, or to have access to information from a Member who is unable to provide it, the Claims Administrator will obtain consent from the parent, legal guardian, next of kin, or other individual with appropriate legal authority to make decisions on behalf of the Member.

Limitation Of Actions
No legal action may be taken to recover benefits prior to 60 days after notice of claim has been given as specified above, and no such action may be taken later than three years after the date Covered Services are rendered.

Claim Forms
The Claims Administrator will furnish to the Member or to the Group, for delivery to the Member, such claim forms as are required for filing proof of loss for Covered Services provided by Out-of-Network Providers.

Timely Filing
The Claims Administrator will not be liable under this Program unless proper notice is furnished to the Claims Administrator that Covered Services have been rendered to a Member. Written notice must be given within 90 days after completion of the Covered Services. The notice must include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

Failure to give notice to the Claims Administrator within the time specified will not reduce any benefit if it is shown that the notice was given as soon as reasonably possible, but in no event will the Claims Administrator be required to accept notice more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

The above is not applicable to claims administered by In-Network Providers.

Time of Payment of Claims
Claim payments for benefits payable under this Program will be processed immediately upon receipt of due written proof of loss. Subject to due written proof of loss, all benefits for loss for which this Program provides periodic benefits will be paid not more than 30 days after receipt of proof of loss and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims
If any indemnity of this Program shall be payable to the estate of the Member, or to a Member or beneficiary who is a minor or otherwise not competent to give a valid release, the Claims Administrator may pay such indemnity, up to an amount not exceeding $1,000, to any relative by blood or connection by marriage of the Member or beneficiary who is deemed by the Claims Administrator to be equitably entitled thereto. Any payment made by the Claims Administrator in good faith pursuant to this provision shall fully discharge the Claims Administrator to the extent of such payment.

Physical Examinations and Autopsy
The Claims Administrator at its own expense shall have the right and opportunity to examine the Member when and so often as it may reasonably require during the pendency of claim under this Program; and the Claims Administrator shall also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

Special Circumstances
In the event that Special Circumstances result in a severe impact to the availability of providers and services, to the procedures required for obtaining benefits for Covered Services under this Program (For example, obtaining Precertification, use of In-Network Providers), or to the administration of this Program by the Claims Administrator, the Claims Administrator may on a selective basis, waive certain procedural requirements or cost-sharing of this Program. Such waiver shall be specific as to the requirements that are waived and shall last for such period as required by the Special Circumstances as defined below.

The Claims Administrator shall make a good faith effort to provide access to Covered Services in so far as practical and according to its best judgment. Neither the Claims Administrator nor the Providers in the Claims Administrator's PPO network shall incur liability or obligation for delay or failure to provide or arrange for Covered Services if such failure or delay is caused by Special Circumstances.

Special Circumstances as recognized in the community, and by the Claims Administrator and appropriate regulatory authority, are extraordinary circumstances not within the control of the Claims Administrator, including but not limited to:
- Major disaster;
- Epidemic;
- Pandemic;
- The complete or partial destruction of facilities;
- Riot;
- Civil insurrection; or
- Public health emergency.

COMPLAINT AND APPEAL PROCESS

Member Complaint Process
The Claims Administrator has a process for Members to express complaints. To register a Complaint, Members should call the Member Services Department at the telephone number on their Identification Card or write to the Claims Administrator at the following address:

General Correspondence
1901 Market Street
Philadelphia, PA 19103

Most Member concerns are resolved informally at this level. However, if the Claims Administrator is unable to immediately resolve the Member Complaint, it will be investigated, and the Member will receive a response in writing within 30 days.

Member Appeal Process
Filing an Appeal. The Claims Administrator maintains procedures for the resolution of Member Appeals. Member Appeals may be filed within 180 days of the receipt of a decision from the Claims Administrator stating an adverse benefit determination. An Appeal occurs when the Member or, after obtaining the Member's authorization, either the Provider or another authorized representative requests a change of a previous decision made by the Claims Administrator by following the procedures described here. (In order to authorize someone else to be the Member's representative for the Appeal, the Member must complete a valid authorization form. The Member must contact the Claims Administrator as directed below to obtain a "Member/Enrollee Authorization to Appeal by Provider or Other Representative" form or for questions

regarding the requirements for an authorized representative.)

The Member or other authorized person on behalf of the Member, may request an Appeal by calling or writing to the Claims Administrator, as defined in the letter notifying the Member of the decision or as follows:

Member Appeals Department P.O. Box 41820 Philadelphia, PA, 19101-1820	Toll Free Phone: 1-888-671-5276 (TTY: 711) Toll Free Fax: 1-888-671-5274 or Phila. Fax: 215-988-6558

Changes in Member Appeals Process. Please note that the Member Appeals process may change at any time due to changes in the applicable state and federal laws and regulations and/or accreditation standards, to improve or facilitate the Member Appeals process, or to reflect other decisions regarding the administration of Member Appeals process for this Program.

Copies of the Member Appeals Process Descriptions. Descriptions of the timeframes and procedures for the Member Appeals process maintained by the Claims Administrator are available from the following sources:

On the Internet at the Website for the Member’s Health Plan. Copies are available there at any time. To see samples of the Member Appeals process, search for “member appeals” in the general search engine. To review a description of the Member Appeals process for the Member’s health plan, the Member must log in with the Member’s personalized password.

Customer Service. To obtain a description of the Member Appeals process for the Member's health plan, call Customer Service at the telephone number listed on the Member’s Identification Card. Customer Service will mail the Member a copy of the description.

When an Appeal is Filed. As part of the Member Appeal process, a description is provided for the type of Member Appeal that has been filed. The description is sent with the acknowledgment letter for the Member Appeal.

IMPORTANT DEFINITIONS

The terms below have the following meaning when describing the benefits in this Benefit Booklet. They will be helpful to you (the Member) in fully understanding your benefits.

Accidental Injury
Injury to the body that is solely caused by an accident, and not by any other causes.

Accredited Educational Institution
A publicly or privately operated academic institution of higher learning which:
- Provides recognized courses or a course of instruction.
- Confers any of the following, when a student completes the course of study:
  - A diploma;
  - A degree; or
  - Another recognized certification of completion.
- Is duly recognized, and declared as such, by the appropriate authority, as follows:
  - An authority of the state in which such institution must also be accredited by a nationally recognized accrediting association as recognized by the United States Secretary of Education.

The definition may include, but is not limited to Colleges and Universities; and Technical or specialized schools.

Acupuncture
A therapeutic procedure performed by the insertion of one or more specially manufactured solid metallic needles into a specific location(s) on the body. The intent is to stimulate Acupuncture points, with or without subsequent manual manipulation.

Alcohol Or Drug Abuse And Dependency
Any use of alcohol or other drugs which produces a pattern of pathological use that:
- Causes impairment in the way people relate to others; or
- Causes impairment in the way people function in their jobs or careers; or
- Produces a dependency that makes a person physically ill, when the alcohol or drug is taken away.

Alternative Therapies/Complementary Medicine
Complementary and alternative medicine, is defined as a group of diverse medical and health care systems, practices, and products, currently not considered to be part of conventional medicine based on recognition by the National Institutes of Health.

Ambulatory Surgical Facility
A facility operated, licensed or approved as an Ambulatory Surgical Facility by the responsible state agency, which provides specialty or multispecialty Outpatient surgical treatment or procedure that is not located on the premises of a Hospital.

It is a Facility Provider which:
- Has an organized staff of Physicians;
- Is licensed as required; and
- Has been approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- Has been approved by the Accreditation Association for Ambulatory Health Care, Inc.; or
- Has been approved by the Claims Administrator.

It is also a Facility Provider which:
- Has permanent facilities and equipment for the primary purposes of performing surgical procedures on an Outpatient basis;
- Provides treatment, by or under the supervision of Physicians and nursing services, whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Professional Provider.

Ancillary Service Provider
An individual or entity that provides Covered Services, supplies or equipment such as, but not limited to:
- Infusion Therapy Services;
- Durable Medical Equipment; and
- Ambulance services.

Anesthesia
The process of giving the Member an approved drug or agent, in order to:
- Cause the Member's muscles to relax;
- Cause the Member to lose feeling; or
- Cause the Member to lose consciousness.

Appeal
A request by a Member, or the Member's representative or Provider, acting on the Member's behalf upon written consent, to change a previous decision made by the Claims Administrator.
- Administrative Appeal: An Appeal by or on behalf of a Member that focuses on unresolved disputes or objections regarding coverage terms such as contract exclusions and non-covered benefits. Administrative Appeal may present issues related to Medical Necessity, but these are not the primary issues that affect the outcome of the Appeal.
- Medical Necessity Appeal: A request for the Claims Administrator to change its decision, based primarily on Medical Necessity, to deny or limit the provision of a Covered Service.
- Expedited Appeal: A faster review of a Medical Necessity Appeal, conducted when the Claims Administrator determines that a delay in decision making would seriously jeopardize the Member's life, health, or ability to regain maximum function.

Applicant And Employee/Member
You, the Employee who applies for coverage under the Program.

Application And Application Card
The request of the Applicant for coverage:
- Either written or via electronic transfer; and
- Set forth in a format approved by the Claims Administrator.

Attention Deficit Disorder
A disease that makes a person have a hard time paying attention; be too impulsive; and be overly active.

Autism Service Provider
A person, entity or group that provides treatment of Autism Spectrum Disorders (ASD), using an ASD Treatment Plan, and that is either:
- Licensed or certified in this Commonwealth; or
- Enrolled in the Commonwealth's medical assistance program on or before the effective date of the Pennsylvania Autism Spectrum Disorders law.

An Autism Service Provider shall include a Behavioral Specialist.

Autism Spectrum Disorders (ASD)
Any of the Pervasive Developmental Disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor.

Autism Spectrum Disorders Treatment Plan (ASD Treatment Plan)
A plan for the treatment of Autism Spectrum Disorders:
- Developed by: A licensed Physician or licensed Psychologist who is a Professional Provider; and
- Based on: A comprehensive evaluation or reevaluation, performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Behavioral Specialist
An individual with appropriate certification or licensure by the applicable state, who designs, implements or evaluates a behavior modification intervention component of an ASD (Autism Spectrum Disorder) Treatment Plan, through Applied Behavioral Analysis which includes:
- Skill acquisition and reduction of problematic behavior;
- Improve function and/or behavior significantly; or
- Prevent loss of attained skill or function.

Benefit Period
The specified period of time as shown in the ***Schedule of Covered Services*** within which the Member has to use Covered Services in order to be eligible for payment by their Claims Administrator. A charge shall be considered Incurred on the date the service or supply was provided to the Member.

Birth Center
A Facility Provider approved by the Claims Administrator which:
- Is primarily organized and staffed to provide maternity care;
- Is where a woman can go to receive maternity care and give birth;
- Is licensed as required in the state where it is situated; and
- Is under the supervision of a Physician or a licensed certified midwife.

BlueCard Program
A program that allows a Member travelling or living outside of their plan’s area to receive coverage for services at an "In-Network" benefit level if the Member receives services from Blue Cross Blue Shield providers that participate in the BlueCard Program.

BlueCard Provider
A Provider that participates in the BlueCard Program as an In-Network Provider.

Care Coordinator Fee
A fixed amount paid by a Blue Cross and/or Blue Shield Licensee to providers periodically for Care Coordination under a Value-Based Program.

Case Management
Comprehensive Case Management programs serve Members who have been diagnosed with an illness or injury that is complex, catastrophic, or chronic.

The objectives of Case Management are to:
- Make it easier for Members to get the service and care they need in an efficient way;
- Link the Member with appropriate health care or support services;
- Assist Providers in coordinating prescribed services;
- Monitor the quality of services delivered; and
- Improve Members' health outcomes.

Case Management supports Members and Providers by:
- Locating services;
- Coordinating services; and/or
- Evaluating services.

These steps are taken, across various levels and sites of care, for a Member who has been diagnosed with a complex, catastrophic or chronic illness and/or injury.

Certified Registered Nurse
Any one of the following types of nurses who are certified by the state Board of Nursing or a national nursing organization recognized by the State Board of Nursing:
- A certified registered nurse anesthetist;
- A certified registered nurse practitioner;
- A certified entreostomal therapy nurse;
- A certified community health nurse;
- A certified psychiatric mental health nurse; or
- A certified clinical nurse specialist.

This excludes any registered professional nurses employed by:
- A health care facility; or
- An anesthesiology group.

Cognitive Rehabilitation Therapy
Cognitive rehabilitation is a medically prescribed, multidisciplinary approach that consists of tasks that:
- Establish new ways for a person to compensate for brain function that has been lost due to injury, trauma, stroke, or encephalopathy; or
- Reinforce or re-establish previously learned patterns of behavior.

It consists of a variety of therapy modalities which lessen and ease problems caused by deficits in:
- Attention;
- Visual processing;
- Language;
- Memory;
- Reasoning; and
- Problem solving.

Cognitive rehabilitation is performed by any of the following professionals, using a team approach:
- A Physician;
- A neuropsychologist;
- A Psychologist; as well as, a physical, occupational or speech therapist.

Coinsurance
A type of cost-sharing in which the Member assumes a percentage of the Covered Expense for Covered Services (such as 20%). The Coinsurance percentage is listed in the ***Schedule of Covered Services***.

It is the amount that the Member is obliged to pay for covered medical services, after the Member has satisfied any Copayment(s) or Deductible(s) required by this Program.

Compendia
Compendia are reference documents used by the Claims Administrator to determine if a prescription drug should be covered. Compendia provide:
- Summaries of how drugs work;
- Information about which drugs are recommended to treat specific diseases; and
- The appropriate dosing schedule for each drug.

Over the years, some Compendia have merged with other publications. The Claims Administrator only reviews current Compendia when making coverage decisions.

Complaint
Any expression of dissatisfaction, verbal or written, by a Member.

Conditions For Departments (for Qualifying Clinical Trials)
The conditions described in this paragraph, for a study or investigation conducted by the Department of Veteran Affairs, Defense or Energy, are that the study or investigation has been reviewed and approved through a system of peer review that the Government determines:

- To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health (NIH); and
- Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Consumable Medical Supply
Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not useful to a person in the absence of illness or injury.

Copayment
A type of cost-sharing in which the Member pays a flat dollar amount each time a Covered Service is provided (such as a $10 or $15 Copayment per office visit). Copayments, if any, are identified in the ***Schedule of Covered Services***.

Covered Expense
Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
  - For Covered Services provided by an In-Network Facility Provider, "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator.
  - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
  - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider’s charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator’s applicable proprietary fee schedule or the Provider’s charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator’s applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider’s charges for Covered Services.
  - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator’s applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator’s applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator’s proprietary fee schedule for the closest analogous Covered Service.

- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
  - For Covered Services by an In-Network Professional Provider or BlueCard Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard Provider;
  - For an Out-of-Network Professional Provider, "Covered Expense" means the lesser of the Medicare Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.

- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
  - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard Provider.
  - For Covered Services provided by an Out-of-Network Ancillary Service Provider, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.

- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Covered Service
A service or supply specified in this Benefit Booklet for which benefits will be provided by the Claims Administrator.

Custodial Care (Domiciliary Care)
Care provided primarily for Maintenance of the patient or care which is designed essentially:
- To assist the patient in meeting their activities of daily living; and
- Which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Custodial Care includes help in tasks which do not require the technical skills or professional training of medical or nursing personnel in order to be performed safely and effectively.

Such tasks include, but are not limited to:
- Walking;
- Bathing;
- Dressing;
- Feeding;
- Preparation of special diets; and
- Supervision over self-administration of medications.

Day Rehabilitation Program
A level of Outpatient Care consisting of four to seven hours of daily rehabilitative therapies and other medical services five days per week.

The Member returns home:
- Each evening; and
- For the entire weekend.

Therapies provided may include a combination of therapies, such as:
- Physical Therapy;
- Occupational Therapy; and
- Speech Therapy.

Other medical services such as:
- Nursing services;
- Psychological therapy; and
- Case Management services.

Day Rehabilitation sessions also include a combination of:
- One-to-one therapy; and
- Group therapy.

Decision Support
Services that help Members make well-informed decisions about Health care and support their ability to follow their Provider's treatment plan. Some examples of support services are:
- Major treatment choices; and
- Every day health choices.

Deductible
A specified amount of Covered Expense for the Covered Services that is Incurred, by the Member, before the Claims Administrator will assume any liability.
- A specific dollar amount that the Member's Claims Administrator may require that the Member pay out-of-pocket each Benefit Period, before the Program begins to make payments for claims.

Detoxification
The process by which a person who is alcohol or drug intoxicated, or alcohol or drug dependent, is assisted under the following circumstances:
- In a state licensed Facility Provider; or
- In the case of opiates, by an appropriately licensed behavioral health provider, in an ambulatory (Outpatient) setting.

This treatment process will occur through the period of time necessary to eliminate, by metabolic or other means, any or each of the following problems:
- The intoxicating alcohol or drug;
- Alcohol or drug dependency factors; or
- Alcohol in combination with drugs, as determined by a licensed Physician, while keeping the physiological and psychological risk to the patient at a minimum.

Disease Management
An approved program designed to identify and help people, who have a particular chronic disease, to stay as healthy as possible.

- Disease Management programs use a population-based approach to:
  - Identify Members who have or are at risk for a particular chronic medical condition;
  - Intervene with specific programs of care; and
  - Measure and improve outcomes.

- Disease Management programs use evidence-based guidelines to:
  - Educate and support Members and Providers;
  - Matching interventions to Members with greatest opportunity for improved clinical or functional outcomes.

- To assist Members with chronic disease(s), Disease Management programs may employ:
  - Education;
  - Provider feedback and support statistics;
  - Compliance monitoring and reporting; and/or
  - Preventive medicine.

- Disease Management interventions are intended to both:
  - Improve delivery of services in various active stages of the disease process; as well as to reduce/prevent relapse or acute exacerbation of the condition.

Durable Medical Equipment (DME)
Equipment that meets the following criteria:
- It is durable. (That is, an item that can withstand repeated use.)
- It is medical equipment. (That is, equipment that is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury.)
- It is generally not useful to a person without an illness or injury.
- It is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to:
- Diabetic supplies;
- Canes;
- Crutches;
- Walkers;
- Commode chairs;
- Home oxygen equipment;
- Hospital beds;
- Traction equipment; and
- Wheelchairs.

Effective Date
The date on which coverage for a Member begins under the Program. All coverage begins at 12:01 a.m. on the date reflected on the records of the Claims Administrator.

Emergency
The sudden and unexpected onset of a medical or psychiatric condition manifesting itself in acute symptoms of sufficient severity or severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
- Placing the Member's health, or in the case of a pregnant Member, the health of the unborn child, in jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Care
Covered Services and supplies provided to a Member in, or for, an Emergency:
- By a Hospital or Facility Provider and/or Professional Provider; and
- On an Outpatient basis; and
- In a Hospital Emergency Room or Outpatient Emergency Facility.

Employee
An individual of the Group contracting with the Claims Administrator and:

- Who meets the eligibility requirements for enrollment; and
- Who, at enrollment, is specified as meeting the eligibility requirements; and
- In whose name the Identification Card is issued.

Equipment For Safety
Equipment used to keep people safe.

These are:
- Items that are not primarily used for the diagnosis, care or treatment of disease or injury.
- Items which are primarily used to prevent injury or provide a safe surrounding.

Examples include:
- Restraints;
- Safety straps;
- Safety enclosures; and
- Car seats.

Essential Health Benefits
A set of health care service categories that must be covered by certain plans in accordance with the Affordable Care Act. Essential health benefits must include items and services within at least the following 10 categories:
- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

Experimental/Investigative Services
A drug, biological product, device, medical treatment or procedure, or diagnostic test which meets any of the following criteria:
- Is the subject of: Ongoing clinical trials;
- Is the research, experimental, study or investigational arm of an ongoing clinical trial(s) or is otherwise under a systematic, intensive investigation to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis;
- Is not of proven benefit for the particular diagnosis or treatment of the Member's particular condition;
- Is not generally recognized by the medical community, as clearly demonstrated by Reliable Evidence, as effective and appropriate for the diagnosis or treatment of the Member's particular condition; or
- Is generally recognized, based on Reliable Evidence, by the medical community as a diagnostic or treatment intervention for which additional study regarding its safety and efficacy for the diagnosis or treatment of the Member's particular condition, is recommended.

Any drug, biological product, device, medical treatment or procedure, or diagnostic test is not considered Experimental/Investigative if it meets all of the criteria listed below:

- When required, the drug, biological product, device, medical treatment or procedure, or diagnostic test must have final approval from the appropriate governmental regulatory bodies (For example, FDA).
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test meets technical standards, is clinically valid, and has a definite positive effect on health outcomes.
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test leads to measurable improvement in health outcomes (That is, the beneficial effects outweigh any harmful effects).
- Reliable Evidence clearly demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test is at least as effective in improving health outcomes as established technology, or is usable in appropriate clinical contexts in which established technology is not employable.
- Reliable Evidence clearly demonstrates that improvement in health outcomes, as defined in the previous bullet, is possible in standard conditions of medical practice, outside clinical investigatory settings.
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, biological product, device, medical treatment or procedure or diagnostic test is that studies or clinical trials have determined its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment for a particular diagnosis.

Any approval granted as an interim step in the FDA regulatory process (For example, An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (For example, infusible agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Claims Administrator policies recognize the usage as appropriate medical treatment.

Facility Provider
An institution or entity licensed, where required, to provide care.

Such facilities include:

- Ambulatory Surgical Facility;
- Birth Center;
- Free Standing Dialysis Facility;
- Free Standing Ambulatory Care Facility;
- Home Health Care Agency;
- Hospice;
- Hospital;
- Non-Hospital Facility;
- Psychiatric Hospital;
- Rehabilitation Hospital;
- Residential Treatment Facility;
- Short Procedure Unit;
- Skilled Nursing Facility.

Family Coverage
Coverage purchased for the Member and one or more of the Member's Dependents.

Free Standing Ambulatory Care Facility
A Facility Provider, other than a Hospital, that provides treatment or services on an Outpatient or partial basis.

In addition, the facility:

- Is not, other than incidentally, used as an office or clinic for the private practice of a Physician.
- Is licensed by the state in which it is located and be accredited by the appropriate regulatory body.

Free Standing Dialysis Facility
A Facility Provider that provides dialysis services for people who have serious kidney disease.

In addition, the facility:
- Is primarily engaged in providing dialysis treatment, Maintenance or training to patients on an Outpatient or home care basis.
- Is licensed or approved by the appropriate governmental agency; and
- Is approved by the Claims Administrator.

Gene Replacement Therapy
The scientific development of a functional copy of a missing, non-functioning, or mutated gene, designed to be infused or injected into the body to restore normal function. Examples of Gene Replacement Therapy include Luxturna® (voretigene neparvovec-rzyl) and Zolgensma® (onasemnogene abeparvovec-xioi).

Group or (Enrolled Group)
A group of Employees which has been accepted by the Claims Administrator, consisting of all those Applicants whose charges are remitted by the Applicant's Agent together with all the Employees, listed on the Application Cards or amendments thereof, who have been accepted by the Claims Administrator.

Hearing Aid
A device that amplifies sound through simple acoustic amplification or through transduction of sound waves into mechanical energy that is perceived as sound. A Hearing Aid is comprised of:
- A microphone to pick up sound;
- An amplifier to increase the sound;
- A receiver to transmit the sound to the ear; and
- A battery for power.

A Hearing Aid may also have a transducer that changes sound energy into a different form of energy. The separate parts of a Hearing Aid can be packaged together into a small self-contained unit, or may remain separate or even require surgical implantation into the ear or part of the ear. Generally, a Hearing Aid will be categorized into one of the following common styles:
- Behind-The-Ear;
- In-The-Ear;
- In-The-Canal;
- Completely-In-The-Canal; or
- Implantable (Can Be Partial or Complete).

A Hearing Aid is not a cochlear implant.

Home
For purposes of the Home Health Care and Homebound Covered Services only, this is the place where the Member lives.

This place may be:
- A private residence/domicile;
- An assisted living facility;
- A long-term care facility; or
- A Skilled Nursing Facility at a custodial level of care.

Homebound
Being unable to safely leave Home due to severe restrictions on the Member's mobility.

A person can be considered Homebound when: Leaving Home would do the following:
- Involve a considerable effort by the Member; and
- Leave the Member unable to use transportation, without another's assistance.

The following individuals will NOT automatically be considered Homebound: But must meet both requirements shown above:

- A child;
- An unlicensed driver; or
- An individual who cannot drive.

Home Health Care Provider
A Facility Provider, approved by the Claims Administrator, that is engaged in providing, either directly or through an arrangement, health care services to Members:

- On an intermittent basis in the Member's Home.
- In accordance with an approved home health care Plan Of Treatment.

Hospice
A Facility Provider that is engaged in providing palliative care rather than curative care to terminally ill individuals.

The Hospice must be:

- Certified by Medicare to provide Hospice services, or accredited as a Hospice by the appropriate regulatory agency; and
- Appropriately licensed in the state where it located.

Hospital
An approved facility that provides Inpatient, as well as Outpatient Care, and that meet the requirements listed below.

The term Hospital specifically refers to a short-term, acute care, general Hospital which has been approved by The Joint Commission on Accreditation of Healthcare Organizations; and/or by the American Osteopathic Hospital Association or by the Claims Administrator, and which meets the following requirements:

- Is a duly licensed institution;
- Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians;
- Has organized departments of medicine;
- Provides 24-hour nursing service by or under the supervision of Registered Nurses;
- Is not, other than incidentally, any of the following:
  - Skilled Nursing Facility;
  - Nursing home;
  - School;
  - Custodial Care home;
  - Health resort;
  - Spa or sanitarium;
  - Place for rest;
  - Place for aged;
  - Place for treatment of Mental Illness;
  - Place for treatment of Alcohol or Drug Abuse;
  - Place for provision of rehabilitation care;
  - Place for treatment of pulmonary tuberculosis;
  - Place for provision of Hospice care.

Hospital-Based Provider
A Physician who provides Medically Necessary services in a Hospital or other In-Network Facility Provider and meets the requirements listed below:
- The Medically Necessary services must be supplemental to the primary care being provided in the Hospital or In-Network Facility Provider;
- The Medically Necessary services must be those for which the Member has limited or no control of the selection of such Physician;
- Hospital-Based Providers include Physicians in the specialties of:
  - Radiology;
  - Anesthesiology;
  - Pathology; and/or
  - Other specialties, as determined by the Claims Administrator.

When these Physicians provide services other than in the Hospital or other In-Network Facility, they are not considered Hospital-Based Providers.

Identification Card (ID Card)
The currently effective card issued to the Member by the Claims Administrator which must be presented when a Covered Service is requested.

Immediate Family
The Employee's:
- Spouse;
- Parent;
- Child, stepchild;
- Brother, sister; or
- Persons who ordinarily reside in the household of the Member

Incurred
A charge shall be considered Incurred (acquired) on the date a Member receives the service or supply for which the charge is made.

Independent Clinical Laboratory
A laboratory that performs clinical pathology procedure and that is not affiliated or associated with a:
- Hospital;
- Physician; or
- Facility Provider.

In-Network Ancillary Service Provider
An Ancillary Service Provider that is:
- A member of the Personal Choice Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Facility Provider
A Facility Provider that is:
- A member of the Personal Choice Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Professional Provider
A Professional Provider that is:
- A member of the Personal Choice Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Provider
A Facility Provider, Professional Provider or Ancillary Service Provider that is:
- A member of the Personal Choice Network or is a BlueCard Provider; and
- Authorized to perform specific "in-network" Covered Services at the In-Network level of benefits.

Inpatient Admission (Inpatient)
The actual entry of a Member, who is to receive Inpatient services as a registered bed patient, and for whom a room and board charge is made, into any of the following:
- Hospital;
- Extended care facility; or
- Facility Provider.

The Inpatient Admission shall continue until such time as the Member is actually discharged from the facility.

Inpatient Care For Alcohol Or Drug Abuse And Dependency
The provision of medical, nursing, counseling or therapeutic services 24 hours a day in a Hospital or Non-Hospital Facility, according to individualized treatment plans.

Intensive Outpatient Program
A planned, structured program that coordinates and uses the services of various health professionals, to treat patients in crisis who suffer from:
- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency.

Intensive Outpatient Program treatment is an alternative to Inpatient Hospital treatment or Partial Hospitalization treatment and focuses on alleviation of symptoms and improvement in the level of functioning required to stabilize the patient until they are able to transition to less intensive Outpatient treatment, as required.

Licensed Clinical Social Worker
A social worker who:
- Has graduated from a school accredited by the Council on Social Work Education with a Doctoral or Master’s Degree; and
- Is licensed by the appropriate state authority.

Licensed Practical Nurse (LPN)
A nurse who:
- Has graduated from a formal practical or nursing education program; and
- Is licensed by the appropriate state authority.

Life-Threatening Disease Or Condition (for Qualifying Clinical Trials)
Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Limiting Age For Dependents
The age at which a child is no longer eligible as a Dependent under the Member's coverage. The Limiting Age

for covered children is shown in the ***General Information*** section.

Maintenance
A continuation of the Member's care and management when:
- The maximum therapeutic value of a Medically Necessary treatment plan has been achieved;
- No additional functional improvement is apparent or expected to occur;
- The provision of Covered Services for a condition ceases to be of therapeutic value; and
- It is no longer Medically Necessary.

This includes Maintenance services that seek to:
- Prevent disease;
- Promote health; and
- Prolong and enhance the quality of life.

Managed Care Organization (MCO)
A generic term for any organization that manages and controls medical service.

It includes:
- HMOs;
- PPOs;
- Managed indemnity insurance programs; and
- Managed Blue Cross or Blue Shield programs.

Master's Prepared Therapist
A therapist who:
- Holds a Master's Degree in an acceptable human services-related field of study;
- Is licensed as a therapist at an independent practice level; and
- Is licensed by the appropriate state authority to provide therapeutic services for the treatment of Mental Health/Psychiatric Services (including treatment of Serious Mental Illness).

Maximum
A limit on the amount of Covered Services that a Member may receive. The Maximum may apply to all Covered Services or selected types. When the Maximum is expressed in dollars, this Maximum is measured by the Covered Expenses, less Deductibles, Coinsurance and Copayment amounts paid by Members for the Covered Services to which the Maximum applies. The Maximum may not be measured by the actual amounts paid by the Claims Administrator to the Providers. A Maximum may also be expressed in number of days or number of services for a specified period of time.
- Benefit Maximum - the greatest amount of a specific Covered Service that a Member may receive.
- Lifetime Maximum - the greatest amount of Covered Services that a Member may receive in the Member's lifetime.

Medical Care
Services rendered by a Professional Provider for the treatment of an illness or injury. These are services that must be rendered within the scope of their license.

Medical Foods
Liquid nutritional products which are specifically formulated to treat one of the following genetic diseases: phenylketonuria, branched-chain ketonuria, galactosemia, homocystinuria.

Medically Necessary (Medical Necessity)
Shall mean:

- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of:
  - Preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient, that are:
  - In accordance with generally accepted standards of medical practice;
  - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
  - Not primarily for the convenience of the patient, Physician, or other health care provider;
  - Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; and
  - Furnished in the most appropriate and cost-effective setting (site of care) that is appropriate to the Member's medical needs and condition, based on the Member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.
- For these purposes, "generally accepted standards of medical practice" means standards that are based on:
  - Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, Physician Specialty Society recommendations; and
  - The views of Physicians practicing in relevant clinical areas; and
  - Any other relevant factors.

Medical Policy
Medical Policy is used to determine whether Covered Services are Medically Necessary.
Medical Policy is developed based on various sources including, but not limited to:

- Peer-reviewed scientific literature published in journals and textbooks; and
- Guidelines put forth by governmental agencies; and
- Respected professional organizations; and
- Recommendations of experts in the relevant medical specialty.

Medicare
The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Medicare Allowable Payment for Facilities
The payment amount, as determined by the Medicare program, for the Covered Service for a Facility Provider.

Medicare Ancillary Allowable Payment
The payment amount, as determined by the Medicare program, for the Covered Service for an Ancillary Service Provider.

Medicare Professional Allowable Payment
The payment amount, as determined by the Medicare program, for the Covered Service based on the Medicare Par Physician Fee Schedule – Pennsylvania Locality 01.

Member
An enrolled Employee or their Eligible Dependent(s) who have satisfied the specifications of the ***General Information*** section.

A Member does NOT mean any person who is eligible for Medicare, except as specifically stated in this Benefit Booklet.

Mental Illness
Any of various conditions, wherein mental treatment is provided by a qualified mental health Provider.
- These various conditions must be categorized as mental disorders by the most current edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM).
- For purposes of this Program, conditions categorized as Mental Illness do not include those conditions listed under Serious Mental Illness or Autism Spectrum Disorders.
- The benefit limits for Mental Illness, Serious Mental Illness, and Autism Spectrum Disorders are separate and not cumulative.

Methadone Treatment
Provision and supervision of methadone hydrochloride in prescribed doses for the treatment of opioid dependency.

Negotiated Arrangement a.k.a., Negotiated National Account Arrangement
An agreement negotiated between a Control/Home Licensee and one or more Par/Host Licensees for any National Account that is not delivered through the BlueCard Program.

Non-Hospital Facility
A Facility Provider, licensed by the Department of Health for the care or treatment of Members diagnosed with Alcohol Or Drug Abuse And Dependency. This does NOT include transitional living facilities.

Non-Hospital Facilities, shall include, but not be limited to the following, for Partial Hospitalization programs:
- Residential Treatment Facilities; and
- Free Standing Ambulatory Care Facilities.

Non-Hospital Residential Treatment
The provision of medical, nursing, counseling, or therapeutic services to Members diagnosed with Alcohol Or Drug Abuse And Dependency:

- In a residential environment;
- According to individualized treatment plans.

Nutritional Formula
Liquid nutritional products which are formulated to supplement or replace normal food products.

Observation Room
Observation Room services involve the use of a bed and periodic monitoring by the Facility Provider's nursing or other ancillary staff in order to evaluate and treat a Member's condition or determine the need for possible Inpatient Admission. Observation Room services are considered Outpatient Care services and generally do not exceed 24 hours. These services can be provided in any location within a Facility Provider.

Out-of-Network Ancillary Service Provider
An Ancillary Service Provider that is NOT a member of the Personal Choice Network or is NOT a BlueCard Provider.

Out-of-Network Facility Provider
A Facility Provider that is NOT a member of the Personal Choice Network or is NOT a BlueCard Provider.

Out-of-Network Professional Provider
A Professional Provider who is NOT a:
- Member of the Personal Choice Network; or
- BlueCard Provider.

Out-of-Network Provider
A Facility Provider, Professional Provider or Ancillary Service Provider that is NOT a:
- Member of the Personal Choice Network; or
- BlueCard Provider.

Out-of-Pocket Limit
A specified dollar amount of Covered Expense Incurred by the Member for Covered Services in a Benefit Period. The Out-of-Pocket Limits are calculated as follows:
- The In-Network Out-of-Pocket Limit expense includes Copayments, Coinsurance and Deductibles, if applicable. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. When the In-Network Out-of-Pocket Limit is reached, the level of benefits is increased as set forth in the ***Schedule of Covered Services***.
- The Out-of-Network Out-of-Pocket Limit expense includes Coinsurance but does not include any Copayments, Deductibles, Penalties, or amounts that exceed the Claims Administrator's payment (see the definition for "Covered Expense" for more details). When the Out-of-Network Out-of-Pocket Limit is reached, the level of benefits is increased, as specified in the ***Schedule of Covered Services***.

Outpatient Care (or Outpatient)
Medical, nursing, counseling or therapeutic treatment provided to a Member who does not require an overnight stay in a Hospital or other Inpatient Facility.

Outpatient Diabetic Education Program
An Outpatient Diabetic Education Program, provided by an In-Network Provider that has been recognized by the Department of Health or the American Diabetes Association as meeting the national standards for Diabetes Patient Education Programs established by the National Diabetes Advisory Board.

Partial Hospitalization
Medical, nursing, counseling or therapeutic services that are:
- Provided on a planned and regularly scheduled basis in a Hospital or Facility Provider; and
- Designed for a patient who would benefit from more intensive services than are offered in Outpatient treatment (Intensive Outpatient Program or Outpatient office visit) but who does not require Inpatient confinement.

Penalty
A type of cost-sharing in which the Member is assessed a percentage reduction in benefits payable for failure to obtain Precertification of certain Covered Services. Penalties, if any, are identified and explained in detail in the ***General Information*** section.

Personal Choice Network
The network of Providers with whom the Claims Administrator has contractual arrangements.

Pervasive Developmental Disorders (PDD)
Disorders characterized by severe and pervasive impairment in several areas of development:
- Reciprocal social interaction skills;
- Communication skills; or
- The presence of stereotyped behavior, interests and activities.

Examples are:
- Asperger's syndrome; and
- Childhood disintegrative disorder.

Physician
A person who is a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), licensed and legally entitled to practice medicine in all its branches, perform Surgery and dispense drugs.

Plan Of Treatment
A plan of care which is prescribed in writing by a Professional Provider for the treatment of an injury or illness. The Plan of Treatment should include goals and duration of treatment, and be limited in scope and extent to that care which is Medically Necessary for the Member's diagnosis and condition.

Precertification (or Precertify)
Prior assessment by the Claims Administrator or a designated agent that proposed services, such as hospitalization, are Medically Necessary for a Member and covered by this Program. Payment for services depends on whether the Member and the category of service are covered under this Program.

Preferred Provider Organization (PPO)
A type of managed care plan that:
- Offers the freedom to choose a Physician like a traditional health care plan; and
- Provides the Physician visits and preventive benefits normally associated with an HMO (Health Maintenance Organization).

In a PPO, an individual is:
- Not required to select a primary care Physician to coordinate care; and
- Not required to obtain referrals to see specialists.

Prenotification (Prenotify)
The requirement that a Member provide prior notice to the Claims Administrator that proposed services, such as maternity care, are scheduled to be performed.
- No Penalty will be applied for failure to comply with this requirement.
- Payment for services depends on whether the Member and the category of service are covered under this Program.
- To Prenotify, the Member should call the telephone number on the ID card, prior to obtaining the proposed service.

Preventive Care
Means:
- Evidence-based items or services that are rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the Member;
- Immunizations for routine use for Members of all ages as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the Member;
- Evidence-informed preventive care and screenings for Members who are infants, children, and adolescents, as included in the comprehensive guidelines supported by the Health Resources and Services Administration;
- Evidence-informed preventive care and screenings for Members as included in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Any other evidence-based or evidence-informed items as determined by the federal and/or state law.

Primary Care Provider
A Professional Provider as listed in the Personal Choice Network directory under "Primary Care Physicians" (General Practice, Family Practice or Internal Medicine), "Obstetricians/Gynecologists" or "Pediatricians".

Primary Care Services
Basic, routine Medical Care traditionally provided to individuals with:
- Common illnesses; and
- Common injuries; and
- Chronic illnesses.

Private Duty Nursing
Private Duty Nursing is Medically Necessary, complex skilled nursing care provided in the Member's private residence by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). It provides continuous monitoring and observation of a Member who requires frequent skilled nursing care on an hourly basis. Private Duty Nursing must be ordered by a Professional Provider who is involved in the oversight of the Member's care, in accordance with the Provider's scope of practice.

Professional Provider
A person or practitioner with an unrestricted, unsanctioned license, who is licensed, where required, and performing services within the scope of such licensure. The Professional Providers are:
- Audiologist;
- Autism Service Provider;
- Behavior Specialist;
- Certified Midwife;
- Certified Registered Nurse;
- Chiropractor;
- Dentist;
- Independent Clinical Laboratory;
- Licensed Clinical Social Worker;
- Master's Prepared Therapist;
- Optometrist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Podiatrist;
- Psychologist;
- Registered Dietitian;
- Speech-Language Pathologist;
- Teacher of the hearing impaired.

Program
The benefit plan provided by the Group through an arrangement with the Claims Administrator.

Prosthetics (or Prosthetic Devices)
Devices (except dental Prosthetics), which replace all or part of:
- An absent body organ including contiguous tissue; or
- The function of a permanently inoperative or malfunctioning body organ.

Provider
A Facility Provider, Professional Provider or Ancillary Service Provider licensed where required.

Provider Incentive
An additional amount of compensation paid to a healthcare provider by a Blue Cross and/or Blue Shield Plan, based on the provider's compliance with agreed-upon procedural and/or outcome measures for a particular group/population of Members.

Psychiatric Hospital
A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing diagnostic and therapeutic services for the Inpatient treatment of Mental Illness.
- Such services are provided by or under the supervision of an organized staff of Physicians.
- Continuous nursing services are provided under the supervision of a Registered Nurse.

Psychologist
A Psychologist who is:
- Licensed in the state in which they practice; or
- Otherwise duly qualified to practice by a state in which there is no Psychologist licensure.

Qualified Individual (for Clinical Trials)
A Member who meets the following conditions:
- The Member is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other Life-Threatening Disease or Condition; and
- Either:
  - The referring health care professional is a health care provider participating in the clinical trial and has concluded that the Member's participation in such trial would be appropriate based upon the individual meeting the conditions described above; or
  - The Member provides medical and scientific information establishing that their participation in such trial would be appropriate based upon the Member meeting the conditions described above.

Qualifying Clinical Trial
A phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease Or Condition and is described in any of the following:
- Federally funded trials: the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
  - The National Institutes of Health (NIH);
  - The Centers for Disease Control and Prevention (CDC);
  - The Agency for Healthcare Research and Quality (AHRQ);
  - The Centers for Medicare and Medicaid Services (CMS);
  - Cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Department of Veterans Affairs (VA);
  - Any of the following, if the Conditions For Departments are met:
    - The Department of Veterans Affairs (VA);
    - The Department of Defense (DOD); or
    - The Department of Energy (DOE).
- The study of investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

In the absence of meeting the criteria listed above, the Clinical Trial must be approved by the Claims Administrator as a Qualifying Clinical Trial.

Registered Dietitian (RD)
A dietitian registered by a nationally recognized professional association of dietitians.
- A Registered Dietitian (RD) is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the credential "RD."

Registered Nurse (R.N.)
A nurse who:
- Has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program); and
- Is licensed by the appropriate state authority.

Rehabilitation Hospital
A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing rehabilitation care services on an Inpatient basis.

- Rehabilitation care services consist of:
  - The combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve the highest possible level of functional ability.
- Services are provided by or under:
  - The supervision of an organized staff of Physicians.
- Continuous nursing services are provided:
  - Under the supervision of a Registered Nurse.

Reliable Evidence
Peer-reviewed reports of clinical studies that have been designed according to accepted scientific standards such that potential biases are minimized to the fullest extent, and generalizations may be made about safety and effectiveness of the technology outside of the research setting. Studies are to be published or accepted for publication, in medical or scientific journals that meet nationally recognized requirements for scientific manuscripts and that are generally recognized by the relevant medical community as authoritative. Furthermore, evidence-based guidelines from respected professional organizations and governmental entities may be considered Reliable Evidence if generally accepted by the relevant medical community.

Residential Treatment Facility
A Facility Provider licensed and approved by the appropriate government agency and approved by the Claims Administrator, which provides treatment for:
- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency to partial, Outpatient or live-in patients who do not require acute Medical Care.

Retail Clinics
Retail Clinics are staffed by certified nurse practitioners trained to diagnose, treat and write prescriptions when clinically appropriate.
- Services are available to treat basic medical needs for: Urgent Care.
- Examples of needs are:
  - Sore throat;
  - Ear, eye or sinus infection;
  - Allergies;
  - Minor burns;
  - Skin infections or rashes; and
  - Pregnancy testing.

Routine Patient Costs Associated With Qualifying Clinical Trials
Routine patient costs include all items and services consistent with the coverage provided under this Program that is typically covered for a Qualified Individual who is not enrolled in a clinical trial.

Routine patient costs do NOT include:
- The investigational item, device, or service itself;
- Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

Self-Administered Prescription Drug
A Prescription Drug that can be administered safely and effectively by either the Member or a caregiver, without medical supervision, regardless of whether initial medical supervision and/or instruction is required. Examples of Self-Administered Prescription Drugs include, but are not limited to:

- Oral drugs;
- Self-Injectable Drugs;
- Inhaled drugs; and
- Topical drugs.

Self-Injectable Prescription Drug (Self-Injectable Drug)
A Prescription Drug that:
- Is introduced into a muscle or under the skin with a syringe and needle; and
- Can be administered safely and effectively by either the Member or a caregiver without medical supervision, regardless of whether initial medical supervision and/or instruction is required.

Serious Mental Illness
Means any of the following biologically based Mental Illnesses: As defined by the American Psychiatric Association, in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM):
- Schizophrenia;
- Bipolar disorder;
- Obsessive-compulsive disorder;
- Major depressive disorder;
- Panic disorder;
- Anorexia nervosa;
- Bulimia nervosa;
- Schizo-affective disorder;
- Delusional disorder; and
- Any other Mental Illness that is considered to be "Serious Mental Illness" by law.

Benefits are provided for diagnosis and treatment of these conditions when:
- Determined to be Medically Necessary; and
- Provided by a Provider.

Covered Services may be provided on an Outpatient or Inpatient basis.

Severe Systemic Protein Allergy
Means allergic symptoms to ingested proteins of sufficient magnitude to cause:
- Weight loss or failure to gain weight;
- Skin rash;
- Respiratory symptoms; and
- Gastrointestinal symptoms of significant magnitude to cause gastrointestinal bleeding and vomiting.

Short Procedure Unit
A unit which is approved by the Claims Administrator and which is designed to handle the following kinds of procedures on an Outpatient basis:
- Lengthy diagnostic procedures; or
- Minor surgical procedures.

In the absence of a Short Procedure Unit these are procedures which would otherwise have resulted in an Inpatient Admission.

Skilled Nursing Facility
An institution or a distinct part of an institution, other than one which:
- Is primarily for the care and treatment of Mental Illness, tuberculosis, or Alcohol Or Drug Abuse And Dependency.

It is also an institution which:

- Is accredited as a Skilled Nursing Facility or extended care facility by the Joint Commission on Accreditation of Healthcare Organizations; or
- Is certified as a Skilled Nursing Facility or extended care facility under the Medicare Law; or
- Is otherwise acceptable to the Claims Administrator.

Sleep Studies
Refers to the continuous and simultaneous monitoring and recording of various physiologic and pathophysiologic sleep parameters. Sleep tests are performed to:
- Diagnose sleep disorders (For example, narcolepsy, sleep apnea, parasomnias);
- Initiate treatment for a sleep disorder; and/or
- Evaluate an individual's response to therapies such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure device (BPAP).

Sound Natural Teeth
Teeth that are:
- Stable;
- Functional;
- Free from decay and advanced periodontal disease;
- In good repair at the time of the Accidental Injury/trauma; and
- Are not man-made.

Specialist Services
All Professional Provider services providing Medical Care or mental health/psychiatric care in any generally accepted medical or surgical specialty or subspecialty.

Specialty Drug
A medication that meets certain criteria including, but not limited to:
- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a Professional Provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug’s stability.
- The drug requires comprehensive patient monitoring and education by a Professional Provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.
- Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

The Claims Administrator reserves the right to determine which Specialty Drug vendors and/or Professional Providers can dispense or administer certain Specialty Drugs.

Standard Injectable Drug
A medication that is either injectable or infusible:
- But is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug. Instead, these drugs need to be administered by a Professional Provider.

Standard Injectable Drugs include, but are not limited to:
- Allergy injections and extractions; and
- Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.

Surgery
The performance of generally accepted operative and cutting procedures including:
- Specialized instrumentations;
- Endoscopic examinations; and
- Other invasive procedures.

Payment for Surgery includes an allowance for related Inpatient preoperative and postoperative care.

Treatment of burns, fractures and dislocations are also considered Surgery.

Therapy Service
The following services or supplies prescribed by a Physician and used for the treatment of an illness or injury to promote the recovery of the Member:

- Cardiac Rehabilitation Therapy
  Medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.

- Chemotherapy
  The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells.

- Dialysis
  The treatment that removes waste materials from the body for people with:
  - Acute renal failure; or
  - Chronic irreversible renal insufficiency.

- Infusion Therapy
  The infusion of:
  - Drug;
  - Hydration; or
  - Nutrition (parenteral or enteral);
  - Into the body by a Professional Provider.

  Infusion therapy includes: All professional services, supplies, and equipment that are required to safely and effectively administer the therapy.

  Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to:
  - Prepare the drug;
  - Administer the infusion; and
  - Monitor the Member.

  The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy
  Medically prescribed treatment concerned with improving or restoring neuromusculoskeletal (nerve, muscle and bone) functions which have been impaired by:
  - Illness or injury;
  - Congenital anomaly (a birth defect); or
  - Prior therapeutic intervention.

  Occupational Therapy also includes medically prescribed treatment concerned with improving the Member's ability to perform those tasks required for independent functioning, where such function has been permanently lost or reduced by:
  - Illness or injury;
  - Congenital anomaly (a birth defect); or
  - Prior therapeutic intervention (Prior treatment).

  This does NOT include services specifically directed towards the improvement of vocational skills and social functioning.

- Physical Therapy
  Medically prescribed treatment of physical disabilities or impairments resulting from:
  - Disease;
  - Injury;
  - Congenital anomaly; or
  - Prior therapeutic intervention by the use of therapeutic exercise and other interventions that focus on improving:
    - Posture;
    - Mobility;
    - Strength;
    - Endurance;
    - Balance;
    - Coordination;
    - Joint Mobility;
    - Flexibility; and
    - The functional activities of daily living.

- Pulmonary Rehabilitation Therapy
  A multidisciplinary, comprehensive program for Members who have a chronic lung disease. Pulmonary rehabilitation is designed to:
  - Reduce symptoms of disease;
  - Improve functional status; and
  - Stabilize or reverse manifestations of the disease.

- Radiation Therapy
  The treatment of disease by:
  - X-Ray;
  - Gamma ray;
  - Accelerated particles;
  - Mesons; or
  - Neutrons, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery.

- Respiratory Therapy
  Medically prescribed treatment of diseases or disorders of the respiratory system with therapeutic gases and vaporized medications delivered by inhalation.

- Speech Therapy

  Medically prescribed services that are necessary for the diagnosis and/or treatment of speech and language disorders, due to conditions or events that result in communication disabilities and/or swallowing disorders:

  - Disease;
  - Surgery;
  - Injury;
  - Congenital and developmental anomalies (birth defects); or
  - Previous therapeutic processes.

Total Disability (or Totally Disabled)
Means that a Covered Employee who, due to illness or injury:

- Cannot perform any duty of their occupation or any occupation for which the Employee is, or may be, suited by education, training and experience; and
- Is not, in fact, engaged in any occupation for wage or profit.

A Dependent is totally disabled if: They cannot engage in the normal activities of a person in good health and of like age and sex.

The Totally Disabled person must be under the regular care of a Physician.

Urgent Care
Urgent Care needs are for sudden illness or Accidental Injury that require prompt medical attention but are not life-threatening and are not Emergency medical conditions when your Professional Provider is unavailable. Examples of Urgent Care needs include stitches, fractures, sprains, ear infections, sore throats, rashes, X-rays that are not Preventive Care.

Urgent Care Centers
Facility Provider designed to offer immediate evaluation and treatment for sudden health conditions and accidental injuries that:

- Require medical attention in a non-Emergency situation; and
- When the Member’s Professional Provider's office is unavailable.

Urgent Care is not the same as: Emergency Services (see definition of "Urgent Care" above).

Value-Based Program (VBP)
An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

IMPORTANT NOTICES

Regarding Experimental/Investigative Treatment:
The Claims Administrator does not cover treatment it determines to be Experimental/Investigative in nature because that treatment is not accepted by the general medical community for the condition being treated or not approved as required by federal or governmental agencies. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician agree to utilize Experimental/Investigative treatment. If a Member receives Experimental/Investigative treatment, the Member shall be responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether a treatment is considered Experimental/Investigative. The term "Experimental/Investigative" is defined in the ***Important Definitions*** section.

Regarding Treatment Which Is Not Medically Necessary:
The Claims Administrator only covers treatment which it determines Medically Necessary. An In-Network Provider accepts the Claims Administrator's decision and contractually is not permitted to bill the Member for treatment which the Claims Administrator determines is not Medically Necessary unless the In-Network Provider specifically advises the Member in writing, and the Member agrees in writing that such services are not covered by the Claims Administrator, and that the Member will be financially responsible for such services. An Out-of-Network Provider, however, is not obligated to accept the Claims Administrator's determination and the Member may not be reimbursed for treatment which the Claims Administrator determines is not Medically Necessary. The Member is responsible for these charges when treatment is received by an Out-of-Network Provider. The Member can avoid these charges simply by choosing an In-Network Provider for the Members care. The term "Medically Necessary" is defined in the ***Important Definitions*** section.

Regarding Treatment for Cosmetic Purposes:
The Claims Administrator does not cover treatment which it determines is for cosmetic purposes because it is not necessitated as part of the Medically Necessary treatment of an illness, injury or congenital birth defect. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician decide to pursue a course of treatment for cosmetic purposes. In such cases, the Member is responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether treatment is for cosmetic purposes. The exclusion for services and operations for cosmetic purposes is detailed in the ***Exclusions - What Is Not Covered*** section.

Regarding Coverage for Emerging Technology:
While the Claims Administrator does not cover treatment it determines to be Experimental/Investigative, it routinely performs technology assessments in order to determine when new treatment modalities are safe and effective. A technology assessment is the review and evaluation of available clinical and scientific information from expert sources. These sources include but are not limited to articles published by governmental agencies, national peer review journals, national experts, clinical trials, and manufacturer's literature. The Claims Administrator uses the technology assessment process to assure that new drugs, procedures or devices ("emerging technology") are safe and effective before approving them as Covered Services. When new technology becomes available or at the request of a practitioner or Member, the Claims Administrator researches all scientific information available from these expert sources. Following this analysis, the Claims Administrator makes a decision about when a new drug, procedure or device has been proven to be safe and effective and uses this information to determine when an item becomes a Covered Service for the condition being treated or not approved as required by federal or governmental agencies. A Member or their Provider should contact the Claims Administrator to determine whether a proposed treatment is considered "emerging technology" and whether the Provider is considered an eligible Provider to perform the “emerging technology” Covered Service. The Claims Administrator maintains the discretion to limit eligible Providers for certain “emerging technology” Covered Services.

Regarding Use of Out-of-Network Providers
While Personal Choice has an extensive network, it may not contain every provider that the Member elects to see. To receive the Maximum benefits available under this Program, the Member must obtain Covered Services from In-Network Providers that participate in the Personal Choice Network or is a BlueCard Provider.

In addition, the Members Personal Choice program allows the Member to obtain Covered Services from Out-of-Network Providers. If the Member uses an Out-of-Network Provider the Member will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Out-of-Network Provider also may charge the Member for the balance of the Provider's bill. This is true regardless of the reason the Member uses an Out-of-Network Provider including, but not limited to, by choice, for level of expertise, for convenience, for location, because of the nature of the services, based on the recommendation of a Provider or network sufficiency. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense".

For Covered Services received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, the Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider.

For specific terms regarding Out-of-Network Providers, please refer to the following sections: ***Important Definitions***; including but not limited to the definition of "Covered Expense" and "Out-of-Network Provider", Payment of Providers and Payment Methods.

Regarding Non-Discrimination Rights
The Member has the right to receive health care services without discrimination:
- Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity, pre-existing conditions, health status, and marital status;
- For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender;
- Based on an individual's sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available;
- Related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Discretionary Authority
The Claims Administrator or Plan Administrator, as applicable, retains discretionary authority to interpret the benefit plan and the facts presented to make benefit determinations. Benefits under this Program will be provided only if the Claims Administrator or Plan Administrator, as applicable, determines in its discretion that the Member is entitled to them.

REMEMBER: Whenever a Provider suggests a new treatment option that may fall under the category of "Experimental/Investigative", "cosmetic", or "emerging technology", the Member, or their Provider, should contact the Claims Administrator for a coverage determination. That way the Member and the Provider will know in advance if the treatment will be covered by the Claims Administrator.

In the event the treatment is not covered by the Claims Administrator, the Member can make an informed decision about whether to pursue alternative treatment options or be financially responsible

for the non-covered service.

For more information on when to contact the Claims Administrator for coverage determinations, please see the Precertification and Prenotification requirements in the *General Information* section.

RIGHTS AND RESPONSIBILITIES

To obtain a list of "Rights and Responsibilities", please log on to https://www.ibx.com/quality-management#member or the Member should call the Customer Service telephone number that is listed on their Identification Card to receive a printed copy.

LANGUAGE AND COVERAGE CHANGES

QCC INSURANCE COMPANY

2024 PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your preventive care and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. In accordance with the PPACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your healthcare provider is always your best resource for determining if you are at increased risk for a condition. Some services may require precertification/preapproval. If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

PREVENTIVE CARE SERVICES FOR ADULTS

VISITS	
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • High blood pressure screening • Behavioral counseling for skin cancer • Obesity screening • Unhealthy drug use screening	One exam annually for all adults
SCREENINGS	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males ages 65 to 75 years with a history of smoking
Colorectal cancer screening	Adults ages 45 to 75 years using any of the following tests: • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every 5 years • CT colonography: once every 5 years • Stool DNA testing: once every 3 years • Colonoscopy: once every 10 years
Depression and suicide risk screening	All adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection
Hepatitis C virus (HCV) screening	All asymptomatic adults ages 18 years to 79 years old

High blood pressure screening	Adults ages 18 years or older with increased risk once a year Adults ages 18 to 39 years with no other risk factors once every 3 to 5 years Adults age 40 years once a year
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic adults age 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Adults 40 years or older once every 4 years
Lung cancer screening	Adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Prediabetes and type 2 diabetes mellitus screening and intensive counseling interventions	Abnormal blood glucose and type 2 diabetes screening for adults 35 to 70 years who are overweight or obese Intensive behavioral counseling interventions for individuals 35 to 70 years who are overweight or obese with abnormal blood glucose up to 32 sessions per year
Syphilis infection screening	All adults at increased risk for syphilis infection
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence Behavioral counseling in a primary care setting for individuals with a positive screening result
THERAPY AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Behavioral interventions for weight loss to prevent obesity-related morbidity and mortality	Behavioral intervention for adults with a body mass index (BMI) of 30 kg/m^2 or higher
Exercise interventions for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year for all individuals Adults with behavioral health conditions that impact weight or nutritional status
Tobacco use counseling	All adults who use tobacco products
Work-up and follow-up services for pre-exposure prophylaxis for the prevention of HIV	Adults at high risk for HIV infection
MEDICATIONS	
Pre-exposure prophylaxis for the prevention of HIV infection	Adults at high risk for HIV infection

Prescription bowel preparation	Adults 45 years and older when used in conjunction with a preventive colorectal cancer screening procedure (That is, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy)
Statin	Adults ages 40 to 75 with no history of cardiovascular disease, with one or more risk factors for cardiovascular disease and a 10-year cardiovascular disease event risk of greater than 10%
Tobacco cessation medication	All adults who use tobacco products

IMMUNIZATIONS
Adult Immunization Schedule: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

PREVENTIVE CARE SERVICES FOR FEMALES, INCLUDING PREGNANT FEMALES

VISITS	
Prenatal Care Visits Services that may be provided during the prenatal care visits include, but are not limited to the following: • Preeclampsia Screening	For all pregnant females
Postpartum Care Visit	For all postpartum females
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: • BRCA-related cancer risk assessment • Counseling for the prevention of obesity • Discussion of chemoprevention for breast cancer • Instruction on fertility awareness-based methods, including the lactation amenorrhea method • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary incontinence Screening	At least annually
SCREENINGS	
Anxiety Screening	All females
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with an ancestry associated with BRCA gene mutations, personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females ages 40 years and older

Cervical cancer screening (Pap test)	Ages 21 to 65: Every 3 years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection
Counseling interventions to prevent perinatal depression	Pregnant or postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70-week period
Diabetes screening after pregnancy	Females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus
Depression and suicide risk screening	All pregnant and postpartum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females All individuals 15 years and older All children under 15 years old at increased risk of infection
Human papillomavirus (HPV) screening	Age 30 and older: Every 5 years Ages 30 to 65: Every 5 years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Osteoporosis (bone mineral density) screening	Every 2 years for females younger than 65 years who are at increased risk for osteoporosis Every 2 years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females and follow-up testing for females at higher risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Tobacco use counseling	All pregnant females who smoke tobacco products

Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all pregnant females Behavioral counseling in a primary care setting with a positive screening result

MEDICATIONS	
Breast cancer chemoprevention	Asymptomatic females ages 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Low-dose aspirin	Aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
MISCELLANEOUS	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant women and during the postpartum period Breastfeeding supplies
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

PREVENTIVE CARE SERVICES FOR CHILDREN

VISITS	
Pediatric prenatal exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by healthcare providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Obesity screening • Oral health risk assessment • Risk assessment of sudden cardiac arrest and sudden cardiac death	All children up to 21 years of age, with preventive exams provided at: • 3-5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3 years-21 years: annual exams
SCREENINGS	
Alcohol, tobacco, and drug use screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Anxiety screening	For children 8 years and older
Autism and developmental screening	All children
Behavioral/social/emotional screening	All children
Bilirubin screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression and suicide risk screening	Annually for all children ages 12 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated

Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron deficiency screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn screening panel (for example, congenital hypothyroidism, hemoglobinopathies {sickle cell disease}, phenylketonuria {PKU})	All newborns
Syphilis screening	All sexually active children up to age 21 years
Vision screening	All children up to age 21 years
ADDITIONAL SCREENING SERVICES AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents
Nutritional Counseling for Weight Management	6 visits per year for all individuals Adults with behavioral health conditions that impact weight or nutritional status
Obesity screening and behavioral counseling	Screening is part of the preventive exam for children ages 6 years and older. Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
MEDICATIONS	
Fluoride	Oral fluoride for children ages 6 months to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
MISCELLANEOUS	
Fluoride varnish application	Every 3 months for all infants and children starting at age of primary tooth eruption to 5 years of age
Tuberculosis testing	All children up to age 21 years

IMMUNIZATIONS (NOTE: FOR AGE 19 TO 21 YEARS, REFER TO THE ADULT SCHEDULE LISTED ABOVE)
Children Immunization Schedule: https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Independence

Medical Benefit Highlights

Essential Utilities PPO 1 - $1000

Covered Services	Your Costs (You pay)	
Benefits per Calendar Year	**In-Network**	**Out-of-Network**
Deductible (Embedded)[1]		
Individual/Family	$1,000/$3,000	$5,000/$15,000
Out-of-Pocket Maximum (Embedded)[2]		
Individual/Family	$3,000/$9,000	$15,000/$45,000
Coinsurance	20%	50%
Preventive Services	**In-Network**	**Out-of-Network**
Preventive Care	No charge no deductible	50% after deductible
Preventive Colonoscopy		
Preventive Plus Providers	No charge no deductible	Not covered
Hospital Based	No charge no deductible	50% after deductible
Physician Services	**In-Network**	**Out-of-Network**
Primary Care Physician (PCP)		
Office Visit	$35 no deductible	50% after deductible
Telemedicine Visit	$35 no deductible	50% after deductible
Specialist		
Office Visit	$50 no deductible	50% after deductible
Telemedicine Visit	$50 no deductible	50% after deductible
Retail Health Clinic Visit	$35 no deductible	50% after deductible
Urgent Care Visit	$50 no deductible	50% after deductible
Virtual Care[3]	**In-Network**	**Out-of-Network**
Telemedicine	No charge no deductible	Not covered
Teledermatology	Not covered	Not covered
Telebehavioral Health	No charge no deductible	Not covered
Therapy Services	**In-Network**	**Out-of-Network**
Physical Therapy (50 visits/year)[4]		
Freestanding	$50 no deductible	50% after deductible
Hospital Based	$50 no deductible	50% after deductible
Occupational Therapy (50 visits/year)[5]		
Freestanding	$50 no deductible	50% after deductible
Hospital Based	$50 no deductible	50% after deductible
Speech Therapy (30 visits/year)[4]	$50 no deductible	50% after deductible

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Emergency Services	In-Network	Out-of-Network
Emergency Room	20% after deductible	Covered at In-Network level
Emergency Ambulance	20% after deductible	Covered at In-Network level
Non-Emergency Ambulance	20% after deductible	50% after deductible

Hospital Services	In-Network	Out-of-Network
Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year)[6]	$200/Day; max of 5 copays per admission no deductible	50% after deductible
Observation Services	Not covered	Not covered
Maternity Hospital Services[6]	$200/Day; max of 5 copays per admission no deductible	50% after deductible
Inpatient Professional Services (includes Maternity)	20% after deductible	50% after deductible

Outpatient Surgery	In-Network	Out-of-Network
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible
Outpatient Professional Services	20% after deductible	50% after deductible

Outpatient Diagnostics	In-Network	Out-of-Network
Diagnostic Medical (EKG)	20% after deductible	50% after deductible
Routine Radiology (X-Ray)		
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	20% after deductible	50% after deductible
Hospital Based	20% after deductible	50% after deductible

Outpatient Lab and Pathology	In-Network	Out-of-Network
Freestanding	No charge no deductible	50% after deductible
Hospital Based	No charge no deductible	50% after deductible

Other Medical Services	In-Network	Out-of-Network
Spinal Manipulations (20 visits/year)[4]	$50 no deductible	50% after deductible
Acupuncture (20 visits/year)[4]	$50 no deductible	50% after deductible
Standard Injectables	No charge no deductible	50% after deductible
Allergy Injections	No charge no deductible	50% after deductible
Biotech/Specialty Injectables		
Home/Office	$100 no deductible	50% after deductible
Outpatient	$100 no deductible	50% after deductible
Chemotherapy	20% after deductible	50% after deductible

Independence

Dialysis	20% after deductible	50% after deductible
Skilled Nursing Facility (120 days/year)[4]	20% after deductible	50% after deductible
Home Health	20% after deductible	50% after deductible
Hospice	20% after deductible	50% after deductible
Durable Medical Equipment (DME)	50% after deductible	50% after deductible
Mental Health – Outpatient (includes serious mental illness and substance abuse)		
Office Visit	$50 no deductible	50% after deductible
All Other Services	20% after deductible	50% after deductible
Mental Health – Inpatient (includes serious mental illness and substance abuse)[6]	$200/Day; max of 5 copays per admission no deductible	50% after deductible

1 Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

3 Telemedicine is provided by a designated telemedicine provider, please visit **www.ibx.com/findcarenow**.

4 Combined in and out-of-network.

5 Occupational Therapy and Cognitive Therapy combined visit limit in and out-of-network.

6 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

The Preferred Provider Organization (PPO) program gives you the freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by having care provided by preferred providers who participate in the BlueCard® PPO program (these are network providers). If you access care from a provider who does not participate in the BlueCard® PPO Program, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit **www.ibx.com/LGBooklet** or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to **http://www.ibx.com/preapproval** or call the phone number that is listed on the back of your identification card.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. **www.ibx.com**

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Persian (Farsi):
توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh. Hódíílnih kojį' 1-800-275-2583.

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

1901 Market Street
Philadelphia, PA 19103-1480

Independence

ESSENTIAL UTILITIES
762 W LANCASTER AVE
BRYN MAWR, PA 19010

April 2, 2024

Re: Your QCC Insurance Company Benefit Program

Dear Administrator:

Enclosed is a copy of the benefit booklet(s) that outlines the benefit program currently administered by Independence Blue Cross. The attached booklet(s) serves to document the benefit program agreement reached between us.

For our records, please indicate your acceptance of the benefit program outlined in the booklet(s) by signing, where indicated below, and returning this page to us within ten (10) days of your receipt of this letter. This signed acceptance page should be returned to:

Independence Blue Cross
Contract and Booklet Department, 33rd Floor
Attn: Charles Cauthorn
1901 Market Street
Philadelphia, PA 19103

If it is more convenient, you may alternately choose to fax this signed acceptance page to us at 215-241-4428.

We look forward to continuing our business relationship with you. If any questions or problems should arise regarding your benefit program, please call your Independence Blue Cross Marketing Executive.

Sincerely,

Koleen A. Cavanaugh

Printed Name: **Koleen Cavanaugh**
Title: SVP and Chief Marketing Executive

Enc.

Agreed to and Accepted:

Name: _____

Date: _____

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

16887

THE PREFERRED PROVIDER ORGANIZATION HEALTH BENEFITS PROGRAM

A COMPREHENSIVE MAJOR MEDICAL GROUP BENEFIT BOOKLET

Administered by

QCC Insurance Company
(Called "the Claims Administrator")
A Pennsylvania Corporation
Located at
1901 Market Street
Philadelphia, PA 19103

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Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):
توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh. Hódíílnih kojį' 1-800-275-2583.

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Taglines as of 12/31/2022

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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INTRODUCTION

Thank you for joining QCC Insurance Company (the Claims Administrator). Our goal is to provide Members with access to quality health care coverage. This Benefit Booklet is a summary of the Members benefits and the procedures required in order to receive the benefits and services to which Members are entitled. Members' specific benefits covered by the Claims Administrator are described in the ***Description of Covered Services*** section of this Benefit Booklet. Benefits, exclusions and limitations appear in the ***Exclusions – What Is Not Covered*** and the ***Schedule of Covered Services*** sections of this Benefit Booklet.

Please remember that this Benefit Booklet is a summary of the provisions and benefits provided in the Program selected by the Member's Group. Additional information is contained in the Group Program Document available through the Member's Group benefits administrator. The information in this Benefit Booklet is subject to the provisions of the Group Program Document. If changes are made to the Members Group's Program, the Member will be notified by the Members Group benefits administrator. Group Program Document changes will apply to benefits for services received after the effective date of change.

If changes are made to this Program, the Member will be notified. Changes will apply to benefits for services received on or after the effective date unless otherwise required by applicable law. The effective date is the *later* of:

- The effective date of the change;
- The Members Effective Date of coverage; or
- The Group Program Document anniversary date coinciding with or next following that service's effective date.

Please read the Benefit Booklet thoroughly and keep it handy. It will answer most questions regarding the Claims Administrator's procedures and services. **If Members have any other questions, they should call the Claims Administrator's Customer Service Department ("Customer Service") at the telephone number shown on the Members Identification Card ("ID Card").**

Any rights of a Member to receive benefits under the Group Program Document and Benefit Booklet are personal to the Member and may not be assigned in whole or in part to any person, Provider or entity, nor may benefits be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Group Program Document and Benefit Booklet, as required by law.

See ***Important Notices*** section for updated language and coverage changes that may affect this Benefit Booklet.

Your Costs		
Benefit Period	Calendar Year (1/1 - 12/31)	
	IN-NETWORK	**OUT-OF-NETWORK**
Program Deductible(I)		
Individual	$1,000	$5,000
Family	$3,000*	$15,000*
* In each Benefit Period, it will be applied to all family members covered under a Family Coverage. A Deductible will not be applied to any covered family member once that covered family member has satisfied the individual Deductible, or the family Deductible has been satisfied for all covered family members combined.		
Coinsurance(I)	20% for Covered Services, except as otherwise specified in the ***Schedule of Covered Services.***	50% for Covered Services, except as otherwise specified in the ***Schedule of Covered Services.***

	IN-NETWORK	OUT-OF-NETWORK
Coinsurance Limit[I]		
Individual	$3,000	$15,000
Family	$9,000	$45,000
Note for Coinsurance Limit shown above: When a Member Incurs the level of In-Network Coinsurance Limit listed above of Coinsurance expense in one Benefit Period for In-Network Covered Services, no additional Coinsurance will be required for the balance of that Benefit Period. After the Family In-Network Coinsurance Limit amount has been Incurred for Covered Services by Members under the same Family Coverage in a Benefit Period, no additional Coinsurance will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Coinsurance Limit amount.		
Out-of-Pocket Limit		
Individual	$3,000	$15,000
Family	$9,000	$45,000
Note for Out-Of-Pocket Limit shown above: When a Member Incurs the level of In-Network Out-of-Pocket expenses listed above of Copayment, Deductible and Coinsurance expense in one Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. After the Family In-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual In-Network Out-of-Pocket amount. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. The In-Network dollar amounts specified shall not include any expense Incurred for any Penalty amount. When a Member Incurs the level of Out-of-Network Out-of-Pocket expenses listed above of Deductible and Coinsurance expense in one Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. After the Family Out-of-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Out-of-Network Out-of-Pocket amount. The Out-of-Network dollar amounts specified shall not include any expense Incurred for any Deductible, Penalty or Copayment amount.		
Lifetime Maximum	Unlimited	Unlimited

SCHEDULE OF COVERED SERVICES

This ***Schedule of Covered Services*** is an overview of the benefits you are entitled to. More details can be found in ***the Description of Covered Services*** section.

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Schedule of Covered Services*** during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this ***Schedule of Covered Services*** are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the "Covered Expense" definition in the ***Important Definitions*** section.

Some Covered Services must be Precertified before the Member receives the services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Acupuncture(4)	$50 Copayment per visit, Deductible does not apply	50%, after Deductible
Note for Acupuncture shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits		
Alcohol Or Drug Abuse And Dependency(3)		
Inpatient Hospital Detoxification and Rehabilitation	$200 Copayment per day, to a maximum of $1,000 per admission*, Deductible does not apply	50%, after Deductible**
Hospital and Non-Hospital Residential Care	$200 Copayment per day, to a maximum of $1,000 per admission*, Deductible does not apply	50%, after Deductible**
Outpatient Treatment		
Office Visit	$50 Copayment per visit, Deductible does not apply	50%, after Deductible
All Other	20%, after Deductible	50%, after Deductible
Telebehavioral Health	None, Deductible does not apply	50%, after Deductible

* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits.

** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Ambulance Services/Transport (4)		
Emergency	20%, after Deductible	20%, after In-Network Deductible
Non-Emergency	20%, after Deductible	50%, after Deductible
Autism Spectrum Disorders(4)	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)
Note for Autism Spectrum Disorders shown above: Benefit Period Maximums and visit limits do not apply. If this Plan does not provide coverage for prescription drugs, Autism Spectrum Disorders medications are covered less the applicable Coinsurance per 30 day prescription order: Generic Copayment – 30% Brand Copayment – 30% Deductibles do not apply		
Blood(3)	20%, after Deductible	50%, after Deductible
Colorectal Cancer Screening(4)	20%, after Deductible	50%, after Deductible
Day Rehabilitation Program(4)	20%, after Deductible	50%, after Deductible
Note for Day Rehabilitation Program shown above: Benefit Period Maximum: 30 In-Network/Out-of-Network visits		
Diabetic Education Program(4)	20%, after Deductible	Not Covered
Diabetic Equipment And Supplies(4)	50%, after Deductible	50%, after Deductible
Durable Medical Equipment And Consumable Medical Supplies(4)	50%, after Deductible	50%, after Deductible
Note for Durable Medical Equipment And Consumable Medical Supplies shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Emergency Care Services(4)	20%, after Deductible	20%, after In-Network Deductible
Home Health Care(4)	20%, after Deductible	50%, after Deductible
Hospice Services	20%, after Deductible	50%, after Deductible
Note for Hospice Services shown above: Respite Care: Maximum of seven In-Network/Out-of-Network days every six months.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hospital Services(2)		
Facility Charge	$200 Copayment per day, to a maximum of $1,000 per admission*, Deductible does not apply	50%, after Deductible**
Professional Charge	20%, after Deductible	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Immunizations(1)	None, Deductible does not apply	50%, Deductible does not apply
Injectable Medications(4)		
Specialty Drug		
Home/Office	$100 Copayment per injection, Deductible does not apply	50%, after Deductible
Outpatient	$100 Copayment per injection, Deductible does not apply	50%, after Deductible
Standard Injectable Drugs	None, Deductible does not apply	50%, after Deductible
Laboratory and Pathology Tests(4)		
Freestanding Laboratory	None, after Deductible	50%, after Deductible
Hospital-Based Laboratory	None, after Deductible	50%, after Deductible
Maternity/OB-GYN/Family Services(3)		
Artificial Insemination	$35 Copayment, Deductible does not apply	50%, after Deductible
Elective Abortions		
Professional Service	$35 Copayment per Provider per date of service*, Deductible does not apply	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
* Only one Copayment will apply depending upon place of service.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Maternity/Obstetrical Care		
Professional Service	Single Copayment of $35, Deductible does not apply	50%, after Deductible
Facility Service: Inpatient/Birthing Center	$200 Copayment per day, to a maximum of $1,000 per admission, Deductible does not apply	50%, after Deductible
Newborn Care	20%, after Deductible	50%, after Deductible
Note for Newborn Care shown above: Cost-sharing does not apply for the first 31 days following birth		
Medical Care(2)	20%, after Deductible	50%, after Deductible
Medical Foods and Nutritional Formulas(4)	20%, after Deductible	50%, Deductible does not apply
Mental Health/Psychiatric Care (3)		
Inpatient	$200 Copayment per day, to a maximum of $1,000 per admission, Deductible does not apply	50%, after Deductible**
Outpatient		
Office Visit	$50 Copayment per visit, Deductible does not apply	50%, after Deductible
All Other	20%, after Deductible	50%, after Deductible
Telebehavioral Health	None, Deductible does not apply	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Methadone Treatment(4)	None, Deductible does not apply	50%, after Deductible
Nutrition Counseling For Weight Management(1)	None, Deductible does not apply	50%, after Deductible
Note for Nutrition Counseling For Weight Management shown above: Benefit Period Maximum: 6 In-Network/Out-of-Network visits. Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Orthotics(4)	50%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Note for Orthotics shown above: Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Podiatric Care(4)	$50 Copayment per visit, Deductible does not apply	50%, after Deductible
Preventive Care – Adult(1)	None, Deductible does not apply	50%, Deductible does not apply
Routine/Preventive Colonoscopy		
Preventive Plus (P+) Facility/Non-Hospital based Facility*	None, Deductible does not apply	Not Covered
Non-Preventive Plus (P+) Facility/Hospital based Facility	None**, Deductible does not apply	50%, Deductible does not apply
* For $0 (None) Member cost-sharing to apply, all services must be performed by an In-Network gastroenterologist or a colon and rectal surgeon. ** The Copayment will be waived if the In-Network Provider determines that it is Medically Necessary to have the service performed by a Provider that is Hospital based. *Note for Routine/Preventive Colonoscopy shown above:* There is no cost-share applied if the preventive colonoscopy service is performed at a facility that is not Hospital based (For example, an Ambulatory Surgical Facility); if the preventive colonoscopy service is performed at a Hospital based facility, the Hospital based Copayment shown above will apply. In addition to seeking services from Preventive Plus (P+) Providers, colonoscopy screenings must meet the United State Preventive Services Task Force's (USPSTF) guidelines for $0 (None) Member cost-sharing to apply.		
Preventive Care – Pediatric(1)	None, Deductible does not apply	50%, Deductible does not apply
Primary Care Physician Office Visits/Retail Clinics(1)	$35 Copayment per visit, Deductible does not apply	50%, after Deductible
Private Duty Nursing Services(4)	20%, after Deductible	50%, after Deductible
Note for Private Duty Nursing Services shown above: Benefit Period Maximum: 360 In-Network/Out-of-Network hours.		
Prosthetic Devices	50%, after Deductible	50%, after Deductible
Note for Prosthetic Devices shown above: Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Radiology Services - Non-Routine(4) (including MRI/MRA, CT scans, PET scans)		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
Radiology Services - Routine(4)		
Providers that are not Hospital based	20%, after Deductible	50%, after Deductible
Providers that are Hospital based	20%, after Deductible	50%, after Deductible
Diagnostic Mammograms	None, Deductible does not apply	50%, after Deductible
Skilled Nursing Facility Services(2)		
Inpatient	20%, after Deductible	50%, after Deductible
Note for Skilled Nursing Facility Services shown above: Benefit Period Maximum: 120 In-Network/Out-of-Network Inpatient days Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Sleep Studies(4)		
Home/Freestanding Sleep Center	20%, after Deductible	50%, after Deductible
Facility Charge	20%, after Deductible	50%, after Deductible
Smoking Cessation(1)	None, Deductible does not apply	50%, Deductible does not apply
Specialist Office Visits(4)	$50 Copayment per visit, Deductible does not apply	50%, after Deductible
Spinal Manipulation Services(4)	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Spinal Manipulation Services shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits.		
Surgical Services(3)		
Outpatient Facility Charge	20%, after Deductible	50%, after Deductible
Outpatient Professional Charge	20%, after Deductible	50%, after Deductible
Outpatient Anesthesia	20%, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Surgical Services[3] **(continued)**		
Second Surgical Opinion	$50 Copayment per opinion, Deductible does not apply	50%, after Deductible
Note for Surgical Services shown above: If more than one surgical procedure is performed by the same Professional Provider during the same operative session, the Claims Administrator will pay 100% of the Covered Service for the highest paying procedure and 50% of the Covered Services for each additional procedure. Cost-sharing does not apply to Outpatient Surgery services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Therapy Services[4]		
Cardiac Rehabilitation Therapy	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Cardiac Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.		
Chemotherapy	20%, after Deductible	50%, after Deductible
Note for Chemotherapy shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Dialysis	20%, after Deductible	50%, after Deductible
Note for Dialysis shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Infusion Therapy		
Home/Office	20%, after Deductible	50%, after Deductible
Outpatient	20%, after Deductible	50%, after Deductible
Note for Infusion Therapy shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Orthoptic/Pleoptic Therapy	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Orthoptic/Pleoptic Therapy shown above: Lifetime Maximum: 8 In-Network/Out-of-Network sessions.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Therapy Services[4] **(continued)**		
Physical Therapy/Occupational Therapy		
Providers that are not Hospital based	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Providers that are Hospital based	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Physical Therapy/Occupational Therapy shown above: Benefit Period Maximum: 50 In-Network/Out-of-Network sessions of Physical Therapy/Occupational Therapy combined. Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy. Benefit Period Maximums does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Pulmonary Rehabilitation Therapy	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Pulmonary Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.		
Radiation Therapy	20%, after Deductible	50%, after Deductible
Note for Radiation Therapy shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Speech Therapy	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Speech Therapy shown above: Benefit Period Maximum: 30 In-Network/Out-of-Network sessions. Benefit Period Maximums does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Transplant Services[3]		
Inpatient Facility Charges	$200 Copayment per day, to a maximum of $1,000 per admission, Deductible does not apply	50%, after Deductible
Outpatient Facility Charges	20%, after Deductible	50%, after Deductible
Urgent Care Centers[4]	$50 Copayment per visit, Deductible does not apply	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Women's Preventive Care(1)	None, Deductible does not apply	50%, Deductible does not apply
Note for Women's Preventive Care shown above: **Contraceptives mandated by the Women's Preventive Services provision of PPACA, are covered at 100% for certain generic products and brand products. All other contraceptive products are not covered.**		

BENEFIT	If the Member utilizes a contracted vendor	If the Member does not utilize a contracted vendor
Virtual Care Services(4)		
Telemedicine Visit (Vendor/Virtual Provider)	None, Deductible does not apply	Not Covered
Teledermatology	Not Covered	Not Covered
Telebehavioral Health	None, Deductible does not apply	Not Covered

(1) Located in the Primary & Preventive Care Section of the ***Description of Covered Services***
(2) Located in the Inpatient Section of the ***Description of Covered Services***
(3) Located in the Inpatient/Outpatient Section of the ***Description of Covered Services***
(4) Located in the Outpatient Section of the ***Description of Covered Services***

DESCRIPTION OF COVERED SERVICES

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Description of Covered Services*** section during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. These amounts and percentages, and other cost-sharing requirements are specified in the ***Schedule of Covered Services***.

Covered Services may be provided by either an In-Network or Out-of-Network Provider. However, the Member will maximize the benefits available when Covered Services are provided by a Provider that belongs to the Preferred Provider Organization network or another Blue Cross and Blue Shield Plan's BlueCard network (an "In-Network" Provider) that has a contract with the Claims Administrator or another Blue Cross and Blue Shield Plan to provide services and supplies to the Member. To locate a BlueCard network Provider, go to www.bcbs.com or call 1-800-810-BLUE (2583) (TTY: 711).

Some Covered Services must be Precertified before the Member receives the services. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

PRIMARY AND PREVENTIVE CARE

A Member is entitled to benefits for Primary Care and Preventive Care Covered Services when deemed Medically Necessary and billed for by a Provider. Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

"Preventive Care" services generally describe health care services performed to catch the early warning signs of health problems. These services are performed when the Member has no symptoms of disease. "Primary Care" services generally describe health care services performed to treat an illness or injury.

The Claims Administrator reviews the schedule of Covered Services, at certain times. Reviews are based on recommendations from organizations such as:
- The American Academy of Pediatrics;
- The American College of Physicians;
- The U.S. Preventive Services Task Force; and
- The American Cancer Society.

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at https://www.healthcare.gov/preventive-care-benefits/.

The Claims Administrator reserves the right to modify the Preventive Schedule document at any time. However, the Member has to be given a written notice of the change, before the change takes effect.

Immunizations
The Claims Administrator will provide coverage for the following:
- Pediatric immunizations;
- Adult immunizations; and
- The agents used for the immunizations.

All immunizations, and the agents used for them, must conform to the standards set by the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services.*

Pediatric and adult immunization schedules can be found in the Preventive Schedule document.

The benefits for these pediatric immunizations are limited to Members under 21 years of age.

Nutrition Counseling for Weight Management
The Claims Administrator will provide coverage for nutrition counseling visits or sessions for the purpose of weight management. However, they need to be performed and billed by any of the following Providers, in an office setting:
- By the Member's Physician;
- By a Specialist; or
- By a Registered Dietitian (RD).

This benefit is in addition to any other nutrition counseling Covered Services described in this Benefit Booklet.

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)
The Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT), in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

A BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

Preventive Care - Adult
The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Preventive Care - Pediatric
The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Primary Care Physician Office Visits/Retail Clinics
The Claims Administrator will provide coverage for Medical Care visits, by a Primary Care Provider, for any of the following services:
- The examination of an illness or injury;
- The diagnosis of an illness or injury; and
- The treatment of an illness or injury.

For the purpose of this benefit, "Office Visits" include:
- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to a Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

In addition to Office Visits a Member may receive Medical Care at a Retail Clinic. Retail Clinics are staffed by certified family nurse practitioners, who are trained to diagnose, treat, and write prescriptions when clinically appropriate. Nurse practitioners are supported by a local Physician who is on-call during clinic hours to provide guidance and direction when necessary.

Examples of treatment and services that are provided at a Retail Clinic include, but are not limited to:

- Sore throat;
- Ear, eye, or sinus infection;
- Allergies;
- Minor burns;
- Skin infections or rashes; and
- Pregnancy testing.

Smoking Cessation
Smoking cessation includes clinical preventive services rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) as described under the Preventive Services provision of the Patient Protection and Affordable Care Act.

Women's Preventive Care
The Claims Administrator will provide coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document. Covered Services and Supplies include, but are not limited to, the following:

- Routine Gynecological Exam, Pap Smear: Members are covered for one routine gynecological exam each Benefit Period. This includes the following:
  - A pelvic exam and clinical breast exam; and
  - Routine Pap smears.

  These must be done in accordance with the recommendations of the *American College of Obstetricians and Gynecologists.*
- Mammograms: Coverage will be provided for screening mammograms. The Claims Administrator will only provide coverage for benefits for mammography if the following applies:
  - It is performed by a qualified mammography service provider.
  - That service provider is properly certified by the appropriate state or federal agency.
  - That certification is done in accordance with the Mammography Quality Assurance Act of 1992.
- Breastfeeding comprehensive support and counseling from trained providers; access to breastfeeding supplies, including coverage for rental of hospital-grade breastfeeding pumps under Durable Medical Equipment supplier with Medical Necessity review; and coverage for lactation support and counseling provided during postpartum hospitalization, Mother's Option visits, and obstetrician or pediatrician visits for pregnant and nursing women at no cost share to the Member when provided by an In-Network Provider.
- Contraception: The Women’s Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care. The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration (FDA) include.

- Sterilization surgery for women;
- Surgical sterilization implant for women;
- Implantable rod;
- IUD copper;
- IUD with progestin;
- The shot or injection;
- Oral contraceptives (combined pill);
- Oral contraceptives (progestin only, and);
- Oral contraceptives (extended or continuous use);
- The contraceptive patch;
- Vaginal contraceptive rings;
- Diaphragm;
- Contraceptive sponges;
- Cervical caps;
- Female condoms;
- Spermicides;
- Emergency contraception (levonorgestrel); and
- Emergency contraception (ulipristal acetate).

Although all FDA approved contraceptive methods and patient education and counseling, are covered, only certain contraceptive drug options in each category are covered at no cost share to the Member when provided by an In-Network Provider. Abortifacients are not considered contraceptives.

If a Member's Physician determines that they require more than one well-women visit annually to obtain all recommended preventive services (based on the women's health status, health needs and other risk factors), the additional visit(s) will be provided without cost-sharing.

INPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Inpatient Care are Covered Services when they are:

- Deemed Medically Necessary;
- Provided by a Facility Provider and billed by a Provider; and
- Preapproved by the Claims Administrator.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Hospital Services

- Ancillary Services

  The Claims Administrator will provide coverage for all ancillary services usually provided and billed for by Hospitals, except for personal convenience items. This includes, but is not limited to:

- Meals, including special meals or dietary services, as required by the Member's condition;
- Use of operating room, delivery room, recovery room, or other specialty service rooms and any equipment or supplies in those rooms;
- Casts, surgical dressings, and supplies, devices or appliances surgically inserted within the body;
- Oxygen and oxygen therapy;
- Anesthesia when administered by a Hospital employee, and the supplies and use of anesthetic equipment;
- Therapy Services when administered by a person who is appropriately licensed and authorized to perform such services;
- All drugs and medications (including intravenous injections and solutions);
  - For use while in the Hospital;
  - Which are released for general use; and
  - Which are commercially available to Hospitals.
- Use of special care units, including, but not limited to intensive care units or coronary care units; and
- Pre-admission testing.

■ Room and Board

The Claims Administrator will provide coverage for general nursing care and such other services as are covered by the Hospital's regular charges for accommodations in the following:

- An average semi-private room, as designated by the Hospital; or a private room, when designated by the Claims Administrator as semi-private for the purposes of this Program in Hospitals having primarily private rooms;
- A private room, when Medically Necessary;
- A special care unit, such as intensive or coronary care, when such a designated unit with concentrated facilities, equipment and supportive services is required to provide an intensive level of care for a critically ill patient;
- A bed in a general ward; and
- Nursery facilities.

Benefits are provided up to the number of days specified in the ***Schedule of Covered Services***.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Hospital.

It will not provide coverage for:

- Time spent outside of the Hospital, if the Member interrupts the stay and then stay past midnight on the day the interruption occurs; or
- Time spent in the Hospital after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

Medical Care

The Claims Administrator will provide coverage for Medical Care rendered to the Member, in the following way, except as specifically provided.

It is Medical Care that is rendered:

- By a Professional Provider who is in charge of the case;
- While the Member is an Inpatient in a Hospital, Rehabilitation Hospital or Skilled Nursing Facility; and
- For a condition not related to Surgery, pregnancy, radiation therapy or Mental Illness.

Such care includes Inpatient intensive Medical Care rendered to the Member:

- While the Member's condition requires a Professional Provider's constant attendance and treatment; and
- For a prolonged period of time.

- Concurrent Care

  The Claims Administrator will provide coverage for the following services, while the Member is an Inpatient, when they occur together:

  - Services rendered to the Member by a Professional Provider:
    - Who is not in charge of the case; but
    - Whose particular skills are required for the treatment of complicated conditions.
  - Services rendered to the Member as an Inpatient in a:
    - Hospital;
    - Rehabilitation Hospital; or
    - Skilled Nursing Facility.

  This does not include:

  - Observation or reassurance of the Member;
  - Standby services;
  - Routine preoperative physical examinations;
  - Medical Care routinely performed in the pre- or post-operative or pre- or post-natal periods; or
  - Medical Care required by a Facility Provider's rules and regulations.

- Consultations

  The Claims Administrator will provide coverage for Consultation services when rendered in both of the following ways:

  - By a Professional Provider, at the request of the attending Professional Provider; and
  - While the Member is an Inpatient in a:
    - Hospital;
    - Rehabilitation Hospital; or
    - Skilled Nursing Facility.

  Benefits are limited to one consultation per consultant during any Inpatient confinement.

  Consultations do not include staff consultations which are required by the Facility Provider's rules and regulations.

Skilled Nursing Facility Services

The Claims Administrator will provide coverage for a Skilled Nursing Facility:

- When Medically Necessary as determined by the Claims Administrator.
- Up to the Maximum days specified in the ***Schedule of Covered Services***.

The Member must require treatment:

- By skilled nursing personnel;
- Which can be provided only on an Inpatient basis in a Skilled Nursing Facility.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:
- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Skilled Nursing Facility.

It will not provide coverage for:
- Time spent outside of the Skilled Nursing Facility, if the Member interrupts their stay and then stays past midnight on the day the interruption occurs;
- Time spent if the Member remains past midnight of the day on which the interruption occurred; or
- Time spent in the Skilled Nursing Facility after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

INPATIENT/OUTPATIENT SERVICES

The Member is entitled to benefits for Covered Services while the Member is an Inpatient in a Facility Provider or on an Outpatient basis when both of the following happen:
- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Blood
The Claims Administrator will provide coverage for the administration of blood and blood processing from donors. In addition, benefits are also provided for:
- Autologous blood drawing, storage or transfusion.
  - This refers to a process that allows the Member to have their own blood drawn and stored for personal use.
  - One example would be self-donation, in advance of planned Surgery.
- Whole blood, blood plasma and blood derivatives:
  - Which are not classified as drugs in the official formularies; and
  - Which have not been replaced by a donor.

Hospice Services

The Claims Administrator will provide coverage for palliative and supportive services provided to a terminally ill Member through a Hospice program by a Hospice Provider. This also includes Respite Care.

- Who is eligible: The Member will be eligible for Hospice benefits if both of the following occur:
  - The Member's attending Physician certifies that the Member has a terminal illness, with a medical prognosis of six months or less; and
  - The Member elects to receive care primarily to relieve pain.
- The goal of care and what is included: Hospice Care provides services to make the Member as comfortable and pain-free as possible. This is primarily comfort care, and it includes:
  - Pain relief;
  - Physical care;
  - Counseling; and
  - Other services, that would help the Member cope with a terminal illness, rather than cure it.
- What happens to the treatment of the Member's illness: When the Member elects to receive Hospice Care:
  - Benefits for treatment provided to cure the terminal illness are no longer provided.
  - The Member can also change their mind and elect to not receive Hospice Care anymore.
- How long Hospice care continues: Benefits for Covered Hospice Services shall be provided until whichever occurs first:
  - The Member's discharge from Hospice Care; or
  - The Member's death.
- Respite Care for the Caregiver: If the Member were to receive Hospice Care primarily in the home, the Member's primary caregiver may need to be relieved, for a short period. In such a case, the Claims Administrator will provide coverage for the Member to receive the same kind of care in the following way:
  - On a short-term basis;
  - As an Inpatient; and
  - In a Medicare certified Skilled Nursing Facility.
    This can only be arranged when the Hospice considers such care necessary to relieve primary caregivers in the Member's home.

Maternity/OB-GYN/Family Services

- Artificial Insemination
  Services performed by a Professional Provider for the promotion of fertilization of a female recipient's own ova (eggs):
  - By the introduction of mature sperm from partner or donor into the recipient's vagina or uterus, with accompanying:
    - Simple sperm preparation;
    - Sperm washing; and/or
    - Thawing.

- Elective Abortions
  The Claims Administrator will provide coverage for services provided in a Facility Provider that is a Hospital or Birth Center. It also includes services performed by a Professional Provider for the voluntary termination of a pregnancy by a Member, which is a Covered Expense under this Program.

- Maternity/Obstetrical Care
  The Claims Administrator will provide coverage for Covered Services rendered in the care and management of a pregnancy for a Member.
  - Pre-notification - The Claims Administrator should be notified of the need for maternity care within one month of the first prenatal visit to the Physician or midwife.
  - Facility and Professional Services - The Claims Administrator will provide coverage for:
    - Facility services: Provided by a Facility Provider that is a Hospital or Birth Center; and
    - Professional services: Performed by a Professional Provider or certified midwife.
  - Scope of Care - The Claims Administrator will provide coverage for:
    - Prenatal care; and
    - Postnatal care.
  - Type of delivery - Maternity care Inpatient benefits will be provided for:
    - 48 hours for vaginal deliveries; and
    - 96 hours for cesarean deliveries.

  Except as otherwise approved by the Claims Administrator.
  - Home Health Care for Early Discharge: In the event of early post-partum discharge from an Inpatient Admission:
    - Benefits are provided for Home Health Care, as provided for in the Home Health Care benefit.

- Newborn Care
  - A Member's newborn child will be entitled to benefits provided by this Program:
    - From the date of birth up to a maximum of 31 days.
  - Such coverage within the 31 days will include care which is necessary for the treatment of:
    - Medically diagnosed congenital defects;
    - Medically diagnosed birth abnormalities;
    - Medically diagnosed prematurity; and
    - Routine nursery care.
  - Coverage for a newborn may be continued beyond 31 days under conditions specified in the ***General Information*** section of this Benefit Booklet.

Mental Health/Psychiatric Care
The Claims Administrator will provide coverage for the treatment of Mental Illness and Serious Mental Illness based on the services provided and reported by the Provider. Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Mental Health/Psychiatric Care to any current or potential Member, Dependent or In-Network Provider.

- Regarding the provision of care other than Mental Health/Psychiatric Care: When a Provider renders Medical Care, other than Mental Health/Psychiatric Care, for a Member with Mental Illness and Serious Mental Illness, payment for such Medical Care:
  - Will be based on the Medical Benefits available; and
  - Will not be subject to the Mental Health/Psychiatric Care limitations. Emergency Care will be considered In-Network Care.

- Inpatient Treatment
  The Claims Administrator will provide coverage, subject to the Benefit Period limitation(s) stated in the ***Schedule of Covered Services***, during an Inpatient Admission for treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be received from an In-Network Facility Provider and Inpatient visits for the treatment of Mental Illness and Serious Mental Illness must be performed by an In-Network Professional Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Electroconvulsive therapy;
- Psychological testing; and
- Psychopharmacologic management.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

- Outpatient Treatment

  The Claims Administrator will provide coverage for Outpatient treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be performed by an In-Network Professional Provider/In-Network Facility Provider.

  Covered Services include treatments such as:
  - Psychiatric visits;
  - Psychiatric consultations;
  - Individual and group psychotherapy;
  - Licensed Clinical Social Worker visits;
  - Master's Prepared Therapist visits;
  - Tele-Behavioral Health services;
  - Electroconvulsive therapy;
  - Psychological testing;
  - Psychopharmacologic management;and
  - Psychoanalysis.

- Benefit Period Maximums for Mental Health/Psychiatric Care

  All Inpatient Mental Health/Psychiatric Care for both Mental Illness and Serious Mental Illness are covered up to the Maximum day amount(s) per Benefit Period specified in the ***Schedule of Covered Services***. Out-of-Network Benefit Period maximums are part of, not separate from, In-Network Benefit Period maximums.

Routine Patient Costs Associated With Qualifying Clinical Trials

- The Claims Administrator provides coverage for Routine Patient Costs Associated with Participation in a Qualifying Clinical Trial (see the ***Important Definitions*** section).
- To ensure coverage and appropriate claims processing, the Claims Administrator must be notified in advance of the Member's participation in a Qualifying Clinical Trial. Benefits are payable if the Qualifying Clinical Trial is conducted by an In-Network Professional Provider, and conducted in an In-Network Facility Provider. If there is no comparable Qualifying Clinical Trial being performed by an In-Network Professional Provider, and in an In-Network Facility Provider, then the Claims Administrator will consider the services by an Out-of-Network Provider, participating in the clinical trial, as covered if the clinical trial is deemed a Qualifying Clinical Trial (see ***Important Definitions*** section) by the Claims Administrator.

Surgical Services

The Claims Administrator will provide coverage for surgical services provided:

- By a Professional Provider, and/or a Facility Provider
- For the treatment of disease or injury.

Separate payment will not be made for:

- Inpatient preoperative care or all postoperative care normally provided by the surgeon as part of the surgical procedure.

Covered Services also include:

- Congenital Cleft Palate - The orthodontic treatment of congenital cleft palates:
  - That involve the maxillary arch (the part of the upper jaw that holds the teeth);
  - That is performed together with bone graft Surgery; and
  - That is performed to correct bony deficits that are present with extremely wide clefts affecting the alveolus.
- Mastectomy Care - The Claims Administrator will provide coverage for the following when performed after a mastectomy:
  - All stages of reconstruction of the breast on which the mastectomy has been performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - Prostheses and physical complications all stages of mastectomy, including lymphedemas; and
  - Surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to:
    - Augmentation;
    - Mammoplasty;
    - Reduction mammoplasty; and
    - Mastopexy.
- Coverage is also provided for:
  - The surgical procedure performed in connection with the initial and subsequent insertion or removal of Prosthetic Devices (either before or after Surgery) to replace the removed breast or portions of it;
  - The treatment of physical complications at all stages of the mastectomy, including lymphedemas. Treatment of lymphedemas is not subject to any benefit Maximum amounts that may apply to "Physical Therapy" services as provided under the subsection entitled "Therapy Services" of this section; and
  - Routine neonatal circumcisions and any voluntary surgical procedure for sterilization.

- Anesthesia
  - The Claims Administrator will provide coverage for the administration of Anesthesia:
    - In connection with the performance of Covered Services;
    - When rendered by or under the direct supervision of a Professional Provider other than the surgeon, assistant surgeon or attending Professional Provider (except an Obstetrician providing Anesthesia during labor and delivery and an oral surgeon providing services otherwise covered under this Benefit Booklet).
  - General Anesthesia, along with hospitalization and all related medical expenses normally Incurred as a result of the administration of general Anesthesia, when rendered in conjunction with dental care provided to Members age seven or under and for developmentally disabled Members when determined by the Claims Administrator to be Medically Necessary and when a successful result cannot be expected for treatment under local Anesthesia, or when a superior result can be expected from treatment under general Anesthesia.

- Assistant at Surgery

  The Claims Administrator will provide coverage for an assistant surgeon's services if:
  - The assistant surgeon actively assists the operating surgeon in the performance of covered Surgery;
  - An intern, resident, or house staff member is not available; and
  - The Member's condition or the type of Surgery must require the active assistance of an assistant surgeon as determined by the Claims Administrator.

  Surgical assistance is not covered when performed by a Professional Provider who themselves performs and bills for another surgical procedure during the same operative session.

- Hospital Admission for Dental Procedures or Dental Surgery

  The Claims Administrator will provide coverage for a Hospital admission in connection with dental procedures or Surgery only when:
  - The Member has an existing non-dental physical disorder or condition; and
  - Hospitalization is Medically Necessary to ensure the Member's health.

  Dental procedures or Surgery performed during such a confinement will only be covered for the services described in "Oral Surgery" and "Assistant at Surgery" provisions.

- Oral Surgery

  The Claims Administrator will provide coverage for Covered Services provided by a Professional Provider and/or Facility Provider for:
  - Orthognathic Surgery - Surgery on the bones of the jaw (maxilla or mandible) to correct their position and/or structure for the following clinical indications only:
    - For accidents: The initial treatment of Accidental Injury/trauma (That is, fractured facial bones and fractured jaws), in order to restore proper function.
    - For congenital defects: In cases where it is documented that a severe congenital defect (That is, cleft palate) results in speech difficulties that have not responded to non-surgical interventions.
    - For chewing and breathing problems: In cases where it is documented (using objective measurements) that chewing or breathing function is materially compromised (defined as greater than two standard deviations from normal) where such compromise is not amenable to non-surgical treatments, and where it is shown that orthognathic Surgery will decrease airway resistance, improve breathing, or restore swallowing.
  - Other Oral Surgery - Defined as Surgery on or involving the teeth, mouth, tongue, lips, gums, and contiguous structures. Covered Service will only be provided for:
    - Surgical removal of impacted teeth which are partially or completely covered by bone;
    - Surgical treatment of cysts, infections, and tumors performed on the structures of the mouth; and
    - Surgical removal of teeth prior to cardiac Surgery, Radiation Therapy or organ transplantation.

  To the extent that the Member has available dental coverage, the Claims Administrator reserves the right to seek recovery from the Provider.

  The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision.

- Second Surgical Opinion (Voluntary)

  The Claims Administrator will provide coverage for consultations for Surgery to determine the Medical Necessity of an elective surgical procedure.
  - "Elective Surgery" is that Surgery which is not of an Emergency or life threatening nature;
  - Such Covered Services must be performed and billed by a Professional Provider other than the one who initially recommended performing the Surgery.

Transplant Services

When a Member is the recipient of transplanted human organs, marrow, or tissues, benefits are provided for all Inpatient and Outpatient transplants, which are beyond the Experimental/Investigative stage. Benefits, are also provided for those services to the Member which are directly and specifically related to the covered transplantation. This includes services for the examination of such transplanted organs, marrow, or tissue and the processing of Blood provided to a Member:

- When both the recipient and the donor are Members, the payment of their respective medical expenses shall be covered by their respective benefit programs.
- When only the recipient is a Member, and the donor has no available coverage or source for funding, benefits provided to the donor will be charged against the recipient's coverage under this Program. The donor benefits are limited to only those not provided or available to the donor from any other source. This includes, but is not limited to, other insurance coverage, or coverage by the Claims Administrator or any government program. When only the recipient is a Member and the donor has available coverage or a source for funding, the donor must use such coverage or source for funding as no benefits are provided to the donor under this Program.
- When only the donor is a Member, the donor is entitled to the benefits of this Program for all related donor expenses, subject to the following additional limitations:
  - The benefits are limited to only those benefits not provided or available to the donor from any other source for funding or coverage in accordance with the terms of this Program; and
  - No benefits will be provided to the donor recipient.
- If any organ or tissue is sold rather than donated to the Member recipient, no benefits will be payable for the purchase price of such organ or tissue.

Treatment for Alcohol or Drug Abuse and Dependency

- Alcohol Or Drug Abuse And Dependency is a disease that can be described as follows:
  It is an addiction to alcohol and/or drugs. It is also the compulsive behavior that results from this addiction.
  - This addiction makes it hard for a person to function well with other people.
  - It makes it hard for a person to function well in the work that they do.
  - It will also cause person's body and mind to become quite ill if the alcohol and/or drugs are taken away.
- The Claims Administrator will provide coverage for the care and treatment of Alcohol Or Drug Abuse And Dependency:
  - Provided by a licensed Hospital or licensed Facility Provider or an appropriately licensed behavioral health Provider.
  - Subject to the Maximum(s) shown in the Schedule of Covered Services; and
  - According to the provisions outlined below.
- For maximum benefits, treatment must be received from an In-Network Provider.
- To Access Treatment for Alcohol Or Drug Abuse And Dependency:
  - Call the behavioral health management company at the phone number shown on the Members ID Card.

Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Alcohol Or Drug Abuse And Dependency to any current or potential Member, Dependent or In-Network Provider.

- Inpatient Treatment
  - Inpatient Detoxification
    Covered Services include:
    - Lodging and dietary services;
    - Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
    - Diagnostic x-rays;
    - Psychiatric, psychological and medical laboratory testing; and
    - Drugs, medicines, use of equipment and supplies.

    A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

  - Hospital and Non-Hospital Residential Treatment
    Hospital or Non-Hospital Residential Treatment of Alcohol Or Drug Abuse And Dependency shall be covered on the same basis as any other illness covered under this Program.

    Covered services include:
    - Lodging and dietary services;
    - Physician, Psychologist, nurse, certified addictions counselor and trained staff services;
    - Rehabilitation therapy and counseling;
    - Family counseling and intervention;
    - Psychiatric, psychological and medical laboratory testing; and
    - Drugs, medicines, use of equipment and supplies.

    A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

- Outpatient Treatment
  - Covered services include:
    - Diagnosis and treatment of substance abuse, including Outpatient Detoxification by the appropriately licensed behavioral health Provider;
    - Appropriately licensed behavioral health providers including Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
    - Telebehavioral Health services;
    - Rehabilitation therapy and counseling;
    - Family counseling and intervention;
    - Psychiatric, psychological and medical laboratory testing; and
    - Medication management and use of equipment and supplies.

OUTPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Outpatient Care are Covered Services when:
- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Acupuncture
The Claims Administrator will provide coverage for Acupuncture up to the limits specified in the ***Schedule of Covered Services*** for all Covered Services.

Ambulance Services/Transport
The Claims Administrator will provide coverage for ambulance services. However, these services need to be:
- Medically Necessary as determined by the Claims Administrator; and
- Used for transportation in a specially designed and equipped vehicle that is used only to transport the sick or injured and only when the following applies;
  - The vehicle is licensed as an ambulance, where required by applicable law;
  - The ambulance transport is appropriate for the Member's clinical condition;
  - The use of any other method of transportation, such as taxi, private car, wheel-chair van or other type of private or public vehicle transport would endanger the Member's health or be inappropriate for the Member's medical condition; and
  - The ambulance transport satisfies the destination and other requirements as stated under Regarding Emergency Ambulance transport or Regarding Non-Emergency Ambulance transports.

In addition, the Claims Administrator will provide coverage for services provided by a licensed Emergency services Provider who initiates necessary intervention to evaluate and, if necessary, stabilize the condition of the Member and subsequently determines the Member does not require transport or the Member refuses to be transported. These services must be Medically Necessary as determined by the Claims Administrator.

Benefits are payable for air or sea ambulance transportation only if the Member's condition, and the distance to the nearest facility able to treat the Member's condition, justify the use of an alternative to land transport.

- Regarding Emergency Ambulance transport: The ambulance must be transporting the Member:
  - From the Member's home, or the scene of an accident or Medical Emergency;
  - To the nearest Hospital, or other Emergency Care Facility, that can provide the Medically Necessary Covered Services for the Member's condition.
- Regarding Non-Emergency Ambulance transports: Non-Emergency air or ground facility transport may be covered when Medically Necessary as determined by the Claims Administrator (For example, sending facility does not have the required services to effectively treat the Member, such as trauma or burn care). Non-Emergency air or ground transport may be covered to transport the Member back to an In-Network Facility Provider as determined by the Claims Administrator, when:
  - The transfer is Medically Necessary (as determined by the Claims Administrator's definition of Medical Necessity); and
  - The Member's medical condition requires uninterrupted care and attendance by qualified medical staff during transport by ground ambulance, or by air transport when transfer cannot be safely provided by land ambulance.

  Non-Emergency ambulance transports are not provided for family members or companions or for the convenience of the Member, the family, or the Provider treating the Member.

Autism Spectrum Disorders (ASD)
The Claims Administrator will provide coverage for the diagnostic assessment and treatment of Autism Spectrum Disorders (ASD).

Diagnostic assessment is defined as Medically Necessary assessments, evaluations or tests performed by a licensed Physician, licensed Physician assistant, licensed Psychologist or Certified Registered Nurse practitioner, or Autism Service Provider to diagnose whether an individual has an Autism Spectrum Disorder. Results of the diagnostic assessment shall be valid for a period of not less than 12 months, unless a licensed Physician or licensed Psychologist determines an earlier assessment is necessary.

Treatment of Autism Spectrum Disorders shall be identified in an ASD Treatment Plan and shall include any Medically Necessary Pharmacy Care, Psychiatric Care, Psychological Care, Rehabilitative Care and Therapeutic Care that is:

- Prescribed, ordered or provided by a licensed Physician, licensed Physician assistant, licensed Psychologist, Licensed Clinical Social Worker or Certified Registered Nurse practitioner;
- Provided by an Autism Service Provider, including a Behavior Specialist; or
- Provided by a person, entity or group that works under the direction of an Autism Service Provider.

An ASD Treatment Plan shall be developed by a licensed Physician or licensed Psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The ASD Treatment Plan may be reviewed by the Claims Administrator once every six months. A more or less frequent review can be agreed upon by the Claims Administrator and the licensed Physician or licensed Psychologist developing the ASD Treatment Plan.

Treatment of Autism Spectrum Disorders will include any of the following Medically Necessary services that are listed in an ASD Treatment Plan developed by a licensed Physician or licensed Psychologist:

- Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- Pharmacy Care - Medications prescribed by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner to determine the need or effectiveness of such medications. If this Program provides benefits for prescription drugs the ASD medications may be purchased at a pharmacy, subject to the cost-sharing arrangement applicable to the prescription drug coverage. If this Program does not provide coverage for prescription drugs, ASD medications may be purchased at a pharmacy, and the Member will be reimbursed at 100% less the applicable Coinsurance amount shown in the ***Schedule of Covered Services***. Benefits are available for up to a 30 day supply.
- Psychiatric Care - Direct or consultative services provided by a Physician who specializes in psychiatry.
- Psychological Care - Direct or consultative services provided by a Psychologist.
- Rehabilitative Care - Professional services and treatment programs, including applied behavioral analysis, provided by an Autism Service Provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.
- Habilitative Care - Health care services provided by an Autism Service Provider that help an individual to keep, learn, or improve skills and functioning for daily living.
- Therapeutic Care - Services provided by speech language pathologists, occupational therapists or physical therapists.

Upon full or partial denial of coverage for any Autism Spectrum Disorders benefits, a Member shall be entitled to file an Appeal. The Appeal process will:

- Provide internal review followed by independent external review; and
- Have levels, expedited and standard Appeal time frames, and other terms established by the Claims Administrator consistent with applicable Pennsylvania and federal law.

Appeal filing procedures will be described in notices denying any Autism Spectrum Disorders benefits. Full Appeal process descriptions will be provided after a new Appeal is initiated and can also be obtained at any time by contacting Member Services.

Colorectal Cancer Screening
The Claims Administrator will provide coverage for colorectal cancer screening for Symptomatic Members, Nonsymptomatic Members over age 50, and Nonsymptomatic Members under age 50 who are at high risk or increased risk for colorectal cancer. Coverage for colorectal cancer screening must be in accordance with the current American Cancer Society guidelines, and consistent with approved medical standards and practices. The method and frequency of screening to be utilized shall be:

- Coverage for Symptomatic Members shall include a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at a frequency determined by a treating Physician.
- Coverage for Nonsymptomatic Members over age 50 shall include, but not be limited to:
  - An annual fecal occult blood test;
  - A sigmoidoscopy, a screening barium enema, or a test consistent with approved medical standards and practices to detect colon cancer, at least once every five years; and
  - A colonoscopy at least once every ten years.
- Coverage for Nonsymptomatic Members under age 50 who are at high or increased risk for colorectal cancer shall include a colonoscopy or any combination of colorectal cancer screening tests.

"Nonsymptomatic Member at high or increased risk" means a Member who poses a higher than average risk for colorectal cancer according to the current American Cancer Society guidelines on screening for colorectal cancer.

"Symptomatic Member" means a Member who experiences a change in bowel habits, rectal bleeding or persistent stomach cramps, weight loss or abdominal pain.

Consumable Medical Supplies
The Claims Administrator will provide coverage for the purchase of Consumable Medical Supplies when:

- It is used in the Member's home; and
- It is obtained through a Professional Provider.

Day Rehabilitation Program
The Claims Administrator will provide coverage for a Medically Necessary Day Rehabilitation Program when provided by a Facility Provider under the following conditions:

- Intensity of need for therapy: The Member must require intensive Therapy services, such as Physical, Occupational and/or speech Therapy 5 days per week for 4 to 7 hours per day;
- Ability to communicate: The Member must have the ability to communicate (verbally or non-verbally); their needs; they must also have the ability to consistently follow directions and to manage their own behavior with minimal to moderate intervention by professional staff;
- Willingness to participate: The Member must be willing to participate in a Day Rehabilitation Program; and
- Family support: The Member's family must be able to provide adequate support and assistance in the home and must demonstrate the ability to continue the rehabilitation program in the home.

Limitations: This benefit is subject to the limits shown in the ***Schedule of Covered Services.***

Diabetic Education Program
When prescribed by a Professional Provider legally authorized to prescribe such items under law, the Claims Administrator will provide coverage for diabetes Outpatient self-management training and education, including medical nutrition, for the treatment of:

- Insulin-dependent diabetes;
- Insulin-using diabetes;
- Gestational diabetes; and
- Noninsulin-using diabetes.

When Physician certification must occur: The attending Physician must certify that a Member requires diabetic education on an Outpatient basis, under the following circumstances:

- Upon the initial diagnosis of diabetes;
- Upon a significant change in the Member's symptoms or condition; or
- Upon the introduction of new medication or a therapeutic process in the treatment or management of the Member's symptoms or condition.

Requirements that must be met: Outpatient diabetic education services will be covered when they meet specific requirements.

- These requirements are based on the certification programs for Outpatient diabetic education developed by the American Diabetes Association and the Pennsylvania Department of Health.
- Specific requirements: Outpatient diabetic education services and education program must:
  - Be provided by an In-Network Provider; and
  - Be conducted under the supervision of a licensed health care professional with expertise in diabetes, and subject to the requirements of the Claims Administrator.

Covered services include Outpatient sessions that include, but may not be limited to, the following information:

- Initial assessment of the Member's needs;
- Family involvement and/or social support;
- Psychological adjustment for the Member;
- General facts/overview on diabetes;
- Prevention and treatment of complications for chronic diabetes, (That is, foot, skin and eye care);
- Nutrition including its impact on blood glucose levels;
- Exercise and activity;
- Medications;
- Monitoring and use of the monitoring results;
- Use of community resources; and
- Pregnancy and gestational diabetes' if applicable.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a Pharmacy: This Program provides benefits for Prescription Drugs:
  - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a Pharmacy, if available;
  - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a Pharmacy:
  - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
  - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
  - Blood glucose monitors;
  - Insulin pumps;
  - Insulin infusion devices; and
  - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:
  - Blood testing strips;
  - Visual reading and urine test strips;
  - Insulin and insulin analogs;
  - Injection aids;
  - Insulin syringes;
  - Lancets and lancet devices;
  - Monitor supplies;
  - Pharmacological agents for controlling blood sugar levels; and
  - Glucagon emergency kits.

Diagnostic Services

The Claims Administrator will provide coverage for the following Diagnostic Services, when ordered by a Professional Provider and billed by a Professional Provider, and/or a Facility Provider:

- Routine Diagnostic Services, including, but not limited to:
  - Routine radiology: Consisting of x-rays, mammograms, ultrasound, and nuclear medicine;
  - Routine medical procedures: Consisting of ECG, EEG and other diagnostic medical procedures approved by the Claims Administrator; and
  - Allergy testing: Consisting of percutaneous, intracutaneous and patch tests.
- Non-Routine Diagnostic Services, including, but not limited to:
  - Nuclear Cardiology Imaging;
  - MRI/MRA;
  - CT Scans;
  - PET Scans; and
  - Sleep Studies.
- Diagnostic laboratory and pathology tests.
- Genetic testing and counseling.
  This includes services provided to a Member at risk for a specific disease that is a result of:
  - Family history; or
  - Exposure to environmental factors that are known to cause physical or mental disorders.

  When clinical usefulness of specific genetic tests has been established by the Claims Administrator, these services are covered for the purpose of:
  - Diagnosis;
  - Screening;
  - Predicting the course of a disease;
  - Judging the response to a therapy;
  - Examining risk for a disease; or
  - Reproductive decision-making.

Durable Medical Equipment

The Claims Administrator will provide coverage for the rental or, at the option of the Claims Administrator, the purchase of Durable Medical Equipment when:

- Prescribed by a Professional Provider and required for therapeutic use; and
- Determined to be Medically Necessary by the Claims Administrator.

Although an item may be classified as Durable Medical Equipment it may not be covered in every instance. Durable Medical Equipment, as defined in the ***Important Definitions*** section, that includes equipment that meets the following criteria:

- It is durable and can withstand repeated use. An item is considered durable if it can withstand repeated use, (That is, the type of item that could normally be rented). Medical Supplies of an expendable nature are not considered "durable" (For example, see the "Non-reusable supplies" provisions of the "Durable Medical Equipment" exclusion of the ***Exclusions - What Is Not Covered*** section of this Program);
- It customarily and primarily serves a medical purpose;
- It is generally not useful to a person without an illness or injury. The item must be expected to make a meaningful contribution to the treatment of the Member's illness, injury, or to improvement of a malformed body part; and
- It is appropriate for home use.

- Replacement and Repair:
  The Claims Administrator will provide coverage for the repair or replacement of Durable Medical Equipment

when the equipment does not function properly; and is no longer useful for its intended purpose, in the following limited situations:

- Due to a change in a Member's condition: When a change in the Member's condition requires a change in the Durable Medical Equipment the Claims Administrator will provide repair or replacement of the equipment;
- Due to breakage: When the Durable Medical Equipment is broken due to significant damage, defect, or wear, the Claims Administrator will provide repair or replacement only if the equipment's warranty has expired and it has exceeded its reasonable useful life as determined by the Claims Administrator.

Breakage under warranty: If the Durable Medical Equipment breaks while it is under warranty, replacement and repair is subject to the terms of the warranty. Contacts with the manufacturer or other responsible party to obtain replacement or repairs based on the warranty are the responsibility of:

- The Claims Administrator in the case of rented equipment; and
- The Member in the case of purchased equipment.

Breakage during reasonable useful lifetime: The Claims Administrator will not be responsible if the Durable Medical Equipment breaks during its reasonable useful lifetime for any reason not covered by warranty. (For example, the Claims Administrator will not provide benefits for repairs and replacements needed because the equipment was abused or misplaced.)

Cost to repair vs. cost to replace: The Claims Administrator will provide benefits to repair Durable Medical Equipment when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of Durable Medical Equipment:

- Replacement means the removal and substitution of Durable Medical Equipment or one of its components necessary for proper functioning;
- A repair is a restoration of the Durable Medical Equipment or one of its components to correct problems due to wear or damage or defect.

Emergency Care Services

- The In-Network level of benefits provided: Benefits for Emergency Care Services provided by a Hospital Emergency Room or other Outpatient Emergency Facility are provided by the Claims Administrator. They are provided at the In-Network level of benefits, regardless of whether the Member is treated by a In-Network or Out-of-Network Provider.
- Where to call and where to go: If Emergency Services are required, whether the Member is located in or outside the PPO Network service area: Call 911 or seek treatment immediately at the emergency department of the closest Hospital or Outpatient Emergency Facility.
- What Emergency Care is: Emergency Care services are Outpatient services and supplies provided by a Hospital or Facility Provider and/or Professional Provider for initial treatment of the Emergency.
- Examples of an Emergency include:
  - Heart attack;
  - Loss of consciousness or respiration;
  - Cardiovascular accident;
  - Convulsions;
  - Severe Accidental Injury; and
  - Other acute medical conditions as determined by the Claims Administrator.

Note: Should any dispute arise as to whether an Emergency existed or as to the duration of an Emergency: The determination by the Claims Administrator shall be final.

Home Health Care

- Covered Services: The Claims Administrator will provide coverage for the following services when performed by a licensed Home Health Care Provider:
  - Professional services of appropriately licensed and certified individuals;
  - Intermittent skilled nursing care;
  - Physical Therapy;
  - Speech Therapy;
  - Well mother/well baby care following release from an Inpatient maternity stay; and
  - Care within 48 hours following release from an Inpatient Admission when the discharge occurs within 48 hours following a mastectomy.
- Regarding well mother/well baby care: With respect to well mother/well baby care following early release from an Inpatient maternity stay, Home Health Care services must be provided within 48 hours if:
  - Discharge occurs earlier than 48 hours of a vaginal delivery; or
  - Discharge occurs earlier than 96 hours of a cesarean delivery.

  No cost-sharing shall apply to these benefits when they are provided after an early discharge from the Inpatient maternity stay.
- Regarding other medical services and supplies: The Claims Administrator will also provide coverage for certain other medical services and supplies, when provided along with a primary service. Such other services and supplies include:
  - Occupational Therapy;
  - Medical social services; and
  - Home health aides in conjunction with skilled services and other services which may be approved by the Claims Administrator.
- Regarding Medical Necessity: Home Health Care benefits will be provided only when prescribed by the Member's attending Physician, in a written Plan Of Treatment and approved by the Claims Administrator as Medically Necessary.
- Regarding the issue of being confined: There is no requirement that the Member be previously confined in a Hospital or Skilled Nursing Facility prior to receiving Home Health Care.
- Regarding being Homebound: With the exception of Home Health Care provided to a Member, immediately following an Inpatient release for maternity care, the Member must be Homebound in order to be eligible to receive Home Health Care benefits by a Home Health Care Provider.

Injectable Medications

The Claims Administrator will provide coverage for injectable medications required in the treatment of an injury or illness when administered by a Professional Provider.

- Specialty Drugs
  - Refer to a medication that meets certain criteria including, but not limited to:
    - The drug is used in the treatment of a rare, complex, or chronic disease;
    - A high level of involvement is required by a healthcare provider to administer the drug;
    - Complex storage and/or shipping requirements are necessary to maintain the drug's stability;
    - The drug requires comprehensive patient monitoring and education by a healthcare provider regarding safety, side effects, and compliance; and
    - Access to the drug may be limited.
  - Specialty Drugs can be categorized into different drug classes, including Gene Replacement Therapies. To obtain a list of Specialty Drugs please logon to www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information/specialty-drugs or call the Customer Service telephone number shown on the Member's Identification Card.
  - Gene Replacement Therapies are eligible for coverage under the medical benefit and require Precertification from the Claims Administrator. Claims Administrator has an established network of providers to administer Gene Replacement Therapies and can be found at: Gene-based therapies | Independence Blue Cross (ibx.com). Gene Replacement Therapies that are eligible for coverage are

included on the Precertification list. This list can be found at: https://www.ibx.com/resources/for-providers/policies-and-guidelines/operations-management/preapproval-requirements.

- Coinsurance applies:
  - The purchase of all Specialty Drugs is subject to:
    - Coinsurance, if dispensed by an In-Network Provider; or
    - Coinsurance, if dispensed by an Out-of-Network Provider.
  - The Coinsurance amounts are shown in the ***Schedule of Covered Services***.
- Coinsurance amounts will apply:
  - To each 30 day supply of medication dispensed for medications administered on a regularly scheduled basis; or
  - To each course/series of injections if administered on an intermittent basis.

  A 90 day supply of medication may be dispensed for some medications that are used for the treatment of a chronic illness.
- Dual Coverage
- Coverage and costs: The Claims Administrator will provide coverage for an injectable medication in accordance with Medical Policy coverage criteria and the terms and conditions of this Benefit Booklet. This is subject to any applicable Deductible, Copayment and/or Coinsurance or Precertification requirements:
  - If the drug is covered under the "Injectable Medication" benefit of this Benefit Booklet and is administered by a healthcare Provider in a Hospital Outpatient facility, provider's office, ambulatory (or free-standing) infusion suite, home (through a home infusion vendor), inpatient Hospital, or any other health care facility, this drug is eligible for coverage under the medical benefit:
    - Injectable medications are subject to the cost-share specified in the ***Schedule of Covered Services***.
  - Certain injectable medications may have a different formulation that is deemed eligible for coverage under the prescription drug benefit, if the benefit exists for the drug and if the Member can safely self-administer the drug without the assistance of a healthcare Provider, in accordance with the drug's prescribing information:
    - Self-administered drugs are subject to the cost-sharing associated with the terms of the Member's prescription drug benefit.

  Cost-sharing amounts for a drug that may be eligible for coverage under the Member's medical benefit or prescription drug benefit may vary. Members should discuss these coverage options with their healthcare Provider. Member financial responsibilities (including Deductible, Copayment, and/or Coinsurance) depend on the terms and conditions of the Member's applicable benefit. These terms and conditions are subject to change.

■ Standard Injectable Drugs
- Standard Injectable Drugs refer to a medication that is either injectable or infusible, but is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug.
- Standard Injectable Drugs include, but are not limited to:
  - Allergy injections and extractions; and
  - Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.
- Self-Administered Prescription Drugs generally are not covered.
- For more information on Self-Administered Prescription Drugs:
  - Please refer to the ***Exclusions - What Is Not Covered*** section and the description of "Insulin and Oral Agents" coverage in the ***Description of Covered Services*** section.

Insulin and Oral Agents
The Claims Administrator will provide coverage for Insulin and oral agents to control blood sugar as prescribed by a Physician and dispensed by a licensed pharmacy. Benefits are available for up to a 30 day supply when dispensed from a retail pharmacy.

Medical Foods and Nutritional Formulas

- The Claims Administrator will provide coverage for Medical Foods when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as:
  - Phenylketonuria;
  - Branched-chain ketonuria;
  - Galactosemia; and
  - Homocystinuria.

  Coverage is provided when administered on an Outpatient basis, either orally or through a tube.

- The Claims Administrator will provide coverage for Nutritional Formulas when the Nutritional Formula is administered through a tube.

- The Claims Administrator will provide coverage for oral elemental formulas for an infant or child suffering from Severe Systemic Protein Allergy, food protein-induced enterocolitis syndrome, eosinophilic disorders, or short-bowel syndrome that do not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.

- The Claims Administrator will provide coverage for Medical Foods and Nutritional Formulas when provided through a Durable Medical Equipment supplier or in connection with Infusion Therapy as provided for in this Program.

An estimated basal caloric requirement for Medical Foods and Nutritional Formula is not required for those with IEMs, or for when administered through a tube.

Non-Surgical Dental Services

The Claims Administrator will provide coverage only for:

- The initial treatment of Accidental Injury/trauma, (That is, fractured facial bones and fractured jaws), in order to restore proper function.

  Restoration of proper function includes the dental services required for the initial restoration or replacement of Sound Natural Teeth, required for the initial treatment for the Accidental Injury/trauma. This includes:
  - The first caps;
  - Crowns;
  - Bridges; and
  - Dentures (but not dental implants).

- The preparation of the jaws and gums required for initial replacement of Sound Natural Teeth. Injury as a result of chewing or biting is not considered an Accidental Injury. See the exclusion of dental services in the ***Exclusions - What Is Not Covered*** section for more information on what dental services are not covered.

Orthotics (Devices Used for Support of Bones and Joints)
The Claims Administrator will provide coverage for:
- The first purchase and fitting: This is the initial purchase and fitting (per medical episode) of orthotic devices which are Medically Necessary as determined by the Claims Administrator. This does not include foot orthotics, unless the Member requires foot orthotics as a result of diabetes.
- Replacements due to growth: The replacement of covered orthotics for Dependent children when required due to natural growth.

Podiatric Care
The Claims Administrator will provide coverage for:
- Capsular or surgical treatment of bunions;
- Ingrown toenail Surgery; and
- Other non-routine Medically Necessary foot care.

In addition, for Members with peripheral vascular and/or peripheral neuropathic diseases, including but not limited to diabetes, benefits for routine foot care services are covered.

Private Duty Nursing Services
The Claims Administrator will provide coverage up to the number of hours as specified in the ***Schedule of Covered Services*** for Outpatient services for Private Duty Nursing performed by a Licensed Registered Nurse (RN) or a Licensed Practical Nurse (LPN) when ordered by a Physician and which are Medically Necessary as determined by the Claims Administrator.

Prosthetic Devices
The Claims Administrator will provide coverage for expenses Incurred for Prosthetic Devices (except dental prostheses) required as a result of illness or injury. Expenses for Prosthetic Devices are subject to medical review by the Claims Administrator to determine eligibility and Medical Necessity.

Such expenses may include, but not be limited to:
- The purchase, fitting, necessary adjustments and repairs of Prosthetic Devices which replace all or part of an absent body organ including contiguous tissue or which replace all or part of the function of an inoperative or malfunctioning body organ;
- The supplies and replacement of parts necessary for the proper functioning of the Prosthetic Device. Except coverage is not available for enhancements or deluxe supplies or convenience features that do not serve or contribute towards any clinically established physiological and/or functional improvements;
- Breast prostheses required to replace the removed breast or portions thereof as a result of mastectomy and prostheses inserted during reconstructive Surgery incident and subsequent to mastectomy; and
- Benefits are provided for the following visual Prosthetics when Medically Necessary and prescribed for one of the following conditions:
  - Initial contact lenses prescribed for treatment of infantile glaucoma;
  - Initial pinhole glasses prescribed for use after Surgery for detached retina;
  - Initial corneal or scleral lenses prescribed:
    - In connection with the treatment of keratoconus; or
    - To reduce a corneal irregularity other than astigmatism;
  - Initial scleral lenses prescribed to retain moisture in cases where normal tearing is not present or adequate; and
  - Initial pair of basic eyeglasses when prescribed to perform the function of a human lens (aphakia) lost as a result of:
    - Accidental Injury;
    - Trauma; or
    - Ocular Surgery.

The repair and replacement provisions do not apply to this item.

Benefits for replacement of a Prosthetic Device or its parts will be provided:
- When there has been a significant change in the Member's medical condition that requires the replacement;
- If the prostheses breaks because it is defective;
- If the prostheses breaks because it exceeds its life expectancy, as determined by the manufacturer; or
- For a Dependent's child due to the normal growth process when Medically Necessary.

The Claims Administrator will provide benefits to repair Prosthetic Devices when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of the prostheses, replacement means the removal and substitution of the prostheses or one of its components necessary for proper functioning. A repair is a restoration of the prostheses or one of its components to correct problems due to wear or damage. However, the Claims Administrator will not provide benefits for repairs and replacements needed because the prostheses was abused or misplaced.

If a Prosthetic Device breaks and is under warranty, it is the responsibility of the Member to work with the manufacturer to replace or repair it.

Specialist Office Visits
The Claims Administrator will provide coverage for Specialist Services Medical Care provided in the office by a Provider other than a Primary Care Provider.

For the purpose of this benefit "in the office" includes:
- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to the Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

Spinal Manipulation Services
The Claims Administrator will provide coverage for the detection and correction of structural imbalance or dislocation (subluxation) of the Member's spine resulting from, or related to any of the following:
- Distortion of, or in, the vertebral column;
- Misalignment of, or in, the vertebral column; or
- Dislocation (Subluxation) of, or in, the vertebral column.

The detection and correction can be done by: Manual or mechanical means (by hand or machine).

This service will be provided for, up to the limits specified in the ***Schedule of Covered Services*** for spinal manipulations.

Therapy Services
The Claims Administrator will provide coverage, subject to the Benefit Period Maximums specified in the ***Schedule of Covered Services***, for the following services prescribed by a Physician and performed by a Professional Provider, a therapist who is registered or licensed by the appropriate authority to perform the applicable therapeutic service, and/or Facility Provider, which are used in treatment of an illness or injury to promote recovery of the Member.
- Cardiac Rehabilitation Therapy
  Refers to a medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.

- Chemotherapy
  The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the

growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:

- Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents;
- The FDA approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Claims Administrator's policies; and
- Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

- Dialysis
  The treatment of acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body by hemodialysis, peritoneal dialysis, hemoperfusion, or chronic ambulatory peritoneal dialysis (CAPD), or continuous cyclical peritoneal dialysis (CCPD).

- Infusion Therapy
  The infusion of drug, hydration, or nutrition (parenteral or enteral) into the body by a Professional Provider. Infusion therapy includes all professional services, supplies, and equipment that are required to safely and effectively administer the therapy. Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to prepare the drug, administer the infusion, and monitor the Member. The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy
  Includes treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living. Coverage will also include services rendered by a registered, licensed occupational therapist.

- Orthoptic/Pleoptic Therapy
  Includes treatment through an evaluation and training session program for the correction of oculomotor dysfunction as a result of a vision disorder, eye Surgery, or injury resulting in the lack of vision depth perception.

- Physical Therapy
  Includes treatment by physical means, heat, hydrotherapy or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury, or loss of body part, including the treatment of functional loss following hand and/or foot Surgery.

- Pulmonary Rehabilitation Therapy
  Includes treatment through a multidisciplinary program which combines Physical Therapy with an educational process directed towards the stabilization of pulmonary diseases and the improvement of functional status.

- Radiation Therapy
  The treatment of disease by x-ray, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery, including the cost of radioactive materials supplied and billed by the Provider.

- Speech Therapy
  Includes treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital anomalies, or previous therapeutic processes. Coverage will also include services by a speech therapist.

Urgent Care Centers
The Claims Administrator will provide coverage for Urgent Care Centers, when Medically Necessary as determined by the Claims Administrator.

- Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention:
  - In a non-Emergency situation;
  - That cannot wait to be addressed by the Member's Professional Provider or Retail Clinic.

Cost-sharing requirements are specified in the **Schedule of Covered Services**.

Virtual Care Services

- Services Provided by a contacted vendor
  Virtual care services are provided by contracted vendors who are licensed to provide standard medical assessments, treatments, care and services to patients via the telephone or secure video when a Professional Provider is unavailable or inaccessible. These licensed Providers do not replace an existing Professional Provider relationship but enhances it with an efficient, convenient alternative for non-emergency medical problems. The applicable vendor Provider cost-sharing requirements are specified in the Schedule of Covered Services. The Member will pay the applicable cost-sharing via credit or debit card prior to the consultation.
- Benefits Provided by Professional Provider
  Virtual care services are also covered, when provided by a Professional Provider and subject to the relevant cost-share applicable to that Provider. The Provider’s eligibility will be determined by the Claims Administrator in the Claims Administrator’s policies, who is licensed in the state where the Virtual care service is being offered. Virtual care services are covered when the encounter takes place via a secure Health Insurance Portability and Accountability Act (HIPAA) - compliant interactive audio and video telecommunications system as specified in the Claims Administrator’s policies.

EXCLUSIONS – WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

Alternative Therapies/Complementary Medicine
For Alternative Therapies/Complementary Medicine, including but not limited to:
- Music therapy;
- Dance therapy;
- Equestrian/hippotherapy;
- Homeopathy;
- Primal therapy;
- Rolfing;
- Psychodrama;
- Vitamin or other dietary supplements and therapy;
- Naturopathy;
- Hypnotherapy;
- Bioenergetic therapy;
- Qi Gong;
- Ayurvedic therapy;
- Aromatherapy;
- Massage therapy;
- Therapeutic touch;
- Recreational, wilderness, educational and sleep therapies.

Ambulance Services/Transport
For ambulance services/transport except as specifically provided under this Program.

Assisted Fertilization Techniques
For assisted fertilization techniques such as, but not limited to, in-vitro fertilization, gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT).

Autism
- For the diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program.
- For the diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders.

Benefit Maximums
For charges Incurred for expenses in excess of Benefit Maximums as specified in the ***Schedule of Covered Services.***

Cognitive Rehabilitation Therapy
For Cognitive Rehabilitation Therapy, except when provided integral to other supportive therapies, such as, but not limited to physical, occupational and speech therapies in a multidisciplinary, goal-oriented and integrated treatment program designed to improve management and independence following neurological damage to the central nervous system caused by illness or trauma (For example: stroke, acute brain insult, encephalopathy).

Consumable Medical Supplies
For Consumable Medical Supplies, any item that meets the following criteria is not a covered Consumable Medical Supply and will not be covered:

- The item is for comfort or convenience.
- The item is not primarily medical in nature. Items not covered include, but are not limited to:
  - Ear plugs;
  - Ice pack;
  - Silverware/utensils;
  - Feeding chairs; and
  - Toilet seats.
- The item has features of a medical nature which are not required by the member's condition.
- The item is generally not prescribed by an eligible Provider.

Some examples of not covered Consumable Medical Supplies are:
- Incontinence pads;
- Lamb's wool pads;
- Face masks (surgical);
- Disposable gloves, sheets and bags;
- Bandages;
- Antiseptics; and
- Skin preparations.

Contraception
For Contraceptives.

Correctional Facility
- While a Member is incarcerated in any adult or juvenile penal or correctional facility or institution; or
- Care for conditions that federal, state or local law requires to be treated in a public facility.

Cosmetic Surgery
For services and operations for cosmetic purposes
- Which are done to improve the appearance of any portion of the body; and
- From which no improvement in physiologic function can be expected.

However, benefits are payable to correct:
- A condition resulting from an accident; and
- Functional impairment which results from a covered disease, injury or congenital birth defect.

This exclusion does not apply to mastectomy related charges as provided for and defined in the "Surgical Services" section in the ***Description of Covered Services.***

Cranial Prostheses (Including Wigs)
For cranial prostheses, including wigs intended to replace hair.

Dental Care

- For dental services related to:
  - The care, filling, removal or replacement of teeth, including dental implants to replace teeth or to treat congenital anodontia, ectodermal dysplasia or dentinogenesis imperfecta; and
  - The treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth, except as otherwise specifically stated in this Benefit Booklet.
  - Specific services not covered include, but are not limited to (unless otherwise described in this Benefit Booklet):
    - Apicoectomy (dental root resection);
    - Prophylaxis of any kind;
    - Root canal treatments;
    - Soft tissue impactions;
    - Alveolectomy;
    - Bone grafts or other procedures provided to augment an atrophic mandible or maxilla in preparation of the mouth for dentures or dental implants; and
    - Treatment of periodontal disease;
- For dental implants for any reason.
- For dentures, unless for the initial treatment of an Accidental Injury/trauma.
- For Orthodontic treatment, except for appliances used for palatal expansion to treat congenital cleft palate.
- For injury as a result of chewing or biting (neither is considered an Accidental Injury).

Diagnostic Screening Examinations

For diagnostic screening examinations, except for mammograms and preventive care as provided in the "Primary and Preventive Care", "Women's Preventive Care" and "Diagnostic Services" subsections of the ***Description of Covered Services.***

Durable Medical Equipment
For the following examples of equipment that do not meet the definition of Durable Medical Equipment include, but are not limited to:

- Comfort and convenience items, such as massage devices, portable whirlpool pumps, telephone alert systems, bed-wetting alarms, and ramps.
- Equipment used for environmental control, such as air cleaners, air conditioners, dehumidifiers, portable room heaters, and heating and cooling plants.
- Equipment inappropriate for home use. This is an item that generally requires professional supervision for proper operation, such as:
  - Diathermy machines;
  - Medcolator;
  - Data transmission devices used for telemedicine purposes;
  - Pulse tachometer;
  - Translift chairs; and
  - Traction units.
- Non-reusable supplies other than a supply that is an integral part of the Durable Medical Equipment item required for the Durable Medical Equipment function. This means the equipment is not durable or is not a component of the Durable Medical Equipment.
- Equipment that is not primarily medical in nature. Equipment which is primarily and customarily used for a non-medical purpose may or may not be considered "medical" in nature. This is true even though the item may have some medically related use. Such items include, but are not limited to:
  - Equipment For Safety;
  - Exercise equipment;
  - Speech teaching machines;
  - Strollers;
  - Toileting systems;
  - Electronically-controlled heating and cooling units for pain relief;
  - Bathtub lifts;
  - Stairglides; and
  - Elevators.
- Equipment with features of a medical nature which are not required by the Member’s condition, such as a gait trainer. The therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a Medical Necessity and realistically feasible alternative item that serves essentially the same purpose.
- Duplicate equipment for use when traveling or for an additional residence, whether or not prescribed by a Professional Provider.
- Services not primarily billed for by a Provider such as delivery, set-up and service activities and installation and labor of rented or purchased equipment.
- Modifications to vehicles, dwellings and other structures. This includes any modifications made to a vehicle, dwelling or other structure to accommodate a Member’s disability or any modifications made to a vehicle, dwelling or other structure to accommodate a Durable Medical Equipment item, such as customization to a wheelchair.

Effective Date
Which were Incurred prior to the Member's Effective Date of coverage.

Experimental/Investigative
Which are Experimental/Investigative in nature, except, as approved by the Claims Administrator, Routine Patient Costs Associated With Qualifying Clinical Trials that meets the definition of a Qualifying Clinical Trial under this Benefit Booklet.

Foot Orthotics
For supportive devices for the foot (orthotics), such as, but not limited to:
- Foot inserts;
- Arch supports;
- Heel pads and heel cups; and
- Orthopedic/corrective shoes.

This exclusion does not apply to orthotics and podiatric appliances required for the prevention of complications associated with diabetes.

Hearing Aids
For hearing or audiometric examinations, and Hearing Aids and the fitting thereof; and, routine examinations. Services and supplies related to these items are not covered.

Cochlear electromagnetic hearing devices, a semi-implantable Hearing Aid, is not covered. Cochlear electromagnetic hearing devices are not considered cochlear implants.

High Cost Technical Equipment
For equipment costs related to services performed on high cost technological equipment as defined by the Claims Administrator, such as, but not limited to:
- Computer Tomography (CT) scanners;
- Magnetic Resonance Imagers (MRI); and
- Linear accelerators.

Unless the acquisition of such equipment by a Professional Provider was approved:
- Through the Certificate of Need (CON) process; and/or
- By the Claims Administrator.

Home Blood Pressure Machines
For home blood pressure machines, except for Members:
- With pregnancy-induced hypertension;
- With hypertension complicated by pregnancy;
- With end-stage renal disease receiving home dialysis; or
- Who are eligible for home blood pressure machine benefits as required based on ACA preventive mandates.

Home Health Care
For Home Health Care services and supplies in connection with Home health services for the following:
- Custodial services, food, housing, homemaker services, Home delivered meals and supplementary dietary assistance;
- Rental or purchase of Durable Medical Equipment;
- Rental or purchase of medical appliances (For example, braces) and Prosthetic Devices (For example, artificial limbs); supportive environmental materials and equipment, such as:
  - Handrails;
  - Ramps;
  - Telephones;
  - Air conditioners and similar services;
  - Appliances; and
  - Devices.

- Prescription drugs;
- Provided by family members, relatives, and friends;
- A Member's transportation, including services provided by voluntary ambulance associations for which the Member is not obligated to pay;
- Emergency or non-Emergency Ambulance services;
- Visiting teachers, friendly visitors, vocational guidance and other counselors, and services related to diversional Occupational Therapy and/or social services;
- Services provided to individuals (other than a Member released from an Inpatient maternity stay), who are not essentially Homebound for medical reasons; and
- Visits by any Provider personnel solely for the purpose of assessing a Member's condition and determining whether or not the Member requires and qualifies for Home Health Care services and will or will not be provided services by the Provider.

Hospice Care
For Hospice Care benefits for the following:
- Services and supplies for which there is no charge;
- Research studies directed to life lengthening methods of treatment;
- Services or expenses Incurred in regard to the Member's personal, legal and financial affairs (such as preparation and execution of a will or other disposition of personal and real property);
- Care provided by family members, relatives, and friends; and
- Private Duty Nursing.

Immediate Family
Rendered by a member of the Member's Immediate Family.

Immunizations for Employment or Travel
For Immunizations required for employment purposes or travel.

Intensive Behavioral Health Services/Pediatric Intensive Behavioral Health Services
For services designated as intensive behavioral health services/pediatric intensive behavioral health services (defined in Pennsylvania Medical Assistance Manual Chapter 1155), except as specifically provided under this Program (For example, Applied Behavioral Analysis).

Laboratory and Pathology Tests for Employment
For laboratory and pathology tests in connection with obtaining or continuing employment.

Lipedema
For Liposuction (Suction-Assisted Lipectomy) for the treatment of lipedema. This exclusion does not apply to:
- Liposuction (Suction-Assisted Lipectomy) for the treatment of lipedema when the Claims Administrator:
  - Determines the Liposuction (Suction-Assisted Lipectomy) is Medically Necessary; and
  - The Liposuction (Suction-Assisted Lipectomy) is limited to one procedure per area of the body per lifetime.

Medical Foods And Nutritional Formulas
- For appetite suppressants;
- For oral non-elemental nutritional supplements (For example, Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (For example, Nutramigen, Alimentun, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, and soy-based

products. This exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the Description of Covered Services;
- For elemental semi-solid foods (For example, Neocate Nutra);
- For products that replace fluids and electrolytes (For example, Electrolyte Gastro, Pedialyte);
- For oral additives (For example, Duocal, fiber, probiotics, or vitamins) and food thickeners (For example, Thick-It, Resource ThickenUp); and
- For supplies associated with the oral administration of formula (For example, bottles, nipples).

Medical Supplies
For Medical Supplies such as but not limited to thermometers, ovulation kits, early pregnancy or home pregnancy testing kits.

Medical Necessity
Which are not Medically Necessary as determined by the Claims Administrator for the diagnosis or treatment of illness or injury.

Mental Health/Psychiatric Care
- For vocational or religious counseling; and
- For activities that are primarily of an educational nature.

Military Service
For any loss sustained or expenses Incurred in the following ways:
- During military service while on active duty as a member of the armed forces of any nation; or
- As a result of enemy action or act of war, whether declared or undeclared.

Miscellaneous

- For care in a:
  - Long term care facility, including a:
    - Nursing home;
    - Assisted living facility; and
    - Board and care home;
  - Continuing care retirement facility;
  - Convalescent home;
  - School;
  - Camp; or
  - Institution for intellectually disabled children.
- For broken appointments.
- For Telephone consultations.
- For completion of a claim form.
- For marriage counseling.
- For Custodial Care, domiciliary care or rest cures.
- Which are not billed and performed by a Provider as defined under this coverage as a "Professional Provider", "Facility Provider" or "Ancillary Service Provider" except as otherwise indicated under the subsections entitled:
  - "Therapy Services"; and
  - "Ambulance Services/Transport" in the ***Description of Covered Services*** section.
- Performed by a Professional Provider enrolled in an education or training program when such services are:
  - Related to the education or training program; and are
  - Provided through a Hospital or university.
- For weight reduction and premarital blood tests. This exclusion does not apply to nutrition visits as set forth in the ***Description of Covered Services*** section under the subsection entitled "Nutrition Counseling for Weight Management".
- For any Therapy Service provided for:
  - Work hardening activities/programs; or
  - Evaluations not associated with therapy.

Motor Vehicle

For injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is:

- Paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan; or
- Payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law.

Non-Covered Services

Any services, supplies or treatments not specifically listed as covered benefits in this Program.

Obesity

For treatment of obesity, including, but not limited to:

- Weight management programs;
- Dietary aids, supplements, injections and medications;
- Weight training, fitness training, or lifestyle modification programs, including such programs provided under the supervision of a clinician; and
- Group nutrition counseling.

This exclusion does not apply to:

- Surgical procedures specifically intended to result in weight loss (including bariatric surgery) when the Claims Administrator:
  - Determines the Surgery is Medically Necessary; and
  - The Surgery is limited to one surgical procedure per lifetime regardless (or even) if:
    - A new or different diagnosis is the indication for the Surgery;
    - A new or different type of Surgery is intended or performed;
    - A revision, repeat, or reversal of any previous weight loss Surgery is intended or performed.

The exclusion of coverage for a repeat, reversal or revision of a previous Surgery does not apply when the intended procedure is performed to treat technical failure or complication of a prior surgical procedure which if left untreated, would result in endangering the health of the Member. Failure to maintain weight loss or any condition resulting from or associated with obesity does not constitute technical failure.

- Nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

Over-The-Counter Drugs
For over-the-counter drugs and any other medications that may be dispensed without a doctor's prescription, except for medications administered during an Inpatient Admission. This exclusion does not apply to over-the-counter medicines that are prescribed by a Physician in accordance with applicable law.

Personal Hygiene and Convenience Items
For personal hygiene and convenience items such as, but not limited to the following, whether or not recommended by a Provider:

- Air conditioners;
- Humidifiers;
- Physical fitness or exercise equipment;
- Radio;
- Beauty/barber shop services;
- Guest trays;
- Wigs;
- Chairlifts;
- Stairglides;
- Elevators;
- Sauna;
- Television;
- Spa or health club memberships;
- Whirlpool;
- Telephone;
- Guest Service; or
- Hot tub or equivalent device.

Physical Examinations
For routine physical examinations for non-preventive purposes, such as:

- Pre-marital examinations;
- Physicals for college;
- Camp or travel; and
- Examinations for insurance, licensing and employment.

Prescription Drugs

- For prescription drugs, except as may be provided by a prescription drug rider attached to this Benefit Booklet. This exclusion does NOT apply to insulin, insulin analogs and pharmacological agents for controlling blood sugar levels, as provided for the treatment of diabetes.
- For drugs and medicines for which the Member has coverage under a free-standing prescription drug program provided through the Enrolled Group.

Private Duty Nursing

- For Private Duty Nursing services in connection with the following:
  - Nursing care which is primarily custodial in nature; such as care that primarily consists of bathing, feeding, exercising, homemaking, moving the patient and giving oral medication;
  - Services provided by a nurse who ordinarily resides in the Member's home or is a member of the Member's Immediate Family; and
  - Services provided by a home health aide or a nurse's aide.
- For Inpatient Private Duty Nursing services.

Relative Counseling or Consultations

For counseling or consultation with a Member's relatives, or Hospital charges for a Member's relatives or guests, except as may be specifically provided or allowed in the "Treatment for Alcohol Or Drug Abuse And Dependency" or "Transplant Services" sections of the ***Description of Covered Services.***

Responsibility of Another Party

- For which a Member would have no legal obligation to pay, or another party has primary responsibility.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.

Responsibility of Medicare

Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is "payable under Medicare" when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the Claims Administrator.

Reversal of a Sterilization

For any Surgery performed for the reversal of a sterilization procedure.

Routine Foot Care

As defined in the Claims Administrator's Medical Policy unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes.

Self-Administered Prescription Drugs

For Self-Administered Prescription Drugs, regardless of whether the drugs are provided or administered by a Provider. Drugs are considered Self-Administered Prescription Drugs even when initial medical supervision and/or instruction is required prior to patient self-administration.

This exclusion does not apply to Self-Administered Prescription Drugs that are:

- Mandated to be covered by law, such as insulin or any drugs required for the treatment of diabetes, unless these drugs are covered by a Free-Standing Prescription Drug Contract issued to the Group by the Claims Administrator; or
- Required for treatment of an Emergency condition that requires a Self-Administered Prescription Drug.

Sexual Dysfunction

For sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist.

Skilled Nursing Facility
For Skilled Nursing Facility services in connection with the following:
- When confinement in a Skilled Nursing Facility is intended solely to assist the Member with the activities of daily living or to provide an institutional environment for the convenience of a Member;
- For the treatment of Alcohol And Drug Abuse Or Dependency, and Mental Illness; or
- After the Member has reached the maximum level of recovery possible for their particular condition and no longer requires definitive treatment other than routine Custodial Care.

Temporomandibular Joint Syndrome (TMJ)
For treatment of temporomandibular joint syndrome (TMJ), also known as craniomandibular disorders (CMD), with intraoral devices or with any non-surgical method to alter vertical dimension.

Termination Date
Which were or are Incurred after the date of termination of the Member's coverage except as provided in the ***General Information*** section.

Travel
For travel, whether or not it has been recommended by a Professional Provider or if it is required to receive treatment at an out of area Provider.

Veteran's Administration or Department of Defense
To the extent a Member is legally entitled to receive when provided by the Veteran's Administration or by the Department of Defense in a government facility reasonably accessible by the Member.

Vision
- For correction of myopia or hyperopia by means of corneal microsurgery, such as:
  - Keratomileusis;
  - Keratophakia;
  - Radial keratotomy and all related services.
- For eyeglasses, lenses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses except as otherwise described in this Benefit Booklet.

Worker's Compensation
For any occupational illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of:
- Worker's Compensation Law; or
- Any similar Occupational Disease Law or Act.

This exclusion applies whether or not the Member claims the benefits or compensation.

GENERAL INFORMATION

ELIGIBILITY, CHANGE AND TERMINATION RULES UNDER THE PROGRAM

Effective Date: The date the Group agrees that all eligible persons may apply and become covered for the benefits as set forth in this Program and described in this Benefit Booklet. If a person becomes an eligible person after the Group's Effective Date, that date becomes the eligible person's effective date under this Program.

Eligible Person
The Employee is eligible to be covered under this Program if the Employee is determined by the Group as eligible to apply for coverage and sign the Application.

Eligibility shall not be affected by the Employee's physical condition and determination of eligibility for the coverage by the employer shall be final and binding.

Eligible Dependent
The Employee's family is eligible for coverage (Dependent coverage) under this Program when the Employee is eligible for Employee coverage. An eligible Dependent is defined as the Employee's spouse under a legally valid existing marriage, the Employee's child(ren), including any stepchild, legally adopted child, a child placed for adoption or any child whose coverage is the Employee's responsibility under the terms of a qualified release or court order. The limiting age for covered children is the first of the month following the month in which they reach age 26.

In addition, a full-time student will be considered eligible for coverage when they are on a Medically Necessary leave of absence from an Accredited Educational Institution. The Dependent child will be eligible for coverage until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. The limiting age referenced above will be applicable regardless of the status of the Medically Necessary leave of absence.

A full-time student who is eligible for coverage under this Program who is:
- A member of the Pennsylvania National Guard or any reserve component of the U.S. armed forces and who is called or ordered to active duty, other than active duty for training for a period of 30 or more consecutive days; or
- A member of the Pennsylvania National Guard who is ordered to active state duty, including duty under Pa. C.S. Ch. 76 (relates to Emergency Management Assistance Compact), for a period of 30 or more consecutive days.

Eligibility for these Dependents will be extended for a period equal to the duration of the Dependent's service on duty or active state duty or until the individual is no longer a full-time student regardless of the age of the Dependent when the educational program at the Accredited Educational Institution was interrupted due to military duty.

As proof of eligibility, the Employee must submit a form to the Claims Administrator approved by the Department of Military & Veterans Affairs (DMVA):
- Notifying the Claims Administrator that the Dependent has been placed on active duty;
- Notifying the Claims Administrator that the Dependent is no longer on active duty; or
- Showing that the Dependent has re-enrolled as a full-time student in an Accredited Educational Institution for the first term or semester starting 60 or more days after their release from active duty.

Eligibility will be continued past the limiting age for unmarried children, regardless of age, who are incapable of

self-support because of mental or physical incapacitation and who are dependent on the Employee for over half of their support. The Claims Administrator may require proof of eligibility under the prior Claims Administrator's plan and also from time to time under this Program.

The newborn child(ren) of the Employee or the Employee's Dependent shall be entitled to the benefits provided by this Program from the date of birth for a period of 31 days. Coverage of newborn children within such 31 days shall include care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. To be eligible for Dependent coverage beyond the 31 day period, the Employee must enroll the newborn child within such 31 days. To continue coverage beyond 31 days for a newborn child, who does not otherwise qualify for coverage as a Dependent, the Employee must apply within 31 days after the birth of the newborn and the appropriate rate, calculated from the 32nd day after birth, must be paid when billed.

A newly acquired Dependent shall be eligible for coverage under this Program on the date the Dependent is acquired provided that the Employee applies to the Claims Administrator for addition of the Dependent within 31 days after the Dependent is acquired and the Employee makes timely payment of the appropriate rate. If Application is made later than 31 days after the Dependent is acquired, coverage shall become effective on the first billing date following 30 days after the Employee's Application is accepted by the Claims Administrator.

A Dependent child of a custodial parent covered under this Program may be enrolled under the terms of a qualified medical release or court order, as required by law.

No Dependent may be eligible for coverage as a Dependent of more than one Member of the Enrolled Group. No individual may be eligible for coverage hereunder as a Member and as a Dependent of a Member at the same time.

Benefits to Which the Member Is Entitled
The liability of the Claims Administrator is limited to the benefits specified in this Benefit Booklet. The Claims Administrator's determination of the benefit provisions applicable for the services rendered to the Member shall be conclusive.

Termination of Coverage at Termination Of Employment Or Membership In The Group
When a Member ceases to be an eligible Employee or eligible Dependent, or the required contribution is not paid, the Member's coverage will terminate at the end of the last month for which payment was made. However, if benefits under this Program are provided by and/or approved by the Claims Administrator before the Claims Administrator receives notice of the Member’s termination under this Program, the cost of such benefits will be the sole responsibility of the Member. In that circumstance, the Claims Administrator will consider the effective date of termination of a Member under this Program to be not more than 60 days before the first day of the month in which the Group notified the Claims Administrator of such termination.

Consumer Rights
Each Member has the right to access, review and copy their own health and membership records and request amendments to their records. This includes information pertaining to claim payments, payment methodology, reduction or denial, medical information secured from other agents, plans or providers.

For more information about accessing, reviewing or copying records, call Member Services at the toll-free number referenced on the Identification Card.

Member/Provider Relationship
- The choice of a Provider is solely the Member’s choice.
- The Claims Administrator does not furnish Covered Services but only makes payment for Covered Services received by persons covered under this Program. The Claims Administrator is not liable for any

act or omission of any Provider. The Claims Administrator has no responsibility for a Provider's failure or refusal to render Covered Services to a Member.

COVERAGE CONTINUATION

Termination of the Member's Coverage and Conversion Privilege Under This Program

- Termination of this Program – Termination of the Group coverage (this Program) automatically terminates all coverage for the Member (an Enrolled Employee) and the Member's eligible Dependents. The privilege of conversion to a conversion contract shall be available to any Member who has been continuously covered under the Program Document for at least three months (or covered for similar benefits under any group plan that this Program replaced).

  It is the responsibility of the Group or the Group's Applicant Agent to notify the Member and the Member's eligible Dependents of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given.

  Rescission: If it is proven that the Member or the Member's eligible Dependent obtained or attempted to obtain benefits or payment for benefits, through fraud or intentional misrepresentation of material fact, the Claims Administrator, may, upon notice to the Member, terminate the coverage. The Member will receive written notice at least 30 days prior to termination but will have the right to utilize the ***Complaint and Appeal Process*** to appeal cancellation.

  The privilege of conversion is available for the Member and the Member's eligible Dependents except in the following circumstances:
  - The Group terminates this Program in favor of group coverage by another organization; or
  - The Group terminates the Member in anticipation of terminating this Program in favor of group coverage by another organization.

- Notice of Conversion – Written notice of termination and the privilege of conversion to a conversion contract shall be given within 60 days after the date of termination of this Program. Once the Member receives notice and the Member elects a conversion plan, payment for coverage under the conversion contract must be made within 31 days. Evidence of insurability is not required. Upon receipt of this payment, the conversion contract will be effective on the date of the Member's termination under this Program.

  Conversion coverage shall not be available if the Member is eligible for another health care program which is available in the Group where the Member is employed or with which the Member is affiliated to the extent that the conversion coverage would result in over-insurance.

  If the Member's coverage or the coverage of the Member's eligible dependent terminates because of the Member's death, the Member's change in employment status, divorce of dependent spouse, or change in a dependent's eligibility status, the terminated Member will be eligible to apply within 31 days of termination (or termination of the continuation privileges under COBRA) to conversion coverage, of the type for which that Member is then qualified at the rate then in effect. This conversion coverage may be different from the coverage provided under this Program. Evidence of insurability is not required.

Continuation Of Coverage At Termination Of Employment Or Membership Due To Total Disability

The Member's protection under this Program may be extended after the date the Member ceases to be a Member under this Program because of termination of employment or membership in the Group. It will be extended if, on that date, the Member is Totally Disabled from an illness or injury. The extension is only for that illness or injury and any related illness or injury. It will be for the time the Member remains Totally Disabled from any such illness or injury, but not beyond 12 months if the Member ceases to be a Member because the Member's coverage under this Program ends.

Coverage under this Program will apply during an extension as if the Member was still a Member. In addition, coverage will apply only to the extent that other coverage for the Covered Services is not provided for the Member through the Claims Administrator by the Group. Continuation of coverage is subject to payment of the applicable premium.

Continuation Of Incapacitated Child
If an unmarried child is incapable of self-support because of mental or physical incapacity and is dependent on the Member (an enrolled Employee) for over half of the child's support, the Member may apply to the Claims Administrator to continue coverage of such child under this Program upon such terms and conditions as the Claims Administrator may determine. Coverage of such Dependent child shall terminate upon the child's marriage. Continuation of benefits under this provision will only apply if the child was eligible as a Dependent and mental or physical incapacity commenced prior to age 26.

The child must be unmarried, incapable of self-support and the disability must have commenced prior to attaining 26 years of age. The disability must be certified by the attending Physician; furthermore, the disability is subject to annual medical review. In a case where a handicapped child is over 26 years of age and joining the Claims Administrator for the first time, the handicapped child must have been covered under the prior Claims Administrator and submit proof from the prior Claims Administrator that the child was covered as a handicapped person.

When The Employee Terminates Employment - Continuation Of Coverage Provisions Consolidated Omnibus Budget Reconciliation Act Of 1985, As Amended (COBRA)
The Employee should contact their Employer for more information about COBRA and the events that may allow the Employee or the Employee's eligible Dependents to temporarily extend health care coverage.

INFORMATION ABOUT PROVIDER REIMBURSEMENT
The Member's PPO Network Plan (this Program) is a program, which allows the Member to maximize the Member's health care benefits by utilizing the PPO Network, which is comprised of Providers that have a contractual arrangement with the Claims Administrator. These Providers are called "In-Network Providers". In-Network Providers are doctors, Hospitals and other health care professionals and institutions that are part of the PPO network, which is designed to provide access to care through a selected managed network of Providers. Services by In-Network Providers are delivered through a selected, managed network of Providers designed to provide quality care. The Hospitals, Primary Care Physicians and specialists, and a wide range of Ancillary Service Providers, including suppliers of Durable Medical Equipment, Hospice care and Home Health Care Agencies, Skilled Nursing Facilities, Free Standing Dialysis Facilities and Ambulatory Surgical Facilities.

When the Member receives health care through a Provider that is a member of the PPO Network, the Member incurs limited out-of-pocket expenses, and there are no claim forms to fill out. Benefits are also provided if the Member chooses to receive health care through a Provider that is not an In-Network Provider. However, the level of benefits will be reduced, and the Member will be responsible for a greater share of out-of-pocket expenses, and the amount of the Member's expenses could be substantial. The Member may have to reach a Deductible before receiving benefits and the Member may be required to file a claim form.

To locate a BlueCard network Provider, go to www.bcbs.com or call
1-800-810-BLUE (2583) (TTY: 711). The Claims Administrator covers only care that is "Medically Necessary". Medically Necessary care is care that is needed for the Member's particular condition and that the Member receives at the most appropriate level of service. Examples of different levels of service are Hospital Inpatient care, treatment in Short Procedure Units and Hospital Outpatient care.

Some of the services the Member receives through this Program must be Precertified before the Member receives them, to determine whether they are Medically Necessary. Failure to Precertify services, when required, may result in a reduction of benefits. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures/admissions. In certain cases, Precertification helps determine

whether a different treatment may be available that is equally effective. Precertification also helps determine the most appropriate setting for certain services. Innovations in health care enable doctors to provide services, once provided exclusively in an Inpatient setting, in many different settings – such as an Outpatient department of a Hospital or a doctor's office.

When the Member seeks medical treatment that requires Precertification (excluding Inpatient Admissions), the Member must ask their Provider to initiate the Precertification process. The Precertification number is located on the Member's Identification Card. The Member should instruct their Provider to call the Precertification number listed on the Member's Identification Card, and give the Member's name, facility's name, diagnosis, and procedure or reason for admission. Failure to Precertify required services will result in a reduction of benefits payable to the Member.

If the request for Precertification is denied, the Member will be notified in writing that the admission/service will not be paid because it is considered to be medically inappropriate. If the Member decides to continue treatment or care that has not been approved, the Member will be asked to do the following:
- Acknowledge this in writing.
- Request to have services provided.
- The Member states their willingness to assume financial liability.

Payment Of Providers

A Member or the Provider may submit bills directly to the Claims Administrator, and, to the extent that benefits and indemnity are payable within the terms and conditions of this Benefit Booklet, reimbursement will be furnished as detailed below. The Member's benefits for Covered Services are based on the rate of reimbursement as set forth under "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Facility Providers
  - In-Network Facility Providers
    In-Network Facility Providers are members of the PPO Network and have a contractual arrangement with the Claims Administrator for the provision of services to Members. Benefits will be provided as specified in the ***Schedule of Covered Services*** for Covered Services which have been performed by an In-Network Facility Provider. The Claims Administrator will compensate In-Network Facility Providers in accordance with the contracts entered into between such Providers and the Claims Administrator. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. No payment will be made directly to the Member for Covered Services rendered by any In-Network Facility Provider.

  - Out-of-Network Facility Providers
    Out-of-Network Facility Providers include facilities that are not part of the PPO Network. The Claims Administrator may have a contractual arrangement with a facility even if it is not part of the PPO Network.

    The Claims Administrator will provide benefits for Covered Services provided by an Out-of-Network Facility Provider at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The reimbursement rate is specified under "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

If the Claims Administrator determines that Covered Services were for Emergency Care as defined herein, the Member is protected from surprise billing or balance billing. The Member cannot be balanced billed for the Emergency Services. This includes services the Member may receive after the Member is in stable condition, unless the Member gives written consent and gives up the right under the Consolidated Appropriations Act ("CAA") not to be balanced billed for these post-stabilization services. Emergency admissions must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be based upon the methodology established by the CAA.

Once Covered Services are rendered by a Facility Provider, the Program will not honor a Member's request not to pay for claims submitted by the Facility Provider. The Member will have no liability to any person because of its rejection of the request.

- Professional Providers
  - In-Network Providers
    The Claims Administrator is authorized by the Member to make payment directly to the In-Network Professional Providers furnishing Covered Services for which benefits are provided under this Program. In-Network Professional Providers have agreed to accept the rate of reimbursement determined by a contract as payment in full for Covered Services. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. In-Network Professional Providers will make no additional charge to Members for Covered Services except in the case of certain Copayments, Coinsurance or other cost-sharing features as specified under this Program. The Member is responsible within 60 days of the date in which the Claims Administrator finalizes such services to pay, or make arrangements to pay, such amounts to the In-Network Professional Provider.

    Benefit amounts, as specified in the Schedule of Covered Services of this coverage, refer to Covered Services rendered by a Professional Provider which are regularly included in such Provider's charges and are billed by and payable to such Provider. Any dispute between the In-Network Professional Provider and a Member with respect to balance billing shall be submitted to the Claims Administrator for determination. The decision of the Claims Administrator shall be final.

    Once Covered Services are rendered by a Professional Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Professional Provider. The Claims Administrator will have no liability to any person because of its rejection of the request.

  - Emergency Care by Out-of-Network Providers
    If the Claims Administrator determines that Covered Services provided by an Out-of-Network Provider were for Emergency Care, the Member is protected from surprise billing or balance billing and will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. For Emergency Care and other Out-of-Network Providers, such as ambulance and air ambulance services, the Claims Administrator will reimburse the Out-of-Network Provider directly for Covered Services based upon the methodology established by the CAA. In these situations, the Member cannot be balanced billed for the Emergency Services. This includes services the Member may receive after the Member is in stable condition, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed for these post-stabilization services. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet. Inpatient admissions for Emergency Care must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be based upon the methodology established by the CAA.

- Out-of-Network Hospital-Based Provider Reimbursement
  When the Member receives Covered Services from an Out-of-Network Hospital-Based Provider while the Member is an Inpatient at an In-Network Hospital or other In-Network Facility Provider and are being treated by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Covered Services provided by the Out-of-Network Hospital-Based Provider. For Covered Services outside the scope of the CAA, payment will be made to the Member, who will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For Covered Services within the scope of the CAA, the Claims Administrator will reimburse the Out-of-Network Hospital-Based Provider directly based upon the methodology established by the CAA. The Member cannot be balanced billed by the Out-of-Network Hospital-Based Provider, and the Out-of-Network Hospital-Based Provider cannot ask the Member to give up their right under the CAA not to be balanced billed. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet. Payment for services provided by Out-of-Network Hospital-Based Providers will be based upon the methodology established by the CAA.

  If the Member receives other services at an In-Network Hospital or other In-Network Facility Provider, Out-of-Network Providers cannot balance bill the Member, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed.

  Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider and the CAA does not apply to the Covered Service, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet.

- Inpatient Hospital Consultations by an Out-of-Network Professional Provider
  When the Member receives Covered Services for an Inpatient Hospital consultation from an Out-of-Network Professional Provider while the Member is Inpatient at an In-Network Facility Provider, and the Covered Services are referred by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Inpatient Hospital consultation. The Claims Administrator will reimburse the Out-of-Network Professional Provider at an In-Network rate directly. For certain Out-of-Network Hospital-Based Providers (For example, anesthesiologists, hospitalists and other Providers as defined by the CAA), the Claims Administrator will reimburse the Out-of-Network Hospital-Based Provider directly based upon the methodology established by the CAA. For certain Providers, the Member cannot be balanced billed by the Out-of-Network Professional Provider, and the

Out-of-Network Professional Provider cannot ask the Member to give up their right under the CAA not to be balanced billed.

For such Covered Services not within the scope of the CAA, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet. For Covered Services within the scope of the CAA, payment for consultation services provided by Out-of-Network Professional Providers will be made directly to the Provider based upon the methodology established by the CAA.

The Out-of-Network Professional Provider cannot balance bill the Member, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed.

Note that when the Member elects to see an Out-of-Network Professional Provider for follow-up care or any other service when the Member has the ability to select an In-Network Provider, and the CAA does not apply to the Covered Service, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care and other Covered Services within the scope of the CAA, if an Out-of-Network Professional Provider admits the Member to a Hospital or other Facility Provider, services provided by Out-of-Network Professional Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet.

- Out-of-Network Air Ambulance Providers
  For air ambulance services provided by an Out-of-Network Provider, the Member is protected from surprise billing or balance billing and will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. The Claims Administrator will reimburse the Out-of-Network Provider directly based upon the methodology established by the CAA. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for air ambulance services and the Member cannot be balanced billed for the air ambulance services provided by an Out-of-Network Provider. Payment for air ambulance services provided by Out-of-Network Providers, will be based upon the methodology established by the CAA.

- Out-of-Network Professional Provider Reimbursement
  Except as set forth above, when a Member seeks care from an Out-of-Network Professional Provider, benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services, from an Out-of-Network Professional Provider, the Member will be responsible to reimburse the Out-of-Network Professional Provider for the difference between the Claims Administrator's payment and the Out-of-Network Professional Provider's charge.

■ Ancillary Service Providers
  - In-Network Ancillary Service Providers
    In-Network Ancillary Service Providers include members of the PPO Network that have a contractual relationship with the Claims Administrator for the provision of services or supplies to Members. Benefits will be provided as specified in the ***Schedule of Covered Services*** for the provision of services or supplies provided to Members by In-Network Ancillary Service Providers. The Claims Administrator will compensate In-Network Ancillary Service Providers in the PPO Network in accordance with the

contracts entered into between such Providers and the Claims Administrator. No payment will be made directly to the Member for Covered Services rendered by any In-Network Ancillary Service Provider.

- Out-of-Network Ancillary Service Providers
  Out-of-Network Ancillary Service Providers are not members of the PPO Network. Benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The Member will be penalized by the application of higher cost-sharing as detailed in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Ancillary Service Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services, from an Out-of-Network Ancillary Service Provider, the Member will be responsible to reimburse the Out-of-Network Ancillary Service Provider for the difference between the Claims Administrator's payment and the Out-of-Network Ancillary Service Provider's charge.

- Payment of Out-of-Network Providers
  For Covered Services received from an Out-of-Network Provider when the CAA does not apply to the Covered Services, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider. For Covered Services that fall within the scope of the CAA, payment will be made directly to the Out-of-Network Provider in accordance with the provisions of the CAA.)

- Assignment of Benefits to Providers
  The right of a Member to receive benefit payments under this Program is personal to the Member and is not assignable in whole or in part to any person, Hospital, or other entity nor may benefits of this Program be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Benefit Booklet, as required by law.

BlueCard Program

- Out-of-Area Services

  Overview

  The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever the Member accesses healthcare services outside of the geographic area the Claims Administrator serves, the claims for these services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When the Member receives care outside of the Claims Administrator's service area, the Member will receive it from one of two kinds or providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. the Claims Administrator explains below how the Claims Administrator pays both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Claims Administrator to provide the specific service or services.

- BlueCard® Program
  Under the BlueCard® Program, when the Member receives Covered Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what we agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating providers.

  When the Member receives Covered Services outside the Claims Administrator's service area and the claim is processed through the BlueCard Program, the amount the Member pays for Covered Services is calculated based on the lower of:
  - The billed charges for Covered Services; or
  - The negotiated price that the Host Blue makes available to the Claims Administrator.

  Often this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to the Member's healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with the Member's healthcare provider or provider group that may include types of settlements, incentive payments and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.

  Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for the Member's claim because they will not be applied after a claim has already been paid.

- Special Cases: Value-Based Programs

  BlueCard® Program

  If the Member receives Covered Services under a Value-Based Program inside a Host Blue's service area, the Member will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments.

  Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements

  If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to the Group on the Member's behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

- Nonparticipating Providers Outside the Claims Administrator's Service Area

  - Member Liability Calculation
    When Covered Services are provided outside of the Claims Administrator's service area by nonparticipating providers, the amount the Member pays for such services will normally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, the Member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

  - Exceptions
    In certain situations, the Claims Administrator may use other payment methods, such as billed charges for Covered Services, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment to determine the amount the Claims Administrator will pay for services provided by nonparticipating providers. In these situations, the Member may be liable for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph.

- Blue Cross Blue Shield Global Core

  If the Member is outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter “BlueCard service area”), the Member may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists the Member with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when the Member receives care from providers outside the BlueCard service area, the Member will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

If the Member needs medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, the Member should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) (TTY: 711) or call collect at 1.804.673.1177 (TTY: 711), 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services
  In most cases, if the Member contacts the service center for assistance, hospitals will not require the Member to pay for covered inpatient services, except for the Member's deductibles, coinsurance, etc. In such cases, the hospital will submit the Member's claims to the service center to begin claims processing. However, if the Member paid in full at the time of service, the Member must submit a claim to receive reimbursement for Covered Services. **The Member must contact the Claims Administrator to obtain precertification for non-emergency inpatient services.**

- Outpatient Services
  Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require the Member to pay in full at the time of service. The Member must submit a claim to obtain reimbursement for Covered Services.

SERVICES AND SUPPLIES REQUIRING PRECERTIFICATION

Precertification Review

When required, Precertification review evaluates the Medical Necessity, including the appropriateness of the setting, of proposed services for coverage under the Member's benefit plan. Examples of these services include planned or elective Inpatient Admissions and selected Outpatient procedures. For groups located in the PPO Network service area, Precertification review may be initiated by the Provider or the Member depending on whether the Provider is a PPO Network Provider. For Member's located outside the Claims Administrator's PPO Network who are accessing BlueCard Providers, the Member is responsible for initiating or requesting the Provider to initiate the Precertification review (excluding Inpatient Admissions). Where Precertification review is required, the Claims Administrator's coverage of the proposed procedure is contingent upon the review being completed and receipt of the approval certification. Coverage penalties may be applied where Precertification review is required for a procedure but is not obtained.

While the majority of services requiring Precertification review are reviewed for Medical Necessity of the requested procedure setting (For example, Inpatient, Short Procedure Unit, or Outpatient setting), other elements of the Medical Necessity of the procedure may not always be evaluated and may be automatically approved based on the procedure or diagnosis for which the procedure is requested or an agreement with the performing provider. Precertification review is not required for Emergency services and is not performed where an agreement with the Claims Administrator's local In-Network Provider does not require such review.

The following information provides more specific information of this Program's Precertification requirements.

- <u>Inpatient Pre-Admission Review</u>
  - In-Network Inpatient Admissions
    In accordance with the criteria and procedures described above, Inpatient Admissions, other than an Emergency or maternity admission, must be Precertified in accordance with the standards of the Claims Administrator as to the Medical Necessity of the admission. The Precertification requirements for Emergency admissions are set forth in the "Emergency Admission Review" subsection of this ***General Information*** section. An In-Network Hospital, Skilled Nursing Facility, or other Facility Provider in the Personal Choice Network will verify the Precertification at or before the time of admission. The Hospital, Skilled Nursing Facility or other Facility Provider, is responsible to Precertify an Inpatient Admission under the BlueCard Program. The Claims Administrator will not authorize the Hospital, Skilled Nursing Facility or other Facility Provider admission if Precertification is required and is not

obtained in advance. For Member's who reside in the Claims Administrator's local Personal Choice Network service area, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for admissions to Hospitals, Skilled Nursing Facilities or other Facility Providers in the Personal Choice Network which fail to conform to the pre-admission certification requirements unless:

- The Provider provides prior written notice that the admission will not be paid by the Claims Administrator; and
- The Member acknowledges this fact in writing together with a request to be admitted which states that the Member will assume financial liability for such Facility Provider admission.

- Out-of-Network Inpatient Admissions
  For an Out-of-Network Inpatient Admission, the Member is responsible to have the admission (other than for an Emergency or maternity admission) certified in advance as an approved admission.
  - To obtain Precertification, the Member is responsible to contact or have the admitting Physician or other Facility Provider contact the Claims Administrator prior to admission to the Hospital, Skilled Nursing Facility, or other Facility Provider. The Claims Administrator will notify the Member, admitting Physician and the Facility Provider of the determination. The Member is eligible for Inpatient benefits at the Out-of-Network level shown in the ***Schedule of Covered Services*** if, and only if, prior approval of such benefits has been certified in accordance with the provisions of this Benefit Booklet.
  - If such prior approval for a Medically Necessary Inpatient Admission has not been certified as required, there will be a Penalty for non-compliance and the amount, as shown below, will be deemed not to be Covered Services under this Program. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

    If a Member elects to be admitted to the Facility Provider after review and notification that the reason for admission is not approved for an Inpatient level of care, Inpatient benefits will not be provided and the Member will be financially liable for non-covered Inpatient charges.
  - If Precertification is denied, the Member, the Physician or the Facility Provider may Appeal the determination and submit information in support of the claim for Inpatient benefits. A final determination concerning eligibility for Inpatient benefits will be made and the Member, Physician, or Facility Provider will be so notified.

- <u>Emergency Admission Review</u>
  - In-Network Admissions
    It is the responsibility of the In-Network Provider to notify the Claims Administrator of the In-Network Emergency admission.

  - Out-of-Network Provider Admissions
    - Members are responsible for notifying the Claims Administrator of an Out-of-Network Provider Emergency admission within two business days of the admission, or as soon as reasonably possible, as determined by the Claims Administrator.
    - Failure to initiate Emergency admission review will result in a reduction in Covered Expense for Out-of-Network services. Such Penalty, as shown below, will be the sole responsibility of, and payable by, the Member.
    - If the Member elects to remain hospitalized after the Claims Administrator and the attending Physician have determined that an Inpatient level of care is not Medically Necessary, the Member will be financially liable for non-covered Inpatient charges from the date of notification.

- <u>Concurrent and Retrospective Review</u>
  Concurrent review may be performed while services are being performed. This may occur during an Inpatient stay and typically evaluates the expected and current length of stay to determine if continued

hospitalization is Medically Necessary. When performed, the review assesses the level of care provided to the Member and coordinates discharge planning. Concurrent review continues until the patient is discharged. Not all Inpatient stays are reviewed concurrently. Concurrent Review is generally not performed where an Inpatient Facility is paid based on a per case or diagnosis-related basis, or where an agreement with the Facility does not require such review.

Retrospective/Post Service review:
Retrospective review occurs after services have been provided. This may be for a variety of reasons, including the Claims Administrator not being notified of a Member's admission until after discharge or where medical charts are unavailable at the time of concurrent review. Certain services are only reviewed on a retrospective/post-service basis.

In addition to these standard utilization reviews, the Claims Administrator also may determine coverage of certain procedures and other benefits available to Members through Prenotification as required by the Member's benefit plan, and discharge planning.

Pre-notification. Pre-notification is advance notification to the Claims Administrator of an Inpatient Admission or Outpatient service where no Medical Necessity review is required, such as maternity admissions/deliveries. Pre-notification is primarily used to identify Members for Concurrent review needs, to ascertain discharge planning needs proactively, and to identify Members who may benefit from Case Management programs.

Discharge Planning. Discharge Planning is performed during an Inpatient Admission and is used to identify and coordinate a Member's needs and benefits coverage following the Inpatient stay, such as covered home care, ambulance transport, acute rehabilitation, or Skilled Nursing Facility placement. Discharge Planning involves the Claims Administrator's authorization of covered post-Hospital services and identifying and referring Members to Disease Management or Case Management benefits.

Selective Medical Review. In addition to the foregoing requirements, the Claims Administrator reserves the right, under its utilization and quality management programs, to perform a medical review prior to, during or following the performance of certain Covered Services ("Selective Medical Review") that are otherwise not subject to review as described above. In addition, the Claims Administrator reserves the right to waive medical review for certain Covered Services for certain Providers, if the Claims Administrator determines that those Providers have an established record of meeting the utilization and/or quality management standards for these Covered Services. Coverage penalties are not applied to Members where required Selective Medical Review is not obtained by the Provider.

Other Precertification Requirements
Precertification is required by the Claims Administrator in advance for certain services. **To obtain a list of services that require Precertification, please go to** www.ibx.com/preapproval **or call the Customer Service telephone number that is listed on the Member's Identification Card**. When a Member plans to receive any of these listed procedures, the Claims Administrator will review the Medical Necessity for the procedure or treatment in accordance with the criteria and procedures described above and grant prior approval of benefits accordingly. In certain circumstances the requirement for precertification may be altered or waived at the discretion of the Claims Administrator. The Claims Administrator may retrospectively review these services.

Surgical, diagnostic and other procedures, listed on the Precertification requirements list, that are performed during an Emergency, as determined by the Claims Administrator, do not require Precertification. However, the Claims Administrator should be notified within two business days of Emergency services for such procedures, or as soon as reasonably possible, as determined by the Claims Administrator.

- In-Network Care
  In-Network Providers in the Personal Choice Network must contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and with the In-Network Provider. If the In-Network Provider is a BlueCard Provider, however, the Member must initiate Precertification (excluding Inpatient Admissions).

  If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, subject to a Penalty.

  For In-Network Providers in the Personal Choice Network, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for this financial Penalty for the In-Network Provider's failure to comply with the Precertification requirements or determination, unless a Member elects to receive the treatment after review and written notification that the procedure is not covered as Medically Necessary. In which case benefits will not be provided and the Member will be financially liable for non-covered charges.

- Out-of-Network Care
  For Out-of-Network Care and care provided by BlueCard Providers (excluding Inpatient Admissions), the Member is responsible to have the Provider performing the service contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and the Provider.

  If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, but the Provider's charge less any applicable Coinsurance, Copayments, Deductibles shall be subject to a Penalty, as reflected below. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

Precertification Penalty:
If the Provider is a BlueCard® Provider of another Blue Plan (excluding Inpatient Admissions) or the Member uses an Out-of-Network Provider, the Member must obtain Precertification if required. The Member will be subject to a 20% reduction in benefits if Precertification is not obtained.

In addition to the Precertification requirements referenced above, the Member should contact the Claims Administrator for certain categories of treatment (listed below) so that the Member will know prior to receiving treatment whether it is a Covered Service. This applies to In-Network Providers in the PPO Network and to Members (and their Providers) who elect to receive treatment provided by either BlueCard Providers or Out-of-Network Providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic;
- Any procedure, treatment, drug or device that represents "emerging technology"; and
- Services that might be considered Experimental/Investigative.

The Member’s Provider should be able to assist in determining whether a proposed treatment falls into one of these three categories. Also, the Claims Administrator encourages the Member’s Provider to place the call for the Member.

For more information, please see the ***Important Notices*** section of this Benefit Booklet that pertain to Experimental/Investigative Services, Cosmetic services, Medically Necessary services and Emerging Technology.

Out-Of-Area Care for Dependent Students

If an unmarried Dependent child is a full-time student in an Accredited Educational Institution located outside the area served by the local BlueCard network, the student may be eligible to receive Out-of-Network care at the In-Network level of benefits. Charges for treatment will be paid at the In-Network level of benefits when the Dependent student receives care from Providers as described in the "BlueCard Program" subsection of the ***General Information*** section. However, treatment provided by an educational facility's infirmary for Urgent Care, (For example, may also be paid at the In-Network level of benefits, but the Claims Administrator should be notified within 48 hours of treatment to insure Covered Services are treated as In-Network Covered Services). Nothing in this provision will act to continue coverage of a Dependent child past the date when such child's coverage would otherwise be terminated under this Program.

UTILIZATION REVIEW PROCESS AND CRITERIA

Utilization Review Process
A basic condition of IBC's, and its subsidiary QCC Insurance Company's ("the Claims Administrator") benefit plan coverage is that in order for a health care service to be covered or payable, the services must be Medically Necessary. To assist the Claims Administrator in making coverage determinations for requested health care services, the Claims Administrator uses established IBC Medical Policies and medical guidelines based on clinically credible evidence to determine the Medical Necessity of the requested services. The appropriateness of the requested setting in which the services are to be performed is part of this assessment. The process of determining the Medical Necessity of requested health care services for coverage determinations based on the benefits available under a Member's benefit plan is called utilization review.

It is not practical to verify Medical Necessity on all procedures on all occasions; therefore, certain procedures may be determined by the Claims Administrator to be Medically Necessary and automatically approved based on the accepted Medical Necessity of the procedure itself, the diagnosis reported or an agreement with the performing Provider. An example of such automatically approved services is an established list of services received in an Emergency room which has been approved by the Claims Administrator based on the procedure meeting Emergency criteria and the severity of diagnosis reported (For example, rule out myocardial infarction, or major trauma). Other requested services, such as certain elective Inpatient or Outpatient procedures may be reviewed on a procedure specific or setting basis.

Utilization review generally includes several components which are based on when the review is performed. When the review is required before a service is performed it is called a Precertification review. Reviews occurring during a hospital stay are called a concurrent review, and those reviews occurring after services have been performed are called either retrospective or post-service reviews. The Claims Administrator follows applicable state and federally required standards for the timeframes in which such reviews are to be performed.

Generally, where a requested service is not automatically approved and must undergo Medical Necessity review, nurses perform the initial case review and evaluation for coverage approval using the Claims Administrator's Medical Policies, established guidelines and evidence-based clinical criteria and protocols; however only a Medical Director employed by the Claims Administrator may deny coverage for a procedure based on Medical Necessity. The evidence-based clinical protocols evaluate the Medical Necessity of specific procedures and the majority are computer-based. Information provided in support of the request is entered into the computer-based system and evaluated against the clinical protocols. Nurses apply applicable benefit plan policies and procedures, taking into consideration the individual Member's condition and applying sound professional judgment. When the clinical criteria are not met, the given service request is referred to a Medical Director for further review for approval or denial. Independent medical consultants may also be engaged to provide clinical review of specific cases or for specific conditions. Should a procedure be denied for coverage based on lack of Medical Necessity, a letter is sent to the requesting Provider and Member in accordance with applicable law.

The Claims Administrator's utilization review program encourages peer dialogue regarding coverage decisions

based on Medical Necessity by providing Physicians with direct access to the Claims Administrator's Medical Directors to discuss coverage of a case. Medical Directors and nurses are salaried, and contracted external Physician and other professional consultants are compensated on a per case reviewed basis, regardless of the coverage determination. The Claims Administrator does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals which would encourage utilization review decisions that result in underutilization.

Clinical Criteria, Guidelines and Resources
The following guidelines, clinical criteria and other resources are used to help make Medical Necessity coverage decisions:

Clinical Decision Support Criteria: Clinical Decision Support Criteria is an externally validated and computer-based system used to assist the Claims Administrator in determining Medical Necessity. This evidence-based, Clinical Decision Support Criteria is nationally recognized and validated. Using a model based on evaluating intensity of service and severity of illness, these criteria assist our clinical staff evaluating the Medical Necessity of coverage based on a Member's specific clinical needs. Clinical Decision Support Criteria helps promote consistency in the Claims Administrator's plan determinations for similar medical issues and requests, and reduces practice variation among the Claims Administrator's clinical staff to minimize subjective decision-making.

Clinical Decision Support Criteria may be applied for Covered Services including but not limited to the following:
- Some elective surgeries-settings for Inpatient and Outpatient procedures (For example, hysterectomy and sinus Surgery);
- Inpatient hospitalizations;
- Inpatient Rehabilitation;
- Home Health;
- Durable Medical Equipment;
- Skilled Nursing Facility.

Centers for Medicare and Medicaid Services (CMS) Guidelines: A set of guidelines adopted and published by CMS for coverage of services by Medicare for Medicare Members.

IBC Medical Policies: IBC maintains an internally developed set of policies that document the coverage and conditions for certain medical/surgical procedures and ancillary services.

Covered Services for which IBC’s Medical Polices are applied include, but are not limited to:
- Ambulance;
- Infusion;
- Speech Therapy;
- Occupational Therapy;
- Durable Medical Equipment;
- Review of potential cosmetic procedures.

IBC (and QCC) Internally Developed Guidelines: A set of guidelines developed specifically by IBC (and QCC), as needed, with input by clinical experts based on accepted practice guidelines within the specific fields and reflecting IBC Medical Policies for coverage.

Delegation of Utilization Review Activities And Criteria
In certain instances, the Claims Administrator has delegated certain utilization review activities, including Precertification review, concurrent review, and Case Management, to integrated delivery systems and/or entities with an expertise in medical management of a certain membership population (such as, Neonates/premature infants) or type of benefit or service (such as mental health/psychiatric care and Alcohol and Drug Abuse or radiology). In such instances, a formal delegation and oversight process is established in accordance with applicable law and nationally-recognized accreditation standards. In such cases, the delegate’s utilization review criteria are generally used, with the Claims Administrator’s approval.

Utilization Review and Criteria for Mental Health/Psychiatric Care and Alcohol and Drug Abuse Services

Utilization Review activities for mental health/psychiatric care and Alcohol and Drug Abuse services have been delegated by IBC (and QCC) to a behavioral health management company, which administers the mental health/psychiatric care and Alcohol and Drug Abuse benefits for the majority of the Claims Administrator's Members.

COORDINATION OF BENEFITS

Coordination of Benefits

This Program's Coordination of Benefits (COB) provision is designed to conserve funds associated with health care.

- Definitions

  In addition to the Definitions of this Program for purposes of this provision only: "Plan" shall mean any group arrangement providing health care benefits or Covered Services through:
  - Individual, group, (except hospital indemnity plans), blanket (except student accident) or franchise insurance coverage;
  - The Plan, health maintenance organization and other prepayment coverage;
  - Coverage under labor management trusted plans, union welfare plans, Employer organization plans, or Employee benefit organization plans; and
  - Coverage under any tax supported or government program to the extent permitted by law.

- Determination of Benefits

  COB applies when an Employee has health care coverage under any other group health care plan (Plan) for services covered under this Program, or when the Employee has coverage under any tax-supported or governmental program unless such program's benefits are, to the extent permitted by law, excess to those of any private insurance coverage. When COB applies, payments may be coordinated between the Claims Administrator and the other Plan in order to avoid duplication of benefits.

  Benefits under this Program will be provided in full when the Claims Administrator is primary, that is, when the Claims Administrator determines benefits first. If another Plan is primary, the Claims Administrator will provide benefits as described below.

  When an Employee has group health care coverage under this Program and another Plan, the following will apply to determine which coverage is primary:
  - If the other Plan does not include rules for coordinating benefits, such other Plan will be primary.
  - If the other Plan includes rules for coordinating benefits:
    - The Plan covering the patient other than as a Dependent shall be primary.
    - The Plan covering the patient as a Dependent of the parent whose date of birth, excluding year of birth, occurs earlier in the calendar year shall be primary, unless the child's parents are separated or divorced and there is no joint custody agreement. If both parents have the same birthday, the Plan which covered the parent longer shall be primary.
    - Except as provided in the following paragraph, if the child's parents are separated or divorced and there is no joint custody agreement, benefits for the child are determined as follows:
      - First, the Plan covering the child as a Dependent of the parent with custody;
      - Then, the Plan of the spouse of the parent with custody of the child;
      - Finally, the Plan of the parent not having custody of the child.
    - When there is a court decree which establishes financial responsibility for the health care expenses of the Dependent child and the Plan covering the parent with such financial responsibility has actual knowledge of the court decree, benefits of that Plan are determined first.
    - If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans

covering the child shall follow the order of benefit determination rules outlined above in the paragraph that begins "The Plan covering the patient as a Dependent...".

- The Plan covering the patient as an Employee who is neither laid off nor retired (or as that Employee's Dependent) is primary to a Plan which covers that patient as a laid off or retired Employee (or as that Employee's Dependent). However, if the other Plan does not have the rule described immediately above and if, as a result, the Plans do not agree on the order of benefits, this rule does not apply.
- If none of the above rules apply, the Plan which covered the Employee longer shall be primary.

■ Effect on Benefits

When the Claims Administrator's Plan is secondary, the benefits under this Program will be reduced so that the Claims Administrator will pay no more than the difference, if any, between the benefits provided under the other Plan for services covered under this Program and the total Covered Services provided to the Employee. Benefits payable under another Plan include benefits that would have been payable had the claim been duly made therefore. In no event will the Claims Administrator payment exceed the amount that would have been payable under this Program if the Claims Administrator were primary.

When the benefits are reduced under the primary Plan because an Employee does not comply with the Plan provision, or does not maximize benefits available under the primary Plan, the amount of such reduction will not be considered an allowable benefit. Examples of such provisions are Penalties and increased Coinsurance related to Precertification of admissions and services, In-Network Provider arrangements and other cost-sharing features.

Certain facts are needed to apply COB. The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision. The Claims Administrator, however, shall not be required to determine the existence of any other Plan or the amount of benefits payable under any such Plan, and the payment of benefits under this Program shall be affected by the benefits that would be payable under any and all other Plans only to the extent that the Claims Administrator is furnished with information relative to such other Plans.

■ Right of Recovery

Whenever payments which should have been made under this Program in accordance with this provision have been made under any other Plan, the Claims Administrator shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid shall be deemed to be benefits provided under this Program and, to the extent of such payments, the Claims Administrator shall be fully discharged from liability under this Program.

Whenever payments have been made by the Claims Administrator in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, irrespective of to whom paid, the Claims Administrator shall have the right to recover such payments to the extent of such excess from among one or more of the following, as the Claims Administrator shall determine:

- The person the Claims Administrator has paid or for whom they have paid;
- Insurance companies; or
- Any other organizations.

The Member, on the Member's own behalf and on behalf of the Member's Dependents, shall, upon request, execute and deliver such instruments and papers as may be required and do whatever else is reasonably necessary to secure such rights to the Claims Administrator.

SUBROGATION AND REIMBURSEMENT RIGHTS

The Employee Retirement Income Security Act (ERISA) applies to many health benefit plans and, to comply with legal requirements that relate specifically to ERISA-governed plans, this Benefit Booklet describes "Subrogation and Reimbursement Rights" in two sections:

- Subrogation and Reimbursement Rights When The Program Is Governed By ERISA; and
- Subrogation and Reimbursement Rights When The Program Is Not Governed By ERISA.

However, the fact that these Rights are described in separate sections using different language does not mean or imply that the Rights are substantively different or that the Rights described in one section are greater or lesser than the Rights described in the other section. Under both sections, the Claims Administrator reserves right the pursue subrogation recoveries and the Member has an obligation to fully reimburse the Claims Administrator to the fullest extent permitted by law.

- **Subrogation and Reimbursement Rights When The Program Is Governed By ERISA**

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented. The right of subrogation or reimbursement is not enforceable if prohibited by statute or regulation.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The Claims Administrator has a right to full reimbursement.

Lien

By accepting benefits for Covered Services from the Claims Administrator, the Member agrees to a first priority equitable lien by agreement on any payment, reimbursement, settlement or judgment received by the Member, or anyone acting on the Member's behalf, from any Responsible Third Party. As a result, the Member must repay to theClaims Administrator the full amount of the medical expenses that were paid to the Member or on the Member's behalf out of the amounts recovered from the Responsible Third Party (plus the costs and fees that are incurred by the Claims Administrator to enforce these rights) first, before funds are allotted toward any other form of damages, whether or not there is an admission of fault or liability by the Responsible Third Party. The Claims Administrator has a lien on any amounts recovered by the Member from a Responsible Third Party, regardless of whether or not the amount is designated as payment for medical expenses. This lien will remain in effect until the Claims Administrator is reimbursed in full.

Constructive Trust

If the Member (or anyone acting on the Member's behalf) receive damages, compensation, benefits or payments of any type from a Responsible Third Party (whether by a court judgment, settlement or otherwise), the Member agrees to maintain the funds in a separate, identifiable account and that the Claims Administrator has a lien on the monies. In addition the Member agrees to serve as the trustee over the monies for the benefit of Claims Administrator to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the member's behalf, plus the attorney's fees and the costs of collection incurred by the Claims Administrator.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator is entitled to recover the full amount of the benefits paid to the Member or on the Member's behalf plus the costs and fees that are incurred by the Claims Administrator to enforce these rights without regard to whether the Member has been made whole or received full compensation

for other damages (including property damage or pain and suffering). The recovery rights of the Claims Administrator will not be reduced by the "made whole" doctrine or "double recovery" doctrine.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing. The recovery rights of the Claims Administrator will not be reduced by the "common fund" doctrine.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits.
- All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative - or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator's ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- Serve as trustee for any and all monies paid to (or payable to) the Member or for the Member's benefit by any Responsible Third Party to the full extent the Claims Administrator paid benefits for an injury or illness.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

■ Subrogation and Reimbursement Rights When The Program Is Not Governed By ERISA

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights to the extent permitted by law. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented. The right of subrogation or reimbursement is not enforceable if prohibited by statute or regulation.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, to the extent permitted by law.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's

compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits.
- All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative – or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

IMPORTANT: Failure to Cooperate
If the Member fails or refuses to sign forms or documents as requested or otherwise fail or refuse to cooperate or abide by any of the obligations described above, the Claims Administrator or Plan Administrator, as applicable, has full discretion and authority to reduce or withhold benefit payments to recover subrogation/reimbursement amounts that are owed and/or to terminate the Member's participation in the Program.

CLAIM PROCEDURES

How To File A Claim
Most BlueCard Providers will file claims for the Member. The Member should present their Identification Card at the time the services are performed. The Member may call 1-800-810-BLUE (2583) (TTY: 711) for assistance in finding BlueCard In-Network Providers. When the Member receives care from an Out-of-Network Provider, the Member will need to file a claim to receive benefits. If the Member does not have a claim form, the Member should call the number listed on the Member's Identification Card, and a claim form will be sent to the Member. The Member should fill out the claim form and return it with their itemized bills to the Claims Administrator at the address listed on the claim form no later than 20 days after completion of the Covered Services. The claim should include the following information:

- The Member's name and address;
- Date of Service;
- Type of service and diagnosis;
- Itemized charges; and
- Provider's complete name and address.

An expense will be considered Incurred on the date the service or supply was rendered.

If it was not possible to file the claim within the 20-day period, the Member's benefits will not be reduced, but in no event will the Claims Administrator be required to accept the claim more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

Release Of Information
Each Member agrees that any person or entity having information relating to an illness or injury for which benefits are claimed under this Program may furnish to the Claims Administrator, upon its request, any information (including copies of records relating to the illness or injury). In addition, the Claims Administrator may furnish similar information to other entities providing similar benefits at their request.

The Claims Administrator may furnish other plans or plan sponsored entities with membership and/or coverage information for the purpose of claims processing or facilitating patient care.

When the Claims Administrator needs to obtain consent for the release of personal health information, authorization of care and treatment, or to have access to information from a Member who is unable to provide it, the Claims Administrator will obtain consent from the parent, legal guardian, next of kin, or other individual with appropriate legal authority to make decisions on behalf of the Member.

Limitation Of Actions
No legal action may be taken to recover benefits prior to 60 days after notice of claim has been given as specified above, and no such action may be taken later than three years after the date Covered Services are rendered.

Claim Forms
The Claims Administrator will furnish to the Member or to the Group, for delivery to the Member, such claim forms as are required for filing proof of loss for Covered Services provided by Out-of-Network Providers.

Timely Filing
The Claims Administrator will not be liable under this Program unless proper notice is furnished to the Claims Administrator that Covered Services have been rendered to a Member. Written notice must be given within 90 days after completion of the Covered Services. The notice must include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

Failure to give notice to the Claims Administrator within the time specified will not reduce any benefit if it is shown that the notice was given as soon as reasonably possible, but in no event will the Claims Administrator be required to accept notice more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

The above is not applicable to claims administered by In-Network Providers.

Time of Payment of Claims
Claim payments for benefits payable under this Program will be processed immediately upon receipt of due written proof of loss. Subject to due written proof of loss, all benefits for loss for which this Program provides periodic benefits will be paid not more than 30 days after receipt of proof of loss and any balance remaining

unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims
If any indemnity of this Program shall be payable to the estate of the Member, or to a Member or beneficiary who is a minor or otherwise not competent to give a valid release, the Claims Administrator may pay such indemnity, up to an amount not exceeding $1,000, to any relative by blood or connection by marriage of the Member or beneficiary who is deemed by the Claims Administrator to be equitably entitled thereto. Any payment made by the Claims Administrator in good faith pursuant to this provision shall fully discharge the Claims Administrator to the extent of such payment.

Physical Examinations and Autopsy
The Claims Administrator at its own expense shall have the right and opportunity to examine the Member when and so often as it may reasonably require during the pendency of claim under this Program; and the Claims Administrator shall also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

Special Circumstances
In the event that Special Circumstances result in a severe impact to the availability of providers and services, to the procedures required for obtaining benefits for Covered Services under this Program (For example, obtaining Precertification, use of In-Network Providers), or to the administration of this Program by the Claims Administrator, the Claims Administrator may on a selective basis, waive certain procedural requirements or cost-sharing of this Program. Such waiver shall be specific as to the requirements that are waived and shall last for such period as required by the Special Circumstances as defined below.

The Claims Administrator shall make a good faith effort to provide access to Covered Services in so far as practical and according to its best judgment. Neither the Claims Administrator nor the Providers in the Claims Administrator's PPO network shall incur liability or obligation for delay or failure to provide or arrange for Covered Services if such failure or delay is caused by Special Circumstances.

Special Circumstances as recognized in the community, and by the Claims Administrator and appropriate regulatory authority, are extraordinary circumstances not within the control of the Claims Administrator, including but not limited to:
- Major disaster;
- Epidemic;
- Pandemic;
- The complete or partial destruction of facilities;
- Riot;
- Civil insurrection; or
- Public health emergency.

COMPLAINT AND APPEAL PROCESS

Member Complaint Process
The Claims Administrator has a process for Members to express complaints. To register a Complaint, Members should call the Member Services Department at the telephone number on their Identification Card or write to the Claims Administrator at the following address:

General Correspondence
1901 Market Street
Philadelphia, PA 19103

Most Member concerns are resolved informally at this level. However, if the Claims Administrator is unable to immediately resolve the Member Complaint, it will be investigated, and the Member will receive a response in writing within 30 days.

Member Appeal Process
Filing an Appeal. The Claims Administrator maintains procedures for the resolution of Member Appeals. Member Appeals may be filed within 180 days of the receipt of a decision from the Claims Administrator stating an adverse benefit determination. An Appeal occurs when the Member or, after obtaining the Member's authorization, either the Provider or another authorized representative requests a change of a previous decision made by the Claims Administrator by following the procedures described here. (In order to authorize someone else to be the Member's representative for the Appeal, the Member must complete a valid authorization form. The Member must contact the Claims Administrator as directed below to obtain a "Member/Enrollee Authorization to Appeal by Provider or Other Representative" form or for questions regarding the requirements for an authorized representative.)

The Member or other authorized person on behalf of the Member, may request an Appeal by calling or writing to the Claims Administrator, as defined in the letter notifying the Member of the decision or as follows:

Member Appeals Department
P.O. Box 41820
Philadelphia, PA, 19101-1820

Toll Free Phone: 1-888-671-5276 (TTY: 711)
Toll Free Fax: 1-888-671-5274 or
Phila. Fax: 215-988-6558

Changes in Member Appeals Process. Please note that the Member Appeals process may change at any time due to changes in the applicable state and federal laws and regulations and/or accreditation standards, to improve or facilitate the Member Appeals process, or to reflect other decisions regarding the administration of Member Appeals process for this Program.

Copies of the Member Appeals Process Descriptions. Descriptions of the timeframes and procedures for the Member Appeals process maintained by the Claims Administrator are available from the following sources:

On the Internet at the Website for the Member's Health Plan. Copies are available there at any time. To see samples of the Member Appeals process, search for "member appeals" in the general search engine. To review a description of the Member Appeals process for the Member's health plan, the Member must log in with the Member's personalized password.

Customer Service. To obtain a description of the Member Appeals process for the Member's health plan, call Customer Service at the telephone number listed on the Member's Identification Card. Customer Service will mail the Member a copy of the description.

When an Appeal is Filed. As part of the Member Appeal process, a description is provided for the type of Member Appeal that has been filed. The description is sent with the acknowledgment letter for the Member Appeal.

IMPORTANT DEFINITIONS

The terms below have the following meaning when describing the benefits in this Benefit Booklet. They will be helpful to you (the Member) in fully understanding your benefits.

Accidental Injury
Injury to the body that is solely caused by an accident, and not by any other causes.

Accredited Educational Institution
A publicly or privately operated academic institution of higher learning which:
- Provides recognized courses or a course of instruction.
- Confers any of the following, when a student completes the course of study:
  - A diploma;
  - A degree; or
  - Another recognized certification of completion.
- Is duly recognized, and declared as such, by the appropriate authority, as follows:
  - An authority of the state in which such institution must also be accredited by a nationally recognized accrediting association as recognized by the United States Secretary of Education.

The definition may include, but is not limited to Colleges and Universities; and Technical or specialized schools.

Acupuncture
A therapeutic procedure performed by the insertion of one or more specially manufactured solid metallic needles into a specific location(s) on the body. The intent is to stimulate Acupuncture points, with or without subsequent manual manipulation.

Alcohol Or Drug Abuse And Dependency
Any use of alcohol or other drugs which produces a pattern of pathological use that:
- Causes impairment in the way people relate to others; or
- Causes impairment in the way people function in their jobs or careers; or
- Produces a dependency that makes a person physically ill, when the alcohol or drug is taken away.

Alternative Therapies/Complementary Medicine
Complementary and alternative medicine, is defined as a group of diverse medical and health care systems, practices, and products, currently not considered to be part of conventional medicine based on recognition by the National Institutes of Health.

Ambulatory Surgical Facility
A facility operated, licensed or approved as an Ambulatory Surgical Facility by the responsible state agency, which provides specialty or multispecialty Outpatient surgical treatment or procedure that is not located on the premises of a Hospital.

It is a Facility Provider which:
- Has an organized staff of Physicians;
- Is licensed as required; and
- Has been approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- Has been approved by the Accreditation Association for Ambulatory Health Care, Inc.; or
- Has been approved by the Claims Administrator.

It is also a Facility Provider which:
- Has permanent facilities and equipment for the primary purposes of performing surgical procedures on an Outpatient basis;
- Provides treatment, by or under the supervision of Physicians and nursing services, whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Professional Provider.

Ancillary Service Provider
An individual or entity that provides Covered Services, supplies or equipment such as, but not limited to:
- Infusion Therapy Services;
- Durable Medical Equipment; and
- Ambulance services.

Anesthesia
The process of giving the Member an approved drug or agent, in order to:
- Cause the Member's muscles to relax;
- Cause the Member to lose feeling; or
- Cause the Member to lose consciousness.

Appeal
A request by a Member, or the Member's representative or Provider, acting on the Member's behalf upon written consent, to change a previous decision made by the Claims Administrator.
- Administrative Appeal: An Appeal by or on behalf of a Member that focuses on unresolved disputes or objections regarding coverage terms such as contract exclusions and non-covered benefits. Administrative Appeal may present issues related to Medical Necessity, but these are not the primary issues that affect the outcome of the Appeal.
- Medical Necessity Appeal: A request for the Claims Administrator to change its decision, based primarily on Medical Necessity, to deny or limit the provision of a Covered Service.
- Expedited Appeal: A faster review of a Medical Necessity Appeal, conducted when the Claims Administrator determines that a delay in decision making would seriously jeopardize the Member's life, health, or ability to regain maximum function.

Applicant And Employee/Member
You, the Employee who applies for coverage under the Program.

Application And Application Card
The request of the Applicant for coverage:
- Either written or via electronic transfer; and
- Set forth in a format approved by the Claims Administrator.

Attention Deficit Disorder
A disease that makes a person have a hard time paying attention; be too impulsive; and be overly active.

Autism Service Provider
A person, entity or group that provides treatment of Autism Spectrum Disorders (ASD), using an ASD Treatment Plan, and that is either:
- Licensed or certified in this Commonwealth; or
- Enrolled in the Commonwealth's medical assistance program on or before the effective date of the Pennsylvania Autism Spectrum Disorders law.

An Autism Service Provider shall include a Behavioral Specialist.

Autism Spectrum Disorders (ASD)
Any of the Pervasive Developmental Disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor.

Autism Spectrum Disorders Treatment Plan (ASD Treatment Plan)
A plan for the treatment of Autism Spectrum Disorders:
- Developed by: A licensed Physician or licensed Psychologist who is a Professional Provider; and
- Based on: A comprehensive evaluation or reevaluation, performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Behavioral Specialist
An individual with appropriate certification or licensure by the applicable state, who designs, implements or evaluates a behavior modification intervention component of an ASD (Autism Spectrum Disorder) Treatment Plan, through Applied Behavioral Analysis which includes:
- Skill acquisition and reduction of problematic behavior;
- Improve function and/or behavior significantly; or
- Prevent loss of attained skill or function.

Benefit Period
The specified period of time as shown in the ***Schedule of Covered Services*** within which the Member has to use Covered Services in order to be eligible for payment by their Claims Administrator. A charge shall be considered Incurred on the date the service or supply was provided to the Member.

Birth Center
A Facility Provider approved by the Claims Administrator which:
- Is primarily organized and staffed to provide maternity care;
- Is where a woman can go to receive maternity care and give birth;
- Is licensed as required in the state where it is situated; and
- Is under the supervision of a Physician or a licensed certified midwife.

BlueCard Program
A program that allows a Member travelling or living outside of their plan’s area to receive coverage for services at an "In-Network" benefit level if the Member receives services from Blue Cross Blue Shield providers that participate in the BlueCard Program.

BlueCard Provider
A Provider that participates in the BlueCard Program as an In-Network Provider.

Care Coordinator Fee
A fixed amount paid by a Blue Cross and/or Blue Shield Licensee to providers periodically for Care Coordination under a Value-Based Program.

Case Management
Comprehensive Case Management programs serve Members who have been diagnosed with an illness or injury that is complex, catastrophic, or chronic.

The objectives of Case Management are to:
- Make it easier for Members to get the service and care they need in an efficient way;
- Link the Member with appropriate health care or support services;
- Assist Providers in coordinating prescribed services;
- Monitor the quality of services delivered; and
- Improve Members' health outcomes.

Case Management supports Members and Providers by:
- Locating services;
- Coordinating services; and/or
- Evaluating services.

These steps are taken, across various levels and sites of care, for a Member who has been diagnosed with a complex, catastrophic or chronic illness and/or injury.

Certified Registered Nurse
Any one of the following types of nurses who are certified by the state Board of Nursing or a national nursing organization recognized by the State Board of Nursing:
- A certified registered nurse anesthetist;
- A certified registered nurse practitioner;
- A certified entreostomal therapy nurse;
- A certified community health nurse;
- A certified psychiatric mental health nurse; or
- A certified clinical nurse specialist.

This excludes any registered professional nurses employed by:
- A health care facility; or
- An anesthesiology group.

Cognitive Rehabilitation Therapy
Cognitive rehabilitation is a medically prescribed, multidisciplinary approach that consists of tasks that:
- Establish new ways for a person to compensate for brain function that has been lost due to injury, trauma, stroke, or encephalopathy; or
- Reinforce or re-establish previously learned patterns of behavior.

It consists of a variety of therapy modalities which lessen and ease problems caused by deficits in:
- Attention;
- Visual processing;
- Language;
- Memory;
- Reasoning; and
- Problem solving.

Cognitive rehabilitation is performed by any of the following professionals, using a team approach:
- A Physician;
- A neuropsychologist;
- A Psychologist; as well as, a physical, occupational or speech therapist.

Coinsurance
A type of cost-sharing in which the Member assumes a percentage of the Covered Expense for Covered Services (such as 20%). The Coinsurance percentage is listed in the ***Schedule of Covered Services***.

It is the amount that the Member is obliged to pay for covered medical services, after the Member has satisfied any Copayment(s) or Deductible(s) required by this Program.

Compendia
Compendia are reference documents used by the Claims Administrator to determine if a prescription drug should be covered. Compendia provide:
- Summaries of how drugs work;
- Information about which drugs are recommended to treat specific diseases; and
- The appropriate dosing schedule for each drug.

Over the years, some Compendia have merged with other publications. The Claims Administrator only reviews current Compendia when making coverage decisions.

Complaint
Any expression of dissatisfaction, verbal or written, by a Member.

Conditions For Departments (for Qualifying Clinical Trials)
The conditions described in this paragraph, for a study or investigation conducted by the Department of Veteran Affairs, Defense or Energy, are that the study or investigation has been reviewed and approved through a system of peer review that the Government determines:

- To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health (NIH); and
- Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Consumable Medical Supply
Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not useful to a person in the absence of illness or injury.

Copayment
A type of cost-sharing in which the Member pays a flat dollar amount each time a Covered Service is provided (such as a $10 or $15 Copayment per office visit). Copayments, if any, are identified in the ***Schedule of Covered Services***.

Covered Expense
Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
  - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Outpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
  - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
  - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider’s charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator’s applicable proprietary fee schedule or the Provider’s charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator’s applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider’s charges for Covered Services.
  - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator’s applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator’s applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator’s proprietary fee schedule for the closest analogous Covered Service.

- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
  - For Covered Services by an In-Network Professional Provider or BlueCard Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard Provider;
  - For an Out-of-Network Professional Provider, "Covered Expense" means the lesser of the Medicare Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.

- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
  - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard Provider.
  - For Covered Services provided by an Out-of-Network Ancillary Service Provider, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.

- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Covered Service
A service or supply specified in this Benefit Booklet for which benefits will be provided by the Claims Administrator.

Custodial Care (Domiciliary Care)
Care provided primarily for Maintenance of the patient or care which is designed essentially:
- To assist the patient in meeting their activities of daily living; and
- Which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Custodial Care includes help in tasks which do not require the technical skills or professional training of medical or nursing personnel in order to be performed safely and effectively.

Such tasks include, but are not limited to:
- Walking;
- Bathing;
- Dressing;
- Feeding;
- Preparation of special diets; and
- Supervision over self-administration of medications.

Day Rehabilitation Program
A level of Outpatient Care consisting of four to seven hours of daily rehabilitative therapies and other medical services five days per week.

The Member returns home:
- Each evening; and
- For the entire weekend.

Therapies provided may include a combination of therapies, such as:
- Physical Therapy;
- Occupational Therapy; and
- Speech Therapy.

Other medical services such as:
- Nursing services;
- Psychological therapy; and
- Case Management services.

Day Rehabilitation sessions also include a combination of:
- One-to-one therapy; and
- Group therapy.

Deductible
A specified amount of Covered Expense for the Covered Services that is Incurred, by the Member, before the Claims Administrator will assume any liability.
- A specific dollar amount that the Member's Claims Administrator may require that the Member pay out-of-pocket each Benefit Period, before the Program begins to make payments for claims.

Detoxification
The process by which a person who is alcohol or drug intoxicated, or alcohol or drug dependent, is assisted under the following circumstances:
- In a state licensed Facility Provider; or
- In the case of opiates, by an appropriately licensed behavioral health provider, in an ambulatory (Outpatient) setting.

This treatment process will occur through the period of time necessary to eliminate, by metabolic or other means, any or each of the following problems:
- The intoxicating alcohol or drug;
- Alcohol or drug dependency factors; or
- Alcohol in combination with drugs, as determined by a licensed Physician, while keeping the physiological and psychological risk to the patient at a minimum.

Durable Medical Equipment (DME)
Equipment that meets the following criteria:
- It is durable. (That is, an item that can withstand repeated use.)
- It is medical equipment. (That is, equipment that is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury.)
- It is generally not useful to a person without an illness or injury.
- It is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to:
- Diabetic supplies;
- Canes;
- Crutches;
- Walkers;
- Commode chairs;
- Home oxygen equipment;
- Hospital beds;
- Traction equipment; and
- Wheelchairs.

Effective Date
The date on which coverage for a Member begins under the Program. All coverage begins at 12:01 a.m. on the date reflected on the records of the Claims Administrator.

Emergency
The sudden and unexpected onset of a medical or psychiatric condition manifesting itself in acute symptoms of sufficient severity or severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
- Placing the Member's health, or in the case of a pregnant Member, the health of the unborn child, in jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Care
Covered Services and supplies provided to a Member in, or for, an Emergency:
- By a Hospital or Facility Provider and/or Professional Provider; and
- On an Outpatient basis; and
- In a Hospital Emergency Room or Outpatient Emergency Facility.

Employee
An individual of the Group contracting with the Claims Administrator and:
- Who meets the eligibility requirements for enrollment; and
- Who, at enrollment, is specified as meeting the eligibility requirements; and
- In whose name the Identification Card is issued.

Equipment For Safety
Equipment used to keep people safe.

These are:
- Items that are not primarily used for the diagnosis, care or treatment of disease or injury.
- Items which are primarily used to prevent injury or provide a safe surrounding.

Examples include:
- Restraints;
- Safety straps;
- Safety enclosures; and
- Car seats.

Essential Health Benefits
A set of health care service categories that must be covered by certain plans in accordance with the Affordable Care Act. Essential health benefits must include items and services within at least the following 10 categories:
- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

Experimental/Investigative Services
A drug, biological product, device, medical treatment or procedure, or diagnostic test which meets any of the following criteria:

- Is the subject of: Ongoing clinical trials;
- Is the research, experimental, study or investigational arm of an ongoing clinical trial(s) or is otherwise under a systematic, intensive investigation to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis;
- Is not of proven benefit for the particular diagnosis or treatment of the Member's particular condition;
- Is not generally recognized by the medical community, as clearly demonstrated by Reliable Evidence, as effective and appropriate for the diagnosis or treatment of the Member's particular condition; or
- Is generally recognized, based on Reliable Evidence, by the medical community as a diagnostic or treatment intervention for which additional study regarding its safety and efficacy for the diagnosis or treatment of the Member's particular condition, is recommended.

Any drug, biological product, device, medical treatment or procedure, or diagnostic test is not considered Experimental/Investigative if it meets all of the criteria listed below:

- When required, the drug, biological product, device, medical treatment or procedure, or diagnostic test must have final approval from the appropriate governmental regulatory bodies (For example, FDA).
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test meets technical standards, is clinically valid, and has a definite positive effect on health outcomes.
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test leads to measurable improvement in health outcomes (That is, the beneficial effects outweigh any harmful effects).
- Reliable Evidence clearly demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test is at least as effective in improving health outcomes as established technology, or is usable in appropriate clinical contexts in which established technology is not employable.
- Reliable Evidence clearly demonstrates that improvement in health outcomes, as defined in the previous bullet, is possible in standard conditions of medical practice, outside clinical investigatory settings.
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, biological product, device, medical treatment or procedure or diagnostic test is that studies or clinical trials have determined its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment for a particular diagnosis.

Any approval granted as an interim step in the FDA regulatory process (For example, An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (For example, infusible agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Claims Administrator policies recognize the usage as appropriate medical treatment.

Facility Provider
An institution or entity licensed, where required, to provide care.

Such facilities include:

- Ambulatory Surgical Facility;
- Birth Center;
- Free Standing Dialysis Facility;
- Free Standing Ambulatory Care Facility;
- Home Health Care Agency;
- Hospice;
- Hospital;
- Non-Hospital Facility;
- Psychiatric Hospital;
- Rehabilitation Hospital;
- Residential Treatment Facility;
- Short Procedure Unit;
- Skilled Nursing Facility.

Family Coverage
Coverage purchased for the Member and one or more of the Member's Dependents.

Free Standing Ambulatory Care Facility
A Facility Provider, other than a Hospital, that provides treatment or services on an Outpatient or partial basis.

In addition, the facility:
- Is not, other than incidentally, used as an office or clinic for the private practice of a Physician.
- Is licensed by the state in which it is located and be accredited by the appropriate regulatory body.

Free Standing Dialysis Facility
A Facility Provider that provides dialysis services for people who have serious kidney disease.

In addition, the facility:
- Is primarily engaged in providing dialysis treatment, Maintenance or training to patients on an Outpatient or home care basis.
- Is licensed or approved by the appropriate governmental agency; and
- Is approved by the Claims Administrator.

Gene Replacement Therapy
The scientific development of a functional copy of a missing, non-functioning, or mutated gene, designed to be infused or injected into the body to restore normal function. Examples of Gene Replacement Therapy include Luxturna® (voretigene neparvovec-rzyl) and Zolgensma® (onasemnogene abeparvovec-xioi).

Group or (Enrolled Group)
A group of Employees which has been accepted by the Claims Administrator, consisting of all those Applicants whose charges are remitted by the Applicant's Agent together with all the Employees, listed on the Application Cards or amendments thereof, who have been accepted by the Claims Administrator.

Hearing Aid
A device that amplifies sound through simple acoustic amplification or through transduction of sound waves into mechanical energy that is perceived as sound. A Hearing Aid is comprised of:
- A microphone to pick up sound;
- An amplifier to increase the sound;
- A receiver to transmit the sound to the ear; and
- A battery for power.

A Hearing Aid may also have a transducer that changes sound energy into a different form of energy. The separate parts of a Hearing Aid can be packaged together into a small self-contained unit, or may remain separate or even require surgical implantation into the ear or part of the ear. Generally, a Hearing Aid will be categorized into one of the following common styles:
- Behind-The-Ear;
- In-The-Ear;
- In-The-Canal;
- Completely-In-The-Canal; or
- Implantable (Can Be Partial or Complete).

A Hearing Aid is not a cochlear implant.

Home
For purposes of the Home Health Care and Homebound Covered Services only, this is the place where the Member lives.

This place may be:
- A private residence/domicile;
- An assisted living facility;
- A long-term care facility; or
- A Skilled Nursing Facility at a custodial level of care.

Homebound
Being unable to safely leave Home due to severe restrictions on the Member's mobility.

A person can be considered Homebound when: Leaving Home would do the following:
- Involve a considerable effort by the Member; and
- Leave the Member unable to use transportation, without another's assistance.

The following individuals will NOT automatically be considered Homebound: But must meet both requirements shown above:
- A child;
- An unlicensed driver; or
- An individual who cannot drive.

Home Health Care Provider
A Facility Provider, approved by the Claims Administrator, that is engaged in providing, either directly or through an arrangement, health care services to Members:
- On an intermittent basis in the Member's Home.
- In accordance with an approved home health care Plan Of Treatment.

Hospice
A Facility Provider that is engaged in providing palliative care rather than curative care to terminally ill individuals.

The Hospice must be:
- Certified by Medicare to provide Hospice services, or accredited as a Hospice by the appropriate regulatory agency; and
- Appropriately licensed in the state where it located.

Hospital
An approved facility that provides Inpatient, as well as Outpatient Care, and that meet the requirements listed below.

The term Hospital specifically refers to a short-term, acute care, general Hospital which has been approved by The Joint Commission on Accreditation of Healthcare Organizations; and/or by the American Osteopathic Hospital Association or by the Claims Administrator, and which meets the following requirements:

- Is a duly licensed institution;
- Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians;
- Has organized departments of medicine;
- Provides 24-hour nursing service by or under the supervision of Registered Nurses;
- Is not, other than incidentally, any of the following:
  - Skilled Nursing Facility;
  - Nursing home;
  - School;
  - Custodial Care home;
  - Health resort;
  - Spa or sanitarium;
  - Place for rest;
  - Place for aged;
  - Place for treatment of Mental Illness;
  - Place for treatment of Alcohol or Drug Abuse;
  - Place for provision of rehabilitation care;
  - Place for treatment of pulmonary tuberculosis;
  - Place for provision of Hospice care.

Hospital-Based Provider
A Physician who provides Medically Necessary services in a Hospital or other In-Network Facility Provider and meets the requirements listed below:

- The Medically Necessary services must be supplemental to the primary care being provided in the Hospital or In-Network Facility Provider;
- The Medically Necessary services must be those for which the Member has limited or no control of the selection of such Physician;
- Hospital-Based Providers include Physicians in the specialties of:
  - Radiology;
  - Anesthesiology;
  - Pathology; and/or
  - Other specialties, as determined by the Claims Administrator.

When these Physicians provide services other than in the Hospital or other In-Network Facility, they are not considered Hospital-Based Providers.

Identification Card (ID Card)
The currently effective card issued to the Member by the Claims Administrator which must be presented when a Covered Service is requested.

Immediate Family
The Employee's:

- Spouse;
- Parent;
- Child, stepchild;
- Brother, sister; or
- Persons who ordinarily reside in the household of the Member

Incurred
A charge shall be considered Incurred (acquired) on the date a Member receives the service or supply for which the charge is made.

Independent Clinical Laboratory
A laboratory that performs clinical pathology procedure and that is not affiliated or associated with a:
- Hospital;
- Physician; or
- Facility Provider.

In-Network Ancillary Service Provider
An Ancillary Service Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Facility Provider
A Facility Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Professional Provider
A Professional Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Provider
A Facility Provider, Professional Provider or Ancillary Service Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Authorized to perform specific "in-network" Covered Services at the In-Network level of benefits.

Inpatient Admission (Inpatient)
The actual entry of a Member, who is to receive Inpatient services as a registered bed patient, and for whom a room and board charge is made, into any of the following:
- Hospital;
- Extended care facility; or
- Facility Provider.

The Inpatient Admission shall continue until such time as the Member is actually discharged from the facility.

Inpatient Care For Alcohol Or Drug Abuse And Dependency
The provision of medical, nursing, counseling or therapeutic services 24 hours a day in a Hospital or Non-Hospital Facility, according to individualized treatment plans.

Intensive Outpatient Program
A planned, structured program that coordinates and uses the services of various health professionals, to treat patients in crisis who suffer from:
- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency.

Intensive Outpatient Program treatment is an alternative to Inpatient Hospital treatment or Partial Hospitalization treatment and focuses on alleviation of symptoms and improvement in the level of functioning required to stabilize the patient until they are able to transition to less intensive Outpatient treatment, as required.

Licensed Clinical Social Worker
A social worker who:
- Has graduated from a school accredited by the Council on Social Work Education with a Doctoral or Master’s Degree; and
- Is licensed by the appropriate state authority.

Licensed Practical Nurse (LPN)
A nurse who:
- Has graduated from a formal practical or nursing education program; and
- Is licensed by the appropriate state authority.

Life-Threatening Disease Or Condition (for Qualifying Clinical Trials)
Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Limiting Age For Dependents
The age at which a child is no longer eligible as a Dependent under the Member's coverage. The Limiting Age

for covered children is shown in the ***General Information*** section.

Maintenance
A continuation of the Member's care and management when:
- The maximum therapeutic value of a Medically Necessary treatment plan has been achieved;
- No additional functional improvement is apparent or expected to occur;
- The provision of Covered Services for a condition ceases to be of therapeutic value; and
- It is no longer Medically Necessary.

This includes Maintenance services that seek to:
- Prevent disease;
- Promote health; and
- Prolong and enhance the quality of life.

Managed Care Organization (MCO)
A generic term for any organization that manages and controls medical service.

It includes:
- HMOs;
- PPOs;
- Managed indemnity insurance programs; and
- Managed Blue Cross or Blue Shield programs.

Master's Prepared Therapist
A therapist who:
- Holds a Master's Degree in an acceptable human services-related field of study;
- Is licensed as a therapist at an independent practice level; and
- Is licensed by the appropriate state authority to provide therapeutic services for the treatment of Mental Health/Psychiatric Services (including treatment of Serious Mental Illness).

Maximum
A limit on the amount of Covered Services that a Member may receive. The Maximum may apply to all Covered Services or selected types. When the Maximum is expressed in dollars, this Maximum is measured by the Covered Expenses, less Deductibles, Coinsurance and Copayment amounts paid by Members for the Covered Services to which the Maximum applies. The Maximum may not be measured by the actual amounts paid by the Claims Administrator to the Providers. A Maximum may also be expressed in number of days or number of services for a specified period of time.
- Benefit Maximum - the greatest amount of a specific Covered Service that a Member may receive.
- Lifetime Maximum - the greatest amount of Covered Services that a Member may receive in the Member's lifetime.

Medical Care
Services rendered by a Professional Provider for the treatment of an illness or injury. These are services that must be rendered within the scope of their license.

Medical Foods
Liquid nutritional products which are specifically formulated to treat one of the following genetic diseases: phenylketonuria, branched-chain ketonuria, galactosemia, homocystinuria.

Medically Necessary (Medical Necessity)
Shall mean:

- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of:
  - Preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient, that are:
  - In accordance with generally accepted standards of medical practice;
  - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
  - Not primarily for the convenience of the patient, Physician, or other health care provider;
  - Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; and
  - Furnished in the most appropriate and cost-effective setting (site of care) that is appropriate to the Member's medical needs and condition, based on the Member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.
- For these purposes, "generally accepted standards of medical practice" means standards that are based on:
  - Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, Physician Specialty Society recommendations; and
  - The views of Physicians practicing in relevant clinical areas; and
  - Any other relevant factors.

Medical Policy
Medical Policy is used to determine whether Covered Services are Medically Necessary.
Medical Policy is developed based on various sources including, but not limited to:

- Peer-reviewed scientific literature published in journals and textbooks; and
- Guidelines put forth by governmental agencies; and
- Respected professional organizations; and
- Recommendations of experts in the relevant medical specialty.

Medicare
The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Medicare Allowable Payment for Facilities
The payment amount, as determined by the Medicare program, for the Covered Service for a Facility Provider.

Medicare Ancillary Allowable Payment
The payment amount, as determined by the Medicare program, for the Covered Service for an Ancillary Service Provider.

Medicare Professional Allowable Payment
The payment amount, as determined by the Medicare program, for the Covered Service based on the Medicare Par Physician Fee Schedule – Pennsylvania Locality 01.

Member
An enrolled Employee or their Eligible Dependent(s) who have satisfied the specifications of the ***General Information*** section.

A Member does NOT mean any person who is eligible for Medicare, except as specifically stated in this Benefit Booklet.

Mental Illness
Any of various conditions, wherein mental treatment is provided by a qualified mental health Provider.
- These various conditions must be categorized as mental disorders by the most current edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM).
- For purposes of this Program, conditions categorized as Mental Illness do not include those conditions listed under Serious Mental Illness or Autism Spectrum Disorders.
- The benefit limits for Mental Illness, Serious Mental Illness, and Autism Spectrum Disorders are separate and not cumulative.

Methadone Treatment
Provision and supervision of methadone hydrochloride in prescribed doses for the treatment of opioid dependency.

Negotiated Arrangement a.k.a., Negotiated National Account Arrangement
An agreement negotiated between a Control/Home Licensee and one or more Par/Host Licensees for any National Account that is not delivered through the BlueCard Program.

Non-Hospital Facility
A Facility Provider, licensed by the Department of Health for the care or treatment of Members diagnosed with Alcohol Or Drug Abuse And Dependency. This does NOT include transitional living facilities.

Non-Hospital Facilities, shall include, but not be limited to the following, for Partial Hospitalization programs:
- Residential Treatment Facilities; and
- Free Standing Ambulatory Care Facilities.

Non-Hospital Residential Treatment
The provision of medical, nursing, counseling, or therapeutic services to Members diagnosed with Alcohol Or Drug Abuse And Dependency:

- In a residential environment;
- According to individualized treatment plans.

Nutritional Formula
Liquid nutritional products which are formulated to supplement or replace normal food products.

Out-of-Network Ancillary Service Provider
An Ancillary Service Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Facility Provider
A Facility Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Professional Provider
A Professional Provider who is NOT a:
- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Network Provider
A Facility Provider, Professional Provider or Ancillary Service Provider that is NOT a:
- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Pocket Limit
A specified dollar amount of Covered Expense Incurred by the Member for Covered Services in a Benefit Period. The Out-of-Pocket Limits are calculated as follows:

- The In-Network Out-of-Pocket Limit expense includes Copayments, Coinsurance and Deductibles, if applicable. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. When the In-Network Out-of-Pocket Limit is reached, the level of benefits is increased as set forth in the ***Schedule of Covered Services***.
- The Out-of-Network Out-of-Pocket Limit expense includes Coinsurance but does not include any Copayments, Deductibles, Penalties, or amounts that exceed the Claims Administrator's payment (see the definition for "Covered Expense" for more details). When the Out-of-Network Out-of-Pocket Limit is reached, the level of benefits is increased, as specified in the ***Schedule of Covered Services***.

Outpatient Care (or Outpatient)
Medical, nursing, counseling or therapeutic treatment provided to a Member who does not require an overnight stay in a Hospital or other Inpatient Facility.

Outpatient Diabetic Education Program
An Outpatient Diabetic Education Program, provided by an In-Network Provider that has been recognized by the Department of Health or the American Diabetes Association as meeting the national standards for Diabetes Patient Education Programs established by the National Diabetes Advisory Board.

Partial Hospitalization
Medical, nursing, counseling or therapeutic services that are:

- Provided on a planned and regularly scheduled basis in a Hospital or Facility Provider; and
- Designed for a patient who would benefit from more intensive services than are offered in Outpatient treatment (Intensive Outpatient Program or Outpatient office visit) but who does not require Inpatient confinement.

Penalty
A type of cost-sharing in which the Member is assessed a percentage reduction in benefits payable for failure to obtain Precertification of certain Covered Services. Penalties, if any, are identified and explained in detail in the ***General Information*** section.

Pervasive Developmental Disorders (PDD)
Disorders characterized by severe and pervasive impairment in several areas of development:

- Reciprocal social interaction skills;
- Communication skills; or
- The presence of stereotyped behavior, interests and activities.

Examples are:

- Asperger's syndrome; and
- Childhood disintegrative disorder.

Physician
A person who is a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), licensed and legally entitled to practice medicine in all its branches, perform Surgery and dispense drugs.

Plan Of Treatment
A plan of care which is prescribed in writing by a Professional Provider for the treatment of an injury or illness. The Plan of Treatment should include goals and duration of treatment, and be limited in scope and extent to that care which is Medically Necessary for the Member's diagnosis and condition.

Precertification (or Precertify)
Prior assessment by the Claims Administrator or a designated agent that proposed services, such as hospitalization, are Medically Necessary for a Member and covered by this Program. Payment for services depends on whether the Member and the category of service are covered under this Program.

Preferred Provider Organization (PPO)
A type of managed care plan that:
- Offers the freedom to choose a Physician like a traditional health care plan; and
- Provides the Physician visits and preventive benefits normally associated with an HMO (Health Maintenance Organization).

In a PPO, an individual is:
- Not required to select a primary care Physician to coordinate care; and
- Not required to obtain referrals to see specialists.

Preferred Provider Organization (PPO) Network
The network of Providers with whom the Claims Administrator has contractual arrangements.

Prenotification (Prenotify)
The requirement that a Member provide prior notice to the Claims Administrator that proposed services, such as maternity care, are scheduled to be performed.
- No Penalty will be applied for failure to comply with this requirement.
- Payment for services depends on whether the Member and the category of service are covered under this Program.
- To Prenotify, the Member should call the telephone number on the ID card, prior to obtaining the proposed service.

Preventive Care
Means:
- Evidence-based items or services that are rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the Member;
- Immunizations for routine use for Members of all ages as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the Member;
- Evidence-informed preventive care and screenings for Members who are infants, children, and adolescents, as included in the comprehensive guidelines supported by the Health Resources and Services Administration;
- Evidence-informed preventive care and screenings for Members as included in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Any other evidence-based or evidence-informed items as determined by the federal and/or state law.

Primary Care Provider
A Professional Provider as listed in the PPO Network directory under "Primary Care Physicians" (General Practice, Family Practice or Internal Medicine), "Obstetricians/Gynecologists" or "Pediatricians".

Primary Care Services
Basic, routine Medical Care traditionally provided to individuals with:
- Common illnesses; and
- Common injuries; and
- Chronic illnesses.

Private Duty Nursing
Private Duty Nursing is Medically Necessary, complex skilled nursing care provided in the Member's private residence by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). It provides continuous monitoring and observation of a Member who requires frequent skilled nursing care on an hourly basis. Private Duty

Nursing must be ordered by a Professional Provider who is involved in the oversight of the Member's care, in accordance with the Provider's scope of practice.

Professional Provider
A person or practitioner with an unrestricted, unsanctioned license, who is licensed, where required, and performing services within the scope of such licensure. The Professional Providers are:
- Audiologist;
- Autism Service Provider;
- Behavior Specialist;
- Certified Midwife;
- Certified Registered Nurse;
- Chiropractor;
- Dentist;
- Independent Clinical Laboratory;
- Licensed Clinical Social Worker;
- Master's Prepared Therapist;
- Optometrist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Podiatrist;
- Psychologist;
- Registered Dietitian;
- Speech-Language Pathologist;
- Teacher of the hearing impaired.

Program
The benefit plan provided by the Group through an arrangement with the Claims Administrator.

Prosthetics (or Prosthetic Devices)
Devices (except dental Prosthetics), which replace all or part of:
- An absent body organ including contiguous tissue; or
- The function of a permanently inoperative or malfunctioning body organ.

Provider
A Facility Provider, Professional Provider or Ancillary Service Provider licensed where required.

Provider Incentive
An additional amount of compensation paid to a healthcare provider by a Blue Cross and/or Blue Shield Plan, based on the provider's compliance with agreed-upon procedural and/or outcome measures for a particular group/population of Members.

Psychiatric Hospital
A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing diagnostic and therapeutic services for the Inpatient treatment of Mental Illness.
- Such services are provided by or under the supervision of an organized staff of Physicians.
- Continuous nursing services are provided under the supervision of a Registered Nurse.

Psychologist
A Psychologist who is:
- Licensed in the state in which they practice; or
- Otherwise duly qualified to practice by a state in which there is no Psychologist licensure.

Qualified Individual (for Clinical Trials)
A Member who meets the following conditions:
- The Member is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other Life-Threatening Disease or Condition; and
- Either:
  - The referring health care professional is a health care provider participating in the clinical trial and has concluded that the Member's participation in such trial would be appropriate based upon the individual meeting the conditions described above; or
  - The Member provides medical and scientific information establishing that their participation in such trial

would be appropriate based upon the Member meeting the conditions described above.

Qualifying Clinical Trial
A phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease Or Condition and is described in any of the following:
- Federally funded trials: the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
  - The National Institutes of Health (NIH);
  - The Centers for Disease Control and Prevention (CDC);
  - The Agency for Healthcare Research and Quality (AHRQ);
  - The Centers for Medicare and Medicaid Services (CMS);
  - Cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Department of Veterans Affairs (VA);
  - Any of the following, if the Conditions For Departments are met:
    - The Department of Veterans Affairs (VA);
    - The Department of Defense (DOD); or
    - The Department of Energy (DOE).
- The study of investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

In the absence of meeting the criteria listed above, the Clinical Trial must be approved by the Claims Administrator as a Qualifying Clinical Trial.

Registered Dietitian (RD)
A dietitian registered by a nationally recognized professional association of dietitians.
- A Registered Dietitian (RD) is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the credential "RD."

Registered Nurse (R.N.)
A nurse who:
- Has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program); and
- Is licensed by the appropriate state authority.

Rehabilitation Hospital
A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing rehabilitation care services on an Inpatient basis.
- Rehabilitation care services consist of:
  - The combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve the highest possible level of functional ability.
- Services are provided by or under:
  - The supervision of an organized staff of Physicians.
- Continuous nursing services are provided:
  - Under the supervision of a Registered Nurse.

Reliable Evidence
Peer-reviewed reports of clinical studies that have been designed according to accepted scientific standards such that potential biases are minimized to the fullest extent, and generalizations may be made about safety and effectiveness of the technology outside of the research setting. Studies are to be published or accepted for publication, in medical or scientific journals that meet nationally recognized requirements for scientific manuscripts and that are generally recognized by the relevant medical community as authoritative.

Furthermore, evidence-based guidelines from respected professional organizations and governmental entities may be considered Reliable Evidence if generally accepted by the relevant medical community.

Residential Treatment Facility
A Facility Provider licensed and approved by the appropriate government agency and approved by the Claims Administrator, which provides treatment for:
- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency to partial, Outpatient or live-in patients who do not require acute Medical Care.

Retail Clinics
Retail Clinics are staffed by certified nurse practitioners trained to diagnose, treat and write prescriptions when clinically appropriate.
- Services are available to treat basic medical needs for: Urgent Care.
- Examples of needs are:
  - Sore throat;
  - Ear, eye or sinus infection;
  - Allergies;
  - Minor burns;
  - Skin infections or rashes; and
  - Pregnancy testing.

Routine Patient Costs Associated With Qualifying Clinical Trials
Routine patient costs include all items and services consistent with the coverage provided under this Program that is typically covered for a Qualified Individual who is not enrolled in a clinical trial.

Routine patient costs do NOT include:
- The investigational item, device, or service itself;
- Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

Self-Administered Prescription Drug
A Prescription Drug that can be administered safely and effectively by either the Member or a caregiver, without medical supervision, regardless of whether initial medical supervision and/or instruction is required. Examples of Self-Administered Prescription Drugs include, but are not limited to:
- Oral drugs;
- Self-Injectable Drugs;
- Inhaled drugs; and
- Topical drugs.

Self-Injectable Prescription Drug (Self-Injectable Drug)
A Prescription Drug that:
- Is introduced into a muscle or under the skin with a syringe and needle; and
- Can be administered safely and effectively by either the Member or a caregiver without medical supervision, regardless of whether initial medical supervision and/or instruction is required.

Serious Mental Illness
Means any of the following biologically based Mental Illnesses: As defined by the American Psychiatric Association, in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Schizophrenia;
- Bipolar disorder;
- Obsessive-compulsive disorder;
- Major depressive disorder;
- Panic disorder;
- Anorexia nervosa;
- Bulimia nervosa;
- Schizo-affective disorder;
- Delusional disorder; and
- Any other Mental Illness that is considered to be "Serious Mental Illness" by law.

Benefits are provided for diagnosis and treatment of these conditions when:
- Determined to be Medically Necessary; and
- Provided by a Provider.

Covered Services may be provided on an Outpatient or Inpatient basis.

Severe Systemic Protein Allergy
Means allergic symptoms to ingested proteins of sufficient magnitude to cause:
- Weight loss or failure to gain weight;
- Skin rash;
- Respiratory symptoms; and
- Gastrointestinal symptoms of significant magnitude to cause gastrointestinal bleeding and vomiting.

Short Procedure Unit
A unit which is approved by the Claims Administrator and which is designed to handle the following kinds of procedures on an Outpatient basis:
- Lengthy diagnostic procedures; or
- Minor surgical procedures.

In the absence of a Short Procedure Unit these are procedures which would otherwise have resulted in an Inpatient Admission.

Skilled Nursing Facility
An institution or a distinct part of an institution, other than one which:
- Is primarily for the care and treatment of Mental Illness, tuberculosis, or Alcohol Or Drug Abuse And Dependency.

It is also an institution which:
- Is accredited as a Skilled Nursing Facility or extended care facility by the Joint Commission on Accreditation of Healthcare Organizations; or
- Is certified as a Skilled Nursing Facility or extended care facility under the Medicare Law; or
- Is otherwise acceptable to the Claims Administrator.

Sleep Studies
Refers to the continuous and simultaneous monitoring and recording of various physiologic and pathophysiologic sleep parameters. Sleep tests are performed to:
- Diagnose sleep disorders (For example, narcolepsy, sleep apnea, parasomnias);
- Initiate treatment for a sleep disorder; and/or
- Evaluate an individual's response to therapies such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure device (BPAP).

Sound Natural Teeth
Teeth that are:
- Stable;
- Functional;
- Free from decay and advanced periodontal disease;
- In good repair at the time of the Accidental Injury/trauma; and
- Are not man-made.

Specialist Services
All Professional Provider services providing Medical Care or mental health/psychiatric care in any generally accepted medical or surgical specialty or subspecialty.

Specialty Drug
A medication that meets certain criteria including, but not limited to:
- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a Professional Provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug's stability.
- The drug requires comprehensive patient monitoring and education by a Professional Provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.
- Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

The Claims Administrator reserves the right to determine which Specialty Drug vendors and/or Professional Providers can dispense or administer certain Specialty Drugs.

Standard Injectable Drug
A medication that is either injectable or infusible:
- But is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug. Instead, these drugs need to be administered by a Professional Provider.

Standard Injectable Drugs include, but are not limited to:
- Allergy injections and extractions; and
- Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.

Surgery
The performance of generally accepted operative and cutting procedures including:
- Specialized instrumentations;
- Endoscopic examinations; and
- Other invasive procedures.

Payment for Surgery includes an allowance for related Inpatient preoperative and postoperative care.

Treatment of burns, fractures and dislocations are also considered Surgery.

Therapy Service
The following services or supplies prescribed by a Physician and used for the treatment of an illness or injury to promote the recovery of the Member:

- Cardiac Rehabilitation Therapy
  Medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.

- Chemotherapy
  The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells.

- Dialysis
  The treatment that removes waste materials from the body for people with:
  - Acute renal failure; or
  - Chronic irreversible renal insufficiency.

- Infusion Therapy
  The infusion of:
  - Drug;
  - Hydration; or
  - Nutrition (parenteral or enteral);
  - Into the body by a Professional Provider.

  Infusion therapy includes: All professional services, supplies, and equipment that are required to safely and effectively administer the therapy.

  Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to:
  - Prepare the drug;
  - Administer the infusion; and
  - Monitor the Member.

  The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy
  Medically prescribed treatment concerned with improving or restoring neuromusculoskeletal (nerve, muscle and bone) functions which have been impaired by:
  - Illness or injury;
  - Congenital anomaly (a birth defect); or
  - Prior therapeutic intervention.

  Occupational Therapy also includes medically prescribed treatment concerned with improving the Member's ability to perform those tasks required for independent functioning, where such function has been permanently lost or reduced by:
  - Illness or injury;
  - Congenital anomaly (a birth defect); or
  - Prior therapeutic intervention (Prior treatment).

  This does NOT include services specifically directed towards the improvement of vocational skills and social functioning.

- Orthoptic/Pleoptic Therapy
  Medically prescribed treatment for the correction of oculomotor dysfunction resulting in the lack of vision depth perception.

  Such dysfunction results from:
  - Vision disorder;
  - Eye Surgery; or
  - Injury.

  Treatment involves a program which includes evaluation and training sessions.

- Physical Therapy
  Medically prescribed treatment of physical disabilities or impairments resulting from:
  - Disease;
  - Injury;
  - Congenital anomaly; or
  - Prior therapeutic intervention by the use of therapeutic exercise and other interventions that focus on improving:
    - Posture;
    - Mobility;
    - Strength;
    - Endurance;
    - Balance;
    - Coordination;
    - Joint Mobility;
    - Flexibility; and
    - The functional activities of daily living.

- Pulmonary Rehabilitation Therapy
  A multidisciplinary, comprehensive program for Members who have a chronic lung disease. Pulmonary rehabilitation is designed to:
  - Reduce symptoms of disease;
  - Improve functional status; and
  - Stabilize or reverse manifestations of the disease.

- Radiation Therapy
  The treatment of disease by:
  - X-Ray;
  - Gamma ray;
  - Accelerated particles;
  - Mesons; or
  - Neutrons, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery.

- Respiratory Therapy
  Medically prescribed treatment of diseases or disorders of the respiratory system with therapeutic gases and vaporized medications delivered by inhalation.

- Speech Therapy

  Medically prescribed services that are necessary for the diagnosis and/or treatment of speech and language disorders, due to conditions or events that result in communication disabilities and/or swallowing disorders:

  - Disease;
  - Surgery;
  - Injury;
  - Congenital and developmental anomalies (birth defects); or
  - Previous therapeutic processes.

Total Disability (or Totally Disabled)
Means that a Covered Employee who, due to illness or injury:

- Cannot perform any duty of their occupation or any occupation for which the Employee is, or may be, suited by education, training and experience; and
- Is not, in fact, engaged in any occupation for wage or profit.

A Dependent is totally disabled if: They cannot engage in the normal activities of a person in good health and of like age and sex.

The Totally Disabled person must be under the regular care of a Physician.

Urgent Care
Urgent Care needs are for sudden illness or Accidental Injury that require prompt medical attention but are not life-threatening and are not Emergency medical conditions when your Professional Provider is unavailable. Examples of Urgent Care needs include stitches, fractures, sprains, ear infections, sore throats, rashes, X-rays that are not Preventive Care.

Urgent Care Centers
Facility Provider designed to offer immediate evaluation and treatment for sudden health conditions and accidental injuries that:

- Require medical attention in a non-Emergency situation; and
- When the Member's Professional Provider's office is unavailable.

Urgent Care is not the same as: Emergency Services (see definition of "Urgent Care" above).

Value-Based Program (VBP)
An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

IMPORTANT NOTICES

Regarding Experimental/Investigative Treatment:
The Claims Administrator does not cover treatment it determines to be Experimental/Investigative in nature because that treatment is not accepted by the general medical community for the condition being treated or not approved as required by federal or governmental agencies. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician agree to utilize Experimental/Investigative treatment. If a Member receives Experimental/Investigative treatment, the Member shall be responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether a treatment is considered Experimental/Investigative. The term "Experimental/Investigative" is defined in the ***Important Definitions*** section.

Regarding Treatment Which Is Not Medically Necessary:
The Claims Administrator only covers treatment which it determines Medically Necessary. An In-Network Provider accepts the Claims Administrator's decision and contractually is not permitted to bill the Member for treatment which the Claims Administrator determines is not Medically Necessary unless the In-Network Provider specifically advises the Member in writing, and the Member agrees in writing that such services are not covered by the Claims Administrator, and that the Member will be financially responsible for such services. An Out-of-Network Provider, however, is not obligated to accept the Claims Administrator's determination and the Member may not be reimbursed for treatment which the Claims Administrator determines is not Medically Necessary. The Member is responsible for these charges when treatment is received by an Out-of-Network Provider. The Member can avoid these charges simply by choosing an In-Network Provider for the Members care. The term "Medically Necessary" is defined in the ***Important Definitions*** section.

Regarding Treatment for Cosmetic Purposes:
The Claims Administrator does not cover treatment which it determines is for cosmetic purposes because it is not necessitated as part of the Medically Necessary treatment of an illness, injury or congenital birth defect. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician decide to pursue a course of treatment for cosmetic purposes. In such cases, the Member is responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether treatment is for cosmetic purposes. The exclusion for services and operations for cosmetic purposes is detailed in the ***Exclusions - What Is Not Covered*** section.

Regarding Coverage for Emerging Technology:
While the Claims Administrator does not cover treatment it determines to be Experimental/Investigative, it routinely performs technology assessments in order to determine when new treatment modalities are safe and effective. A technology assessment is the review and evaluation of available clinical and scientific information from expert sources. These sources include but are not limited to articles published by governmental agencies, national peer review journals, national experts, clinical trials, and manufacturer's literature. The Claims Administrator uses the technology assessment process to assure that new drugs, procedures or devices ("emerging technology") are safe and effective before approving them as Covered Services. When new technology becomes available or at the request of a practitioner or Member, the Claims Administrator researches all scientific information available from these expert sources. Following this analysis, the Claims Administrator makes a decision about when a new drug, procedure or device has been proven to be safe and effective and uses this information to determine when an item becomes a Covered Service for the condition being treated or not approved as required by federal or governmental agencies. A Member or their Provider should contact the Claims Administrator to determine whether a proposed treatment is considered "emerging technology" and whether the Provider is considered an eligible Provider to perform the “emerging technology” Covered Service. The Claims Administrator maintains the discretion to limit eligible Providers for certain “emerging technology” Covered Services.

Regarding Use of Out-of-Network Providers
While PPO has an extensive network, it may not contain every provider that the Member elects to see. To receive the Maximum benefits available under this Program, the Member must obtain Covered Services from In-Network Providers that participate in the PPO Network or is a BlueCard Provider.

In addition, the Members PPO program allows the Member to obtain Covered Services from Out-of-Network Providers. If the Member uses an Out-of-Network Provider the Member will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Out-of-Network Provider also may charge the Member for the balance of the Provider's bill. This is true regardless of the reason the Member uses an Out-of-Network Provider including, but not limited to, by choice, for level of expertise, for convenience, for location, because of the nature of the services, based on the recommendation of a Provider or network sufficiency. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense".

For Covered Services received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, the Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider.

For specific terms regarding Out-of-Network Providers, please refer to the following sections: ***Important Definitions***; including but not limited to the definition of "Covered Expense" and "Out-of-Network Provider", Payment of Providers and Payment Methods.

Regarding Non-Discrimination Rights
The Member has the right to receive health care services without discrimination:
- Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity, pre-existing conditions, health status, and marital status;
- For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender;
- Based on an individual's sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available;
- Related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Discretionary Authority
The Claims Administrator or Plan Administrator, as applicable, retains discretionary authority to interpret the benefit plan and the facts presented to make benefit determinations. Benefits under this Program will be provided only if the Claims Administrator or Plan Administrator, as applicable, determines in its discretion that the Member is entitled to them.

REMEMBER: Whenever a Provider suggests a new treatment option that may fall under the category of "Experimental/Investigative", "cosmetic", or "emerging technology", the Member, or their Provider, should contact the Claims Administrator for a coverage determination. That way the Member and the Provider will know in advance if the treatment will be covered by the Claims Administrator.

In the event the treatment is not covered by the Claims Administrator, the Member can make an informed decision about whether to pursue alternative treatment options or be financially responsible

for the non-covered service.

For more information on when to contact the Claims Administrator for coverage determinations, please see the Precertification and Prenotification requirements in the *General Information* section.

RIGHTS AND RESPONSIBILITIES

To obtain a list of "Rights and Responsibilities", please log on to https://www.ibx.com/quality-management#member or the Member should call the Customer Service telephone number that is listed on their Identification Card to receive a printed copy.

LANGUAGE AND COVERAGE CHANGES

QCC INSURANCE COMPANY

2024 PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your preventive care and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. In accordance with the PPACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your healthcare provider is always your best resource for determining if you are at increased risk for a condition. Some services may require precertification/preapproval. If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

PREVENTIVE CARE SERVICES FOR ADULTS

VISITS	
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • High blood pressure screening • Behavioral counseling for skin cancer • Obesity screening • Unhealthy drug use screening	One exam annually for all adults
SCREENINGS	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males ages 65 to 75 years with a history of smoking
Colorectal cancer screening	Adults ages 45 to 75 years using any of the following tests: • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every 5 years • CT colonography: once every 5 years • Stool DNA testing: once every 3 years • Colonoscopy: once every 10 years
Depression and suicide risk screening	All adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection
Hepatitis C virus (HCV) screening	All asymptomatic adults ages 18 years to 79 years old

High blood pressure screening	Adults ages 18 years or older with increased risk once a year Adults ages 18 to 39 years with no other risk factors once every 3 to 5 years Adults age 40 years once a year
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic adults age 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Adults 40 years or older once every 4 years
Lung cancer screening	Adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Prediabetes and type 2 diabetes mellitus screening and intensive counseling interventions	Abnormal blood glucose and type 2 diabetes screening for adults 35 to 70 years who are overweight or obese Intensive behavioral counseling interventions for individuals 35 to 70 years who are overweight or obese with abnormal blood glucose up to 32 sessions per year
Syphilis infection screening	All adults at increased risk for syphilis infection
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence Behavioral counseling in a primary care setting for individuals with a positive screening result
THERAPY AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Behavioral interventions for weight loss to prevent obesity-related morbidity and mortality	Behavioral intervention for adults with a body mass index (BMI) of 30 kg/m^2 or higher
Exercise interventions for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year for all individuals Adults with behavioral health conditions that impact weight or nutritional status
Tobacco use counseling	All adults who use tobacco products
Work-up and follow-up services for pre-exposure prophylaxis for the prevention of HIV	Adults at high risk for HIV infection
MEDICATIONS	
Pre-exposure prophylaxis for the prevention of HIV infection	Adults at high risk for HIV infection

Prescription bowel preparation	Adults 45 years and older when used in conjunction with a preventive colorectal cancer screening procedure (That is, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy)
Statin	Adults ages 40 to 75 with no history of cardiovascular disease, with one or more risk factors for cardiovascular disease and a 10-year cardiovascular disease event risk of greater than 10%
Tobacco cessation medication	All adults who use tobacco products

IMMUNIZATIONS
Adult Immunization Schedule: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

PREVENTIVE CARE SERVICES FOR FEMALES, INCLUDING PREGNANT FEMALES

VISITS	
Prenatal Care Visits Services that may be provided during the prenatal care visits include, but are not limited to the following: • Preeclampsia Screening	For all pregnant females
Postpartum Care Visit	For all postpartum females
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: • BRCA-related cancer risk assessment • Counseling for the prevention of obesity • Discussion of chemoprevention for breast cancer • Instruction on fertility awareness-based methods, including the lactation amenorrhea method • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary incontinence Screening	At least annually
SCREENINGS	
Anxiety Screening	All females
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with an ancestry associated with BRCA gene mutations, personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females ages 40 years and older

Cervical cancer screening (Pap test)	Ages 21 to 65: Every 3 years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection
Counseling interventions to prevent perinatal depression	Pregnant or postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70-week period
Diabetes screening after pregnancy	Females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus
Depression and suicide risk screening	All pregnant and postpartum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females All individuals 15 years and older All children under 15 years old at increased risk of infection
Human papillomavirus (HPV) screening	Age 30 and older: Every 5 years Ages 30 to 65: Every 5 years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Osteoporosis (bone mineral density) screening	Every 2 years for females younger than 65 years who are at increased risk for osteoporosis Every 2 years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females and follow-up testing for females at higher risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Tobacco use counseling	All pregnant females who smoke tobacco products

Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all pregnant females Behavioral counseling in a primary care setting with a positive screening result

MEDICATIONS	
Breast cancer chemoprevention	Asymptomatic females ages 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Low-dose aspirin	Aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
MISCELLANEOUS	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant women and during the postpartum period Breastfeeding supplies
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

PREVENTIVE CARE SERVICES FOR CHILDREN

VISITS	
Pediatric prenatal exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by healthcare providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Obesity screening • Oral health risk assessment • Risk assessment of sudden cardiac arrest and sudden cardiac death	All children up to 21 years of age, with preventive exams provided at: • 3-5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3 years-21 years: annual exams
SCREENINGS	
Alcohol, tobacco, and drug use screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Anxiety screening	For children 8 years and older
Autism and developmental screening	All children
Behavioral/social/emotional screening	All children
Bilirubin screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression and suicide risk screening	Annually for all children ages 12 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated

Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron deficiency screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn screening panel (for example, congenital hypothyroidism, hemoglobinopathies {sickle cell disease}, phenylketonuria {PKU})	All newborns
Syphilis screening	All sexually active children up to age 21 years
Vision screening	All children up to age 21 years
ADDITIONAL SCREENING SERVICES AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents
Nutritional Counseling for Weight Management	6 visits per year for all individuals Adults with behavioral health conditions that impact weight or nutritional status
Obesity screening and behavioral counseling	Screening is part of the preventive exam for children ages 6 years and older. Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
MEDICATIONS	
Fluoride	Oral fluoride for children ages 6 months to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
MISCELLANEOUS	
Fluoride varnish application	Every 3 months for all infants and children starting at age of primary tooth eruption to 5 years of age
Tuberculosis testing	All children up to age 21 years

IMMUNIZATIONS (NOTE: FOR AGE 19 TO 21 YEARS, REFER TO THE ADULT SCHEDULE LISTED ABOVE)
Children Immunization Schedule: https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Independence

Medical Benefit Highlights

Essential Utilities PPO 2 - $500

Covered Services	Your Costs (You pay)	
Benefits per Calendar Year	**In-Network**	**Out-of-Network**
Deductible (Embedded)[1]		
Individual/Family	$500/$1,500	$5,000/$15,000
Out-of-Pocket Maximum (Embedded)[2]		
Individual/Family	$1,000/$3,000	$15,000/$45,000
Coinsurance	0%	50%
Preventive Services	**In-Network**	**Out-of-Network**
Preventive Care	No charge no deductible	50% after deductible
Preventive Colonoscopy		
Preventive Plus Providers	No charge no deductible	Not covered
Hospital Based	No charge no deductible	50% after deductible
Physician Services	**In-Network**	**Out-of-Network**
Primary Care Physician (PCP)		
Office Visit	$20 no deductible	50% after deductible
Telemedicine Visit	$20 no deductible	50% after deductible
Specialist		
Office Visit	No charge after deductible	50% after deductible
Telemedicine Visit	No charge after deductible	50% after deductible
Retail Health Clinic Visit	$20 no deductible	50% after deductible
Urgent Care Visit	No charge after deductible	50% after deductible
Virtual Care[3]	**In-Network**	**Out-of-Network**
Telemedicine	No charge no deductible	Not covered
Teledermatology	Not covered	Not covered
Telebehavioral Health	No charge no deductible	Not covered
Therapy Services	**In-Network**	**Out-of-Network**
Physical Therapy (50 visits/year)[4]		
Freestanding	$50 no deductible	50% after deductible
Hospital Based	$50 no deductible	50% after deductible
Occupational Therapy (50 visits/year)[5]		
Freestanding	$50 no deductible	50% after deductible
Hospital Based	$50 no deductible	50% after deductible
Speech Therapy (30 visits/year)[4]	$50 no deductible	50% after deductible

Independence

Emergency Services	In-Network	Out-of-Network
Emergency Room	No charge after deductible	Covered at In-Network level
Emergency Ambulance	No charge after deductible	Covered at In-Network level
Non-Emergency Ambulance	No charge after deductible	50% after deductible

Hospital Services	In-Network	Out-of-Network
Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year)[6]	No charge after deductible	50% after deductible
Observation Services	Not covered	Not covered
Maternity Hospital Services[6]	No charge after deductible	50% after deductible
Inpatient Professional Services (includes Maternity)	No charge after deductible	50% after deductible

Outpatient Surgery	In-Network	Out-of-Network
Freestanding	No charge after deductible	50% after deductible
Hospital Based	No charge after deductible	50% after deductible
Outpatient Professional Services	No charge after deductible	50% after deductible

Outpatient Diagnostics	In-Network	Out-of-Network
Diagnostic Medical (EKG)	$100 after deductible	50% after deductible
Routine Radiology (X-Ray)		
Freestanding	No charge after deductible	50% after deductible
Hospital Based	No charge after deductible	50% after deductible
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	No charge after deductible	50% after deductible
Hospital Based	No charge after deductible	50% after deductible

Outpatient Lab and Pathology	In-Network	Out-of-Network
Freestanding	No charge no deductible	50% after deductible
Hospital Based	No charge no deductible	50% after deductible

Other Medical Services	In-Network	Out-of-Network
Spinal Manipulations (20 visits/year)[4]	$50 no deductible	50% after deductible
Acupuncture (20 visits/year)[4]	No charge after deductible	50% after deductible
Standard Injectables	No charge no deductible	50% after deductible
Allergy Injections	No charge no deductible	50% after deductible
Biotech/Specialty Injectables		
Home/Office	$100 no deductible	50% after deductible
Outpatient	$100 no deductible	50% after deductible
Chemotherapy	No charge after deductible	50% after deductible
Dialysis	No charge after deductible	50% after deductible

Independence

Skilled Nursing Facility (120 days/year)[4]	No charge after deductible	50% after deductible
Home Health	No charge after deductible	50% after deductible
Hospice	No charge after deductible	50% after deductible
Durable Medical Equipment (DME)	50% after deductible	50% after deductible
Mental Health – Outpatient (includes serious mental illness and substance abuse)		
Office Visit	No charge after deductible	50% after deductible
All Other Services	No charge after deductible	50% after deductible
Mental Health – Inpatient (includes serious mental illness and substance abuse)[6]	No charge after deductible	50% after deductible

1 Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

3 Telemedicine is provided by a designated telemedicine provider, please visit **www.ibx.com/findcarenow**.

4 Combined in and out-of-network.

5 Occupational Therapy and Cognitive Therapy combined visit limit in and out-of-network.

6 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

The Preferred Provider Organization (PPO) program gives you the freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by having care provided by preferred providers who participate in the BlueCard® PPO program (these are network providers). If you access care from a provider who does not participate in the BlueCard® PPO Program, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit **www.ibx.com/LGBooklet** or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to **http://www.ibx.com/preapproval** or call the phone number that is listed on the back of your identification card.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. **www.ibx.com**

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):
توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh. Hódíílnih kojį' 1-800-275-2583.

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

1901 Market Street
Philadelphia, PA 19103-1480

Independence

ESSENTIAL UTILITIES
762 W LANCASTER AVE
BRYN MAWR, PA 19010

April 2, 2024

Re: Your QCC Insurance Company Benefit Program

Dear Administrator:

Enclosed is a copy of the benefit booklet(s) that outlines the benefit program currently administered by Independence Blue Cross. The attached booklet(s) serves to document the benefit program agreement reached between us.

For our records, please indicate your acceptance of the benefit program outlined in the booklet(s) by signing, where indicated below, and returning this page to us within ten (10) days of your receipt of this letter. This signed acceptance page should be returned to:

Independence Blue Cross
Contract and Booklet Department, 33rd Floor
Attn: Charles Cauthorn
1901 Market Street
Philadelphia, PA 19103

If it is more convenient, you may alternately choose to fax this signed acceptance page to us at 215-241-4428.

We look forward to continuing our business relationship with you. If any questions or problems should arise regarding your benefit program, please call your Independence Blue Cross Marketing Executive.

Sincerely,

Koleen A. Cavanaugh

Printed Name: **Koleen Cavanaugh**
Title: SVP and Chief Marketing Executive

Enc.

Agreed to and Accepted:

Name: _____

Date: _____

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

THE PREFERRED PROVIDER ORGANIZATION HEALTH BENEFITS PROGRAM

A COMPREHENSIVE MAJOR MEDICAL GROUP BENEFIT BOOKLET

Administered by

QCC Insurance Company
(Called "the Claims Administrator")
A Pennsylvania Corporation
Located at
1901 Market Street
Philadelphia, PA 19103

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Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કૉલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Telugu: శ్రద్ధ పెట్టం డి: ఒకవేళ మీరు తెలుగు భాష మాట్లా డుతున్న ్ టయితే, మీ కొరకు తెలుగు భాషాసహాయక సేవలు ఉచితంగాలభిన్న యి. 1-800-275-2583 (TTY: 711) కు కాల చేయండి.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):
توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh. Hódíílnih kojį' 1-800-275-2583.

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Taglines as of 12/31/2022

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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INTRODUCTION

Thank you for joining QCC Insurance Company (the Claims Administrator). Our goal is to provide Members with access to quality health care coverage. This Benefit Booklet is a summary of the Members benefits and the procedures required in order to receive the benefits and services to which Members are entitled. Members' specific benefits covered by the Claims Administrator are described in the ***Description of Covered Services*** section of this Benefit Booklet. Benefits, exclusions and limitations appear in the ***Exclusions – What Is Not Covered*** and the ***Schedule of Covered Services*** sections of this Benefit Booklet.

Please remember that this Benefit Booklet is a summary of the provisions and benefits provided in the Program selected by the Member's Group. Additional information is contained in the Group Program Document available through the Member's Group benefits administrator. The information in this Benefit Booklet is subject to the provisions of the Group Program Document. If changes are made to the Members Group's Program, the Member will be notified by the Members Group benefits administrator. Group Program Document changes will apply to benefits for services received after the effective date of change.

If changes are made to this Program, the Member will be notified. Changes will apply to benefits for services received on or after the effective date unless otherwise required by applicable law. The effective date is the *later* of:

- The effective date of the change;
- The Members Effective Date of coverage; or
- The Group Program Document anniversary date coinciding with or next following that service's effective date.

Please read the Benefit Booklet thoroughly and keep it handy. It will answer most questions regarding the Claims Administrator's procedures and services. **If Members have any other questions, they should call the Claims Administrator's Customer Service Department ("Customer Service") at the telephone number shown on the Members Identification Card ("ID Card").**

Any rights of a Member to receive benefits under the Group Program Document and Benefit Booklet are personal to the Member and may not be assigned in whole or in part to any person, Provider or entity, nor may benefits be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Group Program Document and Benefit Booklet, as required by law.

See ***Important Notices*** section for updated language and coverage changes that may affect this Benefit Booklet.

Your Costs		
Benefit Period	Calendar Year (1/1 - 12/31)	
	IN-NETWORK	**OUT-OF-NETWORK**
Program Deductible(I)		
Individual	$500	$5,000
Family	$1,500*	$15,000*
* In each Benefit Period, it will be applied to all family members covered under a Family Coverage. A Deductible will not be applied to any covered family member once that covered family member has satisfied the individual Deductible, or the family Deductible has been satisfied for all covered family members combined.		
Coinsurance(I)	0% for Covered Services, except as otherwise specified in the ***Schedule of Covered Services.***	50% for Covered Services, except as otherwise specified in the ***Schedule of Covered Services.***

	IN-NETWORK	OUT-OF-NETWORK
Coinsurance Limit[I]		
Individual	$1,000	$15,000
Family	$3,000	$45,000
Note for Coinsurance Limit shown above: When a Member Incurs the level of In-Network Coinsurance Limit listed above of Coinsurance expense in one Benefit Period for In-Network Covered Services, no additional Coinsurance will be required for the balance of that Benefit Period. After the Family In-Network Coinsurance Limit amount has been Incurred for Covered Services by Members under the same Family Coverage in a Benefit Period, no additional Coinsurance will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Coinsurance Limit amount.		
Out-of-Pocket Limit		
Individual	$1,000	$15,000
Family	$3,000	$45,000
Note for Out-Of-Pocket Limit shown above: When a Member Incurs the level of In-Network Out-of-Pocket expenses listed above of Copayment, Deductible and Coinsurance expense in one Benefit Period for In-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. After the Family In-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Copayment(s) or Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual In-Network Out-of-Pocket amount. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. The In-Network dollar amounts specified shall not include any expense Incurred for any Penalty amount. When a Member Incurs the level of Out-of-Network Out-of-Pocket expenses listed above of Deductible and Coinsurance expense in one Benefit Period for Out-of-Network Covered Services, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. After the Family Out-of-Network Out-of-Pocket Limit amount has been met for Covered Services by Members under the same Family Coverage in a Benefit Period, the Coinsurance percentage will be reduced to 0% and no additional Deductible(s) will be required for the balance of that Benefit Period. However, no family member will contribute more than the individual Out-of-Network Out-of-Pocket amount. The Out-of-Network dollar amounts specified shall not include any expense Incurred for any Deductible, Penalty or Copayment amount.		
Lifetime Maximum	Unlimited	Unlimited

SCHEDULE OF COVERED SERVICES

This ***Schedule of Covered Services*** is an overview of the benefits you are entitled to. More details can be found in ***the Description of Covered Services*** section.

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Schedule of Covered Services*** during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. The percentages for Coinsurance and Covered Services shown in this ***Schedule of Covered Services*** are not always calculated on actual charges. For an explanation on how Coinsurance is calculated, see the "Covered Expense" definition in the ***Important Definitions*** section.

Some Covered Services must be Precertified before the Member receives the services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Acupuncture(4)	None, after Deductible	50%, after Deductible
Note for Acupuncture shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits		
Alcohol Or Drug Abuse And Dependency(3)		
Inpatient Hospital Detoxification and Rehabilitation	None, after Deductible*	50%, after Deductible**
Hospital and Non-Hospital Residential Care	None, after Deductible*	50%, after Deductible**
Outpatient Treatment		
Office Visit	None, after Deductible	50%, after Deductible
All Other	None, after Deductible	50%, after Deductible
Telebehavioral Health	None, Deductible does not apply	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Ambulance Services/Transport (4)		
Emergency	None, after Deductible	None, after In-Network Deductible
Non-Emergency	None, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Autism Spectrum Disorders(4)	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)	Same cost-sharing as any other medical service within the applicable medical service (For Example, Therapy Services, Diagnostic Services, etc.)
Note for Autism Spectrum Disorders shown above: Benefit Period Maximums and visit limits do not apply. If this Plan does not provide coverage for prescription drugs, Autism Spectrum Disorders medications are covered less the applicable Coinsurance per 30 day prescription order: Generic Copayment – 30% Brand Copayment – 30% Deductibles do not apply		
Blood(3)	None, after Deductible	50%, after Deductible
Colorectal Cancer Screening(4)	None, after Deductible	50%, after Deductible
Day Rehabilitation Program(4)	None, after Deductible	50%, after Deductible
Note for Day Rehabilitation Program shown above: Benefit Period Maximum: 30 In-Network/Out-of-Network visits		
Diabetic Education Program(4)	None, after Deductible	Not Covered
Diabetic Equipment And Supplies(4)	50%, after Deductible	50%, after Deductible
Durable Medical Equipment And Consumable Medical Supplies(4)	50%, after Deductible	50%, after Deductible
Note for Durable Medical Equipment And Consumable Medical Supplies shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Emergency Care Services(4)	None, after Deductible	None, after In-Network Deductible
Home Health Care(4)	None, after Deductible	50%, after Deductible
Hospice Services	None, after Deductible	50%, after Deductible
Note for Hospice Services shown above: Respite Care: Maximum of seven In-Network/Out-of-Network days every six months.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Hospital Services(2)		
Facility Charge	None, after Deductible*	50%, after Deductible**
Professional Charge	None, after Deductible	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Immunizations(1)	None, Deductible does not apply	50%, Deductible does not apply
Injectable Medications(4)		
Specialty Drug		
Home/Office	$100 Copayment per injection, Deductible does not apply	50%, after Deductible
Outpatient	$100 Copayment per injection, Deductible does not apply	50%, after Deductible
Standard Injectable Drugs	None, Deductible does not apply	50%, after Deductible
Laboratory and Pathology Tests(4)		
Freestanding Laboratory	None, Deductible does not apply	50%, after Deductible
Hospital-Based Laboratory	None, Deductible does not apply	50%, after Deductible
Maternity/OB-GYN/Family Services(3)		
Artificial Insemination	$20 Copayment, Deductible does not apply	50%, after Deductible
Elective Abortions		
Professional Service	$20 Copayment per Provider per date of service*, Deductible does not apply	50%, after Deductible
Outpatient Facility Charges	None, after Deductible	50%, after Deductible
* Only one Copayment will apply depending upon place of service.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Maternity/Obstetrical Care		
Professional Service	Single Copayment of $20, Deductible does not apply	50%, after Deductible
Facility Service: Inpatient/Birthing Center	None, after Deductible	50%, after Deductible
Newborn Care	None, after Deductible	50%, after Deductible
Note for Newborn Care shown above: Cost-sharing does not apply for the first 31 days following birth		
Medical Care(2)	None, after Deductible	50%, after Deductible
Medical Foods and Nutritional Formulas(4)	None, after Deductible	50%, Deductible does not apply
Mental Health/Psychiatric Care (3)		
Inpatient	None, after Deductible*	50%, after Deductible**
Outpatient		
Office Visit	None, after Deductible	50%, after Deductible
All Other	None, after Deductible	50%, after Deductible
Telebehavioral Health	None, Deductible does not apply	50%, after Deductible
* In-Network Benefit Period Maximum: Unlimited Inpatient days. This maximum is combined for all In-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. ** Out-of-Network Benefit Period Maximum: 70 Inpatient days. This maximum is combined for all Out-of-Network Inpatient Hospital Services, Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency benefits. This maximum is part of, not separate from, In-Network days maximum.		
Methadone Treatment(4)	None, Deductible does not apply	50%, after Deductible
Nutrition Counseling For Weight Management(1)	None, Deductible does not apply	50%, after Deductible
Note for Nutrition Counseling For Weight Management shown above: Benefit Period Maximum: 6 In-Network/Out-of-Network visits. Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Orthotics(4)	50%, after Deductible	50%, after Deductible
Note for Orthotics shown above: Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Podiatric Care(4)	None, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Preventive Care – Adult(1)	None, Deductible does not apply	50%, Deductible does not apply
Routine/Preventive Colonoscopy		
Preventive Plus (P+) Facility/Non-Hospital based Facility*	None, Deductible does not apply	Not Covered
Non-Preventive Plus (P+) Facility/Hospital based Facility	None**, Deductible does not apply	50%, Deductible does not apply
* For $0 (None) Member cost-sharing to apply, all services must be performed by an In-Network gastroenterologist or a colon and rectal surgeon. ** The Copayment will be waived if the In-Network Provider determines that it is Medically Necessary to have the service performed by a Provider that is Hospital based. *Note for Routine/Preventive Colonoscopy shown above:* There is no cost-share applied if the preventive colonoscopy service is performed at a facility that is not Hospital based (For example, an Ambulatory Surgical Facility); if the preventive colonoscopy service is performed at a Hospital based facility, the Hospital based Copayment shown above will apply. In addition to seeking services from Preventive Plus (P+) Providers, colonoscopy screenings must meet the United State Preventive Services Task Force's (USPSTF) guidelines for $0 (None) Member cost-sharing to apply.		
Preventive Care – Pediatric(1)	None, Deductible does not apply	50%, Deductible does not apply
Primary Care Physician Office Visits/Retail Clinics(1)	$20 Copayment per visit, Deductible does not apply	50%, after Deductible
Private Duty Nursing Services(4)	None, after Deductible	50%, after Deductible
Note for Private Duty Nursing Services shown above: Benefit Period Maximum: 360 In-Network/Out-of-Network hours.		
Prosthetic Devices	50%, after Deductible	50%, after Deductible
Note for Prosthetic Devices shown above: Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Radiology Services - Non-Routine(4) (including MRI/MRA, CT scans, PET scans)		
Providers that are not Hospital based	None, after Deductible	50%, after Deductible
Providers that are Hospital based	None, after Deductible	50%, after Deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Radiology Services - Routine(4)		
Providers that are not Hospital based	None, after Deductible	50%, after Deductible
Providers that are Hospital based	None, after Deductible	50%, after Deductible
Diagnostic Mammograms	None, Deductible does not apply	50%, after Deductible
Skilled Nursing Facility Services(2)		
Inpatient	None, after Deductible	50%, after Deductible
Note for Skilled Nursing Facility Services shown above: Benefit Period Maximum: 120 In-Network/Out-of-Network Inpatient days Benefit Period Maximum does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Sleep Studies(4)		
Home/Freestanding Sleep Center	None, after Deductible	50%, after Deductible
Facility Charge	None, after Deductible	50%, after Deductible
Smoking Cessation(1)	None, Deductible does not apply	50%, Deductible does not apply
Specialist Office Visits(4)	None, after Deductible	50%, after Deductible
Spinal Manipulation Services(4)	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Spinal Manipulation Services shown above: Benefit Period Maximum: 20 In-Network/Out-of-Network visits.		
Surgical Services(3)		
Outpatient Facility Charge	None, after Deductible	50%, after Deductible
Outpatient Professional Charge	None, after Deductible	50%, after Deductible
Outpatient Anesthesia	None, after Deductible	50%, after Deductible
Second Surgical Opinion	None, after Deductible	50%, after Deductible
Note for Surgical Services shown above: If more than one surgical procedure is performed by the same Professional Provider during the same operative session, the Claims Administrator will pay 100% of the Covered Service for the highest paying procedure and 50% of the Covered Services for each additional procedure. Cost-sharing does not apply to Outpatient Surgery services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Therapy Services[4]		
Cardiac Rehabilitation Therapy	None, after Deductible	50%, after Deductible
Note for Cardiac Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.		
Chemotherapy	None, after Deductible	50%, after Deductible
Note for Chemotherapy shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Dialysis	None, after Deductible	50%, after Deductible
Note for Dialysis shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Infusion Therapy		
Home/Office	None, after Deductible	50%, after Deductible
Outpatient	None, after Deductible	50%, after Deductible
Note for Infusion Therapy shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Orthoptic/Pleoptic Therapy	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Orthoptic/Pleoptic Therapy shown above: Lifetime Maximum: 8 In-Network/Out-of-Network sessions.		
Physical Therapy/Occupational Therapy		
Providers that are not Hospital based	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Providers that are Hospital based	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Physical Therapy/Occupational Therapy shown above: Benefit Period Maximum: 50 In-Network/Out-of-Network sessions of Physical Therapy/Occupational Therapy combined. Benefit Period Maximum amounts that apply to Physical Therapy do not apply to the treatment of lymphedema related to mastectomy. Benefit Period Maximums does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Pulmonary Rehabilitation Therapy	None, after Deductible	50%, after Deductible
Note for Pulmonary Rehabilitation Therapy shown above: Benefit Period Maximum: 36 In-Network/Out-of-Network sessions.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Therapy Services(4) **(continued)**		
Radiation Therapy	None, after Deductible	50%, after Deductible
Note for Radiation Therapy shown above: Cost-sharing does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Speech Therapy	$50 Copayment per Provider per date of service, Deductible does not apply	50%, after Deductible
Note for Speech Therapy shown above: Benefit Period Maximum: 30 In-Network/Out-of-Network sessions. Benefit Period Maximums does not apply to services that are prescribed for Mental Health/Psychiatric Care and Treatment for Alcohol Or Drug Abuse And Dependency		
Transplant Services(3)		
Inpatient Facility Charges	None, after Deductible	50%, after Deductible
Outpatient Facility Charges	None, after Deductible	50%, after Deductible
Urgent Care Centers(4)	None, after Deductible	50%, after Deductible
Women's Preventive Care(1)	None, Deductible does not apply	50%, Deductible does not apply
***Note for Women's Preventive Care shown above:* Contraceptives mandated by the Women's Preventive Services provision of PPACA, are covered at 100% for certain generic products and brand products. All other contraceptive products are not covered.**		

BENEFIT	If the Member utilizes a contracted vendor	If the Member does not utilize a contracted vendor
Virtual Care Services(4)		
Telemedicine Visit (Vendor/Virtual Provider)	None, Deductible does not apply	Not Covered
Teledermatology	Not Covered	Not Covered
Telebehavioral Health	None, Deductible does not apply	Not Covered

(1) Located in the Primary & Preventive Care Section of the ***Description of Covered Services***
(2) Located in the Inpatient Section of the ***Description of Covered Services***
(3) Located in the Inpatient/Outpatient Section of the ***Description of Covered Services***
(4) Located in the Outpatient Section of the ***Description of Covered Services***

DESCRIPTION OF COVERED SERVICES

Subject to the exclusions, conditions and limitations of this Program, a Member is entitled to benefits for the Covered Services described in this ***Description of Covered Services*** section during a Benefit Period, subject to any Copayment, Deductible, Coinsurance, Out-of-Pocket Limit or Lifetime Maximum. These amounts and percentages, and other cost-sharing requirements are specified in the ***Schedule of Covered Services***.

Covered Services may be provided by either an In-Network or Out-of-Network Provider. However, the Member will maximize the benefits available when Covered Services are provided by a Provider that belongs to the Preferred Provider Organization network or another Blue Cross and Blue Shield Plan's BlueCard network (an "In-Network" Provider) that has a contract with the Claims Administrator or another Blue Cross and Blue Shield Plan to provide services and supplies to the Member. To locate a BlueCard network Provider, go to www.bcbs.com or call 1-800-810-BLUE (2583) (TTY: 711).

Some Covered Services must be Precertified before the Member receives the services. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures and/or admissions. In certain cases, Precertification helps determine whether a different treatment may be available that is equally effective yet less traumatic. Precertification also helps determine the most appropriate setting for certain services. Failure to obtain a required Precertification for a Covered Service could result in a reduction of benefits. More information on Precertification is found in the ***General Information*** section.

PRIMARY AND PREVENTIVE CARE

A Member is entitled to benefits for Primary Care and Preventive Care Covered Services when deemed Medically Necessary and billed for by a Provider. Cost-sharing requirements are specified in the ***Schedule of Covered Services***.

"Preventive Care" services generally describe health care services performed to catch the early warning signs of health problems. These services are performed when the Member has no symptoms of disease. "Primary Care" services generally describe health care services performed to treat an illness or injury.

The Claims Administrator reviews the schedule of Covered Services, at certain times. Reviews are based on recommendations from organizations such as:
- The American Academy of Pediatrics;
- The American College of Physicians;
- The U.S. Preventive Services Task Force; and
- The American Cancer Society.

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at https://www.healthcare.gov/preventive-care-benefits/.

The Claims Administrator reserves the right to modify the Preventive Schedule document at any time. However, the Member has to be given a written notice of the change, before the change takes effect.

Immunizations
The Claims Administrator will provide coverage for the following:
- Pediatric immunizations;
- Adult immunizations; and
- The agents used for the immunizations.

All immunizations, and the agents used for them, must conform to the standards set by the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services.*

Pediatric and adult immunization schedules can be found in the Preventive Schedule document.

The benefits for these pediatric immunizations are limited to Members under 21 years of age.

Nutrition Counseling for Weight Management
The Claims Administrator will provide coverage for nutrition counseling visits or sessions for the purpose of weight management. However, they need to be performed and billed by any of the following Providers, in an office setting:
- By the Member's Physician;
- By a Specialist; or
- By a Registered Dietitian (RD).

This benefit is in addition to any other nutrition counseling Covered Services described in this Benefit Booklet.

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)
The Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT), in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

A BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

Preventive Care - Adult
The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Preventive Care - Pediatric
The Claims Administrator will provide coverage for routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

Primary Care Physician Office Visits/Retail Clinics
The Claims Administrator will provide coverage for Medical Care visits, by a Primary Care Provider, for any of the following services:
- The examination of an illness or injury;
- The diagnosis of an illness or injury; and
- The treatment of an illness or injury.

For the purpose of this benefit, "Office Visits" include:
- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to a Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

In addition to Office Visits a Member may receive Medical Care at a Retail Clinic. Retail Clinics are staffed by certified family nurse practitioners, who are trained to diagnose, treat, and write prescriptions when clinically appropriate. Nurse practitioners are supported by a local Physician who is on-call during clinic hours to provide guidance and direction when necessary.

Examples of treatment and services that are provided at a Retail Clinic include, but are not limited to:

- Sore throat;
- Ear, eye, or sinus infection;
- Allergies;
- Minor burns;
- Skin infections or rashes; and
- Pregnancy testing.

Smoking Cessation
Smoking cessation includes clinical preventive services rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) as described under the Preventive Services provision of the Patient Protection and Affordable Care Act.

Women's Preventive Care
The Claims Administrator will provide coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document. Covered Services and Supplies include, but are not limited to, the following:

- Routine Gynecological Exam, Pap Smear: Members are covered for one routine gynecological exam each Benefit Period. This includes the following:
  - A pelvic exam and clinical breast exam; and
  - Routine Pap smears.

  These must be done in accordance with the recommendations of the *American College of Obstetricians and Gynecologists.*
- Mammograms: Coverage will be provided for screening mammograms. The Claims Administrator will only provide coverage for benefits for mammography if the following applies:
  - It is performed by a qualified mammography service provider.
  - That service provider is properly certified by the appropriate state or federal agency.
  - That certification is done in accordance with the Mammography Quality Assurance Act of 1992.
- Breastfeeding comprehensive support and counseling from trained providers; access to breastfeeding supplies, including coverage for rental of hospital-grade breastfeeding pumps under Durable Medical Equipment supplier with Medical Necessity review; and coverage for lactation support and counseling provided during postpartum hospitalization, Mother's Option visits, and obstetrician or pediatrician visits for pregnant and nursing women at no cost share to the Member when provided by an In-Network Provider.
- Contraception: The Women’s Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care. The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration (FDA) include.

- Sterilization surgery for women;
- Surgical sterilization implant for women;
- Implantable rod;
- IUD copper;
- IUD with progestin;
- The shot or injection;
- Oral contraceptives (combined pill);
- Oral contraceptives (progestin only, and);
- Oral contraceptives (extended or continuous use);
- The contraceptive patch;
- Vaginal contraceptive rings;
- Diaphragm;
- Contraceptive sponges;
- Cervical caps;
- Female condoms;
- Spermicides;
- Emergency contraception (levonorgestrel); and
- Emergency contraception (ulipristal acetate).

Although all FDA approved contraceptive methods and patient education and counseling, are covered, only certain contraceptive drug options in each category are covered at no cost share to the Member when provided by an In-Network Provider. Abortifacients are not considered contraceptives.

If a Member's Physician determines that they require more than one well-women visit annually to obtain all recommended preventive services (based on the women's health status, health needs and other risk factors), the additional visit(s) will be provided without cost-sharing.

INPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Inpatient Care are Covered Services when they are:

- Deemed Medically Necessary;
- Provided by a Facility Provider and billed by a Provider; and
- Preapproved by the Claims Administrator.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Hospital Services

- Ancillary Services

  The Claims Administrator will provide coverage for all ancillary services usually provided and billed for by Hospitals, except for personal convenience items. This includes, but is not limited to:

- Meals, including special meals or dietary services, as required by the Member's condition;
- Use of operating room, delivery room, recovery room, or other specialty service rooms and any equipment or supplies in those rooms;
- Casts, surgical dressings, and supplies, devices or appliances surgically inserted within the body;
- Oxygen and oxygen therapy;
- Anesthesia when administered by a Hospital employee, and the supplies and use of anesthetic equipment;
- Therapy Services when administered by a person who is appropriately licensed and authorized to perform such services;
- All drugs and medications (including intravenous injections and solutions);
  - For use while in the Hospital;
  - Which are released for general use; and
  - Which are commercially available to Hospitals.
- Use of special care units, including, but not limited to intensive care units or coronary care units; and
- Pre-admission testing.

■ Room and Board

The Claims Administrator will provide coverage for general nursing care and such other services as are covered by the Hospital's regular charges for accommodations in the following:

- An average semi-private room, as designated by the Hospital; or a private room, when designated by the Claims Administrator as semi-private for the purposes of this Program in Hospitals having primarily private rooms;
- A private room, when Medically Necessary;
- A special care unit, such as intensive or coronary care, when such a designated unit with concentrated facilities, equipment and supportive services is required to provide an intensive level of care for a critically ill patient;
- A bed in a general ward; and
- Nursery facilities.

Benefits are provided up to the number of days specified in the ***Schedule of Covered Services***.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:

- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Hospital.

It will not provide coverage for:

- Time spent outside of the Hospital, if the Member interrupts the stay and then stay past midnight on the day the interruption occurs; or
- Time spent in the Hospital after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

Medical Care

The Claims Administrator will provide coverage for Medical Care rendered to the Member, in the following way, except as specifically provided.

It is Medical Care that is rendered:

- By a Professional Provider who is in charge of the case;
- While the Member is an Inpatient in a Hospital, Rehabilitation Hospital or Skilled Nursing Facility; and
- For a condition not related to Surgery, pregnancy, radiation therapy or Mental Illness.

Such care includes Inpatient intensive Medical Care rendered to the Member:

- While the Member's condition requires a Professional Provider's constant attendance and treatment; and
- For a prolonged period of time.

- Concurrent Care

  The Claims Administrator will provide coverage for the following services, while the Member is an Inpatient, when they occur together:
  - Services rendered to the Member by a Professional Provider:
    - Who is not in charge of the case; but
    - Whose particular skills are required for the treatment of complicated conditions.
  - Services rendered to the Member as an Inpatient in a:
    - Hospital;
    - Rehabilitation Hospital; or
    - Skilled Nursing Facility.

  This does not include:
  - Observation or reassurance of the Member;
  - Standby services;
  - Routine preoperative physical examinations;
  - Medical Care routinely performed in the pre- or post-operative or pre- or post-natal periods; or
  - Medical Care required by a Facility Provider's rules and regulations.

- Consultations

  The Claims Administrator will provide coverage for Consultation services when rendered in both of the following ways:
  - By a Professional Provider, at the request of the attending Professional Provider; and
  - While the Member is an Inpatient in a:
    - Hospital;
    - Rehabilitation Hospital; or
    - Skilled Nursing Facility.

  Benefits are limited to one consultation per consultant during any Inpatient confinement.

  Consultations do not include staff consultations which are required by the Facility Provider's rules and regulations.

Skilled Nursing Facility Services

The Claims Administrator will provide coverage for a Skilled Nursing Facility:

- When Medically Necessary as determined by the Claims Administrator.
- Up to the Maximum days specified in the ***Schedule of Covered Services***.

The Member must require treatment:

- By skilled nursing personnel;
- Which can be provided only on an Inpatient basis in a Skilled Nursing Facility.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

In computing the number of days of benefits:
- The Claims Administrator will count the day of the Member's admission; but not the day of the Member's discharge.
- If the Member is admitted and discharged on the same day, it will be counted as one day.

The Claims Administrator will only provide coverage for days spent during an uninterrupted stay in a Skilled Nursing Facility.

It will not provide coverage for:
- Time spent outside of the Skilled Nursing Facility, if the Member interrupts their stay and then stays past midnight on the day the interruption occurs;
- Time spent if the Member remains past midnight of the day on which the interruption occurred; or
- Time spent in the Skilled Nursing Facility after the discharge hour that the Member's attending Physician has recommended that further Inpatient care is not required.

INPATIENT/OUTPATIENT SERVICES

The Member is entitled to benefits for Covered Services while the Member is an Inpatient in a Facility Provider or on an Outpatient basis when both of the following happen:
- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Blood
The Claims Administrator will provide coverage for the administration of blood and blood processing from donors. In addition, benefits are also provided for:
- Autologous blood drawing, storage or transfusion.
  - This refers to a process that allows the Member to have their own blood drawn and stored for personal use.
  - One example would be self-donation, in advance of planned Surgery.
- Whole blood, blood plasma and blood derivatives:
  - Which are not classified as drugs in the official formularies; and
  - Which have not been replaced by a donor.

Hospice Services

The Claims Administrator will provide coverage for palliative and supportive services provided to a terminally ill Member through a Hospice program by a Hospice Provider. This also includes Respite Care.

- Who is eligible: The Member will be eligible for Hospice benefits if both of the following occur:
  - The Member's attending Physician certifies that the Member has a terminal illness, with a medical prognosis of six months or less; and
  - The Member elects to receive care primarily to relieve pain.
- The goal of care and what is included: Hospice Care provides services to make the Member as comfortable and pain-free as possible. This is primarily comfort care, and it includes:
  - Pain relief;
  - Physical care;
  - Counseling; and
  - Other services, that would help the Member cope with a terminal illness, rather than cure it.
- What happens to the treatment of the Member's illness: When the Member elects to receive Hospice Care:
  - Benefits for treatment provided to cure the terminal illness are no longer provided.
  - The Member can also change their mind and elect to not receive Hospice Care anymore.
- How long Hospice care continues: Benefits for Covered Hospice Services shall be provided until whichever occurs first:
  - The Member's discharge from Hospice Care; or
  - The Member's death.
- Respite Care for the Caregiver: If the Member were to receive Hospice Care primarily in the home, the Member's primary caregiver may need to be relieved, for a short period. In such a case, the Claims Administrator will provide coverage for the Member to receive the same kind of care in the following way:
  - On a short-term basis;
  - As an Inpatient; and
  - In a Medicare certified Skilled Nursing Facility.
    This can only be arranged when the Hospice considers such care necessary to relieve primary caregivers in the Member's home.

Maternity/OB-GYN/Family Services

- Artificial Insemination
  Services performed by a Professional Provider for the promotion of fertilization of a female recipient's own ova (eggs):
  - By the introduction of mature sperm from partner or donor into the recipient's vagina or uterus, with accompanying:
    - Simple sperm preparation;
    - Sperm washing; and/or
    - Thawing.

- Elective Abortions
  The Claims Administrator will provide coverage for services provided in a Facility Provider that is a Hospital or Birth Center. It also includes services performed by a Professional Provider for the voluntary termination of a pregnancy by a Member, which is a Covered Expense under this Program.

- Maternity/Obstetrical Care
  The Claims Administrator will provide coverage for Covered Services rendered in the care and management of a pregnancy for a Member.
  - Pre-notification - The Claims Administrator should be notified of the need for maternity care within one month of the first prenatal visit to the Physician or midwife.
  - Facility and Professional Services - The Claims Administrator will provide coverage for:
    - Facility services: Provided by a Facility Provider that is a Hospital or Birth Center; and
    - Professional services: Performed by a Professional Provider or certified midwife.
  - Scope of Care - The Claims Administrator will provide coverage for:
    - Prenatal care; and
    - Postnatal care.
  - Type of delivery - Maternity care Inpatient benefits will be provided for:
    - 48 hours for vaginal deliveries; and
    - 96 hours for cesarean deliveries.

  Except as otherwise approved by the Claims Administrator.
  - Home Health Care for Early Discharge: In the event of early post-partum discharge from an Inpatient Admission:
    - Benefits are provided for Home Health Care, as provided for in the Home Health Care benefit.

- Newborn Care
  - A Member's newborn child will be entitled to benefits provided by this Program:
    - From the date of birth up to a maximum of 31 days.
  - Such coverage within the 31 days will include care which is necessary for the treatment of:
    - Medically diagnosed congenital defects;
    - Medically diagnosed birth abnormalities;
    - Medically diagnosed prematurity; and
    - Routine nursery care.
  - Coverage for a newborn may be continued beyond 31 days under conditions specified in the ***General Information*** section of this Benefit Booklet.

Mental Health/Psychiatric Care
The Claims Administrator will provide coverage for the treatment of Mental Illness and Serious Mental Illness based on the services provided and reported by the Provider. Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Mental Health/Psychiatric Care to any current or potential Member, Dependent or In-Network Provider.

- Regarding the provision of care other than Mental Health/Psychiatric Care: When a Provider renders Medical Care, other than Mental Health/Psychiatric Care, for a Member with Mental Illness and Serious Mental Illness, payment for such Medical Care:
  - Will be based on the Medical Benefits available; and
  - Will not be subject to the Mental Health/Psychiatric Care limitations. Emergency Care will be considered In-Network Care.

- Inpatient Treatment
  The Claims Administrator will provide coverage, subject to the Benefit Period limitation(s) stated in the ***Schedule of Covered Services***, during an Inpatient Admission for treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be received from an In-Network Facility Provider and Inpatient visits for the treatment of Mental Illness and Serious Mental Illness must be performed by an In-Network Professional Provider.

Covered Services include treatments such as:

- Psychiatric visits;
- Psychiatric consultations;
- Individual and group psychotherapy;
- Electroconvulsive therapy;
- Psychological testing; and
- Psychopharmacologic management.

A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, an admission occurring within ten calendar days of discharge date from a previous admission shall be treated as part of the previous admission.

- Outpatient Treatment

  The Claims Administrator will provide coverage for Outpatient treatment of Mental Illness and Serious Mental Illness. For maximum benefits, treatment must be performed by an In-Network Professional Provider/In-Network Facility Provider.

  Covered Services include treatments such as:
  - Psychiatric visits;
  - Psychiatric consultations;
  - Individual and group psychotherapy;
  - Licensed Clinical Social Worker visits;
  - Master's Prepared Therapist visits;
  - Tele-Behavioral Health services;
  - Electroconvulsive therapy;
  - Psychological testing;
  - Psychopharmacologic management;and
  - Psychoanalysis.

- Benefit Period Maximums for Mental Health/Psychiatric Care

  All Inpatient Mental Health/Psychiatric Care for both Mental Illness and Serious Mental Illness are covered up to the Maximum day amount(s) per Benefit Period specified in the ***Schedule of Covered Services***. Out-of-Network Benefit Period maximums are part of, not separate from, In-Network Benefit Period maximums.

Routine Patient Costs Associated With Qualifying Clinical Trials

- The Claims Administrator provides coverage for Routine Patient Costs Associated with Participation in a Qualifying Clinical Trial (see the ***Important Definitions*** section).
- To ensure coverage and appropriate claims processing, the Claims Administrator must be notified in advance of the Member's participation in a Qualifying Clinical Trial. Benefits are payable if the Qualifying Clinical Trial is conducted by an In-Network Professional Provider, and conducted in an In-Network Facility Provider. If there is no comparable Qualifying Clinical Trial being performed by an In-Network Professional Provider, and in an In-Network Facility Provider, then the Claims Administrator will consider the services by an Out-of-Network Provider, participating in the clinical trial, as covered if the clinical trial is deemed a Qualifying Clinical Trial (see ***Important Definitions*** section) by the Claims Administrator.

Surgical Services

The Claims Administrator will provide coverage for surgical services provided:

- By a Professional Provider, and/or a Facility Provider
- For the treatment of disease or injury.

Separate payment will not be made for:

- Inpatient preoperative care or all postoperative care normally provided by the surgeon as part of the surgical procedure.

Covered Services also include:

- Congenital Cleft Palate - The orthodontic treatment of congenital cleft palates:
  - That involve the maxillary arch (the part of the upper jaw that holds the teeth);
  - That is performed together with bone graft Surgery; and
  - That is performed to correct bony deficits that are present with extremely wide clefts affecting the alveolus.
- Mastectomy Care - The Claims Administrator will provide coverage for the following when performed after a mastectomy:
  - All stages of reconstruction of the breast on which the mastectomy has been performed;
  - Surgery and reconstruction of the other breast to produce a symmetrical appearance;
  - Prostheses and physical complications all stages of mastectomy, including lymphedemas; and
  - Surgery to reestablish symmetry or alleviate functional impairment, including, but not limited to:
    - Augmentation;
    - Mammoplasty;
    - Reduction mammoplasty; and
    - Mastopexy.
- Coverage is also provided for:
  - The surgical procedure performed in connection with the initial and subsequent insertion or removal of Prosthetic Devices (either before or after Surgery) to replace the removed breast or portions of it;
  - The treatment of physical complications at all stages of the mastectomy, including lymphedemas. Treatment of lymphedemas is not subject to any benefit Maximum amounts that may apply to "Physical Therapy" services as provided under the subsection entitled "Therapy Services" of this section; and
  - Routine neonatal circumcisions and any voluntary surgical procedure for sterilization.

- Anesthesia
  - The Claims Administrator will provide coverage for the administration of Anesthesia:
    - In connection with the performance of Covered Services;
    - When rendered by or under the direct supervision of a Professional Provider other than the surgeon, assistant surgeon or attending Professional Provider (except an Obstetrician providing Anesthesia during labor and delivery and an oral surgeon providing services otherwise covered under this Benefit Booklet).
  - General Anesthesia, along with hospitalization and all related medical expenses normally Incurred as a result of the administration of general Anesthesia, when rendered in conjunction with dental care provided to Members age seven or under and for developmentally disabled Members when determined by the Claims Administrator to be Medically Necessary and when a successful result cannot be expected for treatment under local Anesthesia, or when a superior result can be expected from treatment under general Anesthesia.

- Assistant at Surgery

  The Claims Administrator will provide coverage for an assistant surgeon's services if:
  - The assistant surgeon actively assists the operating surgeon in the performance of covered Surgery;
  - An intern, resident, or house staff member is not available; and
  - The Member's condition or the type of Surgery must require the active assistance of an assistant surgeon as determined by the Claims Administrator.

  Surgical assistance is not covered when performed by a Professional Provider who themselves performs and bills for another surgical procedure during the same operative session.

- Hospital Admission for Dental Procedures or Dental Surgery

  The Claims Administrator will provide coverage for a Hospital admission in connection with dental procedures or Surgery only when:
  - The Member has an existing non-dental physical disorder or condition; and
  - Hospitalization is Medically Necessary to ensure the Member's health.

  Dental procedures or Surgery performed during such a confinement will only be covered for the services described in "Oral Surgery" and "Assistant at Surgery" provisions.

- Oral Surgery

  The Claims Administrator will provide coverage for Covered Services provided by a Professional Provider and/or Facility Provider for:
  - Orthognathic Surgery - Surgery on the bones of the jaw (maxilla or mandible) to correct their position and/or structure for the following clinical indications only:
    - For accidents: The initial treatment of Accidental Injury/trauma (That is, fractured facial bones and fractured jaws), in order to restore proper function.
    - For congenital defects: In cases where it is documented that a severe congenital defect (That is, cleft palate) results in speech difficulties that have not responded to non-surgical interventions.
    - For chewing and breathing problems: In cases where it is documented (using objective measurements) that chewing or breathing function is materially compromised (defined as greater than two standard deviations from normal) where such compromise is not amenable to non-surgical treatments, and where it is shown that orthognathic Surgery will decrease airway resistance, improve breathing, or restore swallowing.
  - Other Oral Surgery - Defined as Surgery on or involving the teeth, mouth, tongue, lips, gums, and contiguous structures. Covered Service will only be provided for:
    - Surgical removal of impacted teeth which are partially or completely covered by bone;
    - Surgical treatment of cysts, infections, and tumors performed on the structures of the mouth; and
    - Surgical removal of teeth prior to cardiac Surgery, Radiation Therapy or organ transplantation.

  To the extent that the Member has available dental coverage, the Claims Administrator reserves the right to seek recovery from the Provider.

  The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision.

- Second Surgical Opinion (Voluntary)

  The Claims Administrator will provide coverage for consultations for Surgery to determine the Medical Necessity of an elective surgical procedure.
  - "Elective Surgery" is that Surgery which is not of an Emergency or life threatening nature;
  - Such Covered Services must be performed and billed by a Professional Provider other than the one who initially recommended performing the Surgery.

Transplant Services

When a Member is the recipient of transplanted human organs, marrow, or tissues, benefits are provided for all Inpatient and Outpatient transplants, which are beyond the Experimental/Investigative stage. Benefits, are also provided for those services to the Member which are directly and specifically related to the covered transplantation. This includes services for the examination of such transplanted organs, marrow, or tissue and the processing of Blood provided to a Member:

- When both the recipient and the donor are Members, the payment of their respective medical expenses shall be covered by their respective benefit programs.
- When only the recipient is a Member, and the donor has no available coverage or source for funding, benefits provided to the donor will be charged against the recipient's coverage under this Program. The donor benefits are limited to only those not provided or available to the donor from any other source. This includes, but is not limited to, other insurance coverage, or coverage by the Claims Administrator or any government program. When only the recipient is a Member and the donor has available coverage or a source for funding, the donor must use such coverage or source for funding as no benefits are provided to the donor under this Program.
- When only the donor is a Member, the donor is entitled to the benefits of this Program for all related donor expenses, subject to the following additional limitations:
  - The benefits are limited to only those benefits not provided or available to the donor from any other source for funding or coverage in accordance with the terms of this Program; and
  - No benefits will be provided to the donor recipient.
- If any organ or tissue is sold rather than donated to the Member recipient, no benefits will be payable for the purchase price of such organ or tissue.

Treatment for Alcohol or Drug Abuse and Dependency

- Alcohol Or Drug Abuse And Dependency is a disease that can be described as follows:
  It is an addiction to alcohol and/or drugs. It is also the compulsive behavior that results from this addiction.
  - This addiction makes it hard for a person to function well with other people.
  - It makes it hard for a person to function well in the work that they do.
  - It will also cause person's body and mind to become quite ill if the alcohol and/or drugs are taken away.
- The Claims Administrator will provide coverage for the care and treatment of Alcohol Or Drug Abuse And Dependency:
  - Provided by a licensed Hospital or licensed Facility Provider or an appropriately licensed behavioral health Provider.
  - Subject to the Maximum(s) shown in the Schedule of Covered Services; and
  - According to the provisions outlined below.
- For maximum benefits, treatment must be received from an In-Network Provider.
- To Access Treatment for Alcohol Or Drug Abuse And Dependency:
  - Call the behavioral health management company at the phone number shown on the Members ID Card.

Upon request, the Claims Administrator will make available the criteria for Medical Necessity determinations made under the Program for Alcohol Or Drug Abuse And Dependency to any current or potential Member, Dependent or In-Network Provider.

- Inpatient Treatment
  - Inpatient Detoxification
    Covered Services include:
    - Lodging and dietary services;
    - Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
    - Diagnostic x-rays;
    - Psychiatric, psychological and medical laboratory testing; and
    - Drugs, medicines, use of equipment and supplies.

    A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

  - Hospital and Non-Hospital Residential Treatment
    Hospital or Non-Hospital Residential Treatment of Alcohol Or Drug Abuse And Dependency shall be covered on the same basis as any other illness covered under this Program.

    Covered services include:
    - Lodging and dietary services;
    - Physician, Psychologist, nurse, certified addictions counselor and trained staff services;
    - Rehabilitation therapy and counseling;
    - Family counseling and intervention;
    - Psychiatric, psychological and medical laboratory testing; and
    - Drugs, medicines, use of equipment and supplies.

    A Copayment may apply to an In-Network Inpatient Admission, if specified in the ***Schedule of Covered Services***. For purposes of calculating the total Copayment due, any admission occurring within ten calendar days of discharge date from any previous admission shall be treated as part of the previous admission.

- Outpatient Treatment
  - Covered services include:
    - Diagnosis and treatment of substance abuse, including Outpatient Detoxification by the appropriately licensed behavioral health Provider;
    - Appropriately licensed behavioral health providers including Physician, Psychologist, nurse, certified addictions counselor, Master's Prepared Therapists, and trained staff services;
    - Telebehavioral Health services;
    - Rehabilitation therapy and counseling;
    - Family counseling and intervention;
    - Psychiatric, psychological and medical laboratory testing; and
    - Medication management and use of equipment and supplies.

OUTPATIENT SERVICES

Unless otherwise specified in this Benefit Booklet, services for Outpatient Care are Covered Services when:
- Deemed Medically Necessary; and
- Billed for by a Provider.

Look in the ***Schedule of Covered Services*** section to find how much of those or other costs the Member is required to share (pay).

Acupuncture
The Claims Administrator will provide coverage for Acupuncture up to the limits specified in the ***Schedule of Covered Services*** for all Covered Services.

Ambulance Services/Transport
The Claims Administrator will provide coverage for ambulance services. However, these services need to be:
- Medically Necessary as determined by the Claims Administrator; and
- Used for transportation in a specially designed and equipped vehicle that is used only to transport the sick or injured and only when the following applies;
  - The vehicle is licensed as an ambulance, where required by applicable law;
  - The ambulance transport is appropriate for the Member's clinical condition;
  - The use of any other method of transportation, such as taxi, private car, wheel-chair van or other type of private or public vehicle transport would endanger the Member's health or be inappropriate for the Member's medical condition; and
  - The ambulance transport satisfies the destination and other requirements as stated under Regarding Emergency Ambulance transport or Regarding Non-Emergency Ambulance transports.

In addition, the Claims Administrator will provide coverage for services provided by a licensed Emergency services Provider who initiates necessary intervention to evaluate and, if necessary, stabilize the condition of the Member and subsequently determines the Member does not require transport or the Member refuses to be transported. These services must be Medically Necessary as determined by the Claims Administrator.

Benefits are payable for air or sea ambulance transportation only if the Member's condition, and the distance to the nearest facility able to treat the Member's condition, justify the use of an alternative to land transport.

- Regarding Emergency Ambulance transport: The ambulance must be transporting the Member:
  - From the Member's home, or the scene of an accident or Medical Emergency;
  - To the nearest Hospital, or other Emergency Care Facility, that can provide the Medically Necessary Covered Services for the Member's condition.
- Regarding Non-Emergency Ambulance transports: Non-Emergency air or ground facility transport may be covered when Medically Necessary as determined by the Claims Administrator (For example, sending facility does not have the required services to effectively treat the Member, such as trauma or burn care). Non-Emergency air or ground transport may be covered to transport the Member back to an In-Network Facility Provider as determined by the Claims Administrator, when:
  - The transfer is Medically Necessary (as determined by the Claims Administrator's definition of Medical Necessity); and
  - The Member's medical condition requires uninterrupted care and attendance by qualified medical staff during transport by ground ambulance, or by air transport when transfer cannot be safely provided by land ambulance.

  Non-Emergency ambulance transports are not provided for family members or companions or for the convenience of the Member, the family, or the Provider treating the Member.

Autism Spectrum Disorders (ASD)
The Claims Administrator will provide coverage for the diagnostic assessment and treatment of Autism Spectrum Disorders (ASD).

Diagnostic assessment is defined as Medically Necessary assessments, evaluations or tests performed by a licensed Physician, licensed Physician assistant, licensed Psychologist or Certified Registered Nurse practitioner, or Autism Service Provider to diagnose whether an individual has an Autism Spectrum Disorder. Results of the diagnostic assessment shall be valid for a period of not less than 12 months, unless a licensed Physician or licensed Psychologist determines an earlier assessment is necessary.

Treatment of Autism Spectrum Disorders shall be identified in an ASD Treatment Plan and shall include any Medically Necessary Pharmacy Care, Psychiatric Care, Psychological Care, Rehabilitative Care and Therapeutic Care that is:

- Prescribed, ordered or provided by a licensed Physician, licensed Physician assistant, licensed Psychologist, Licensed Clinical Social Worker or Certified Registered Nurse practitioner;
- Provided by an Autism Service Provider, including a Behavior Specialist; or
- Provided by a person, entity or group that works under the direction of an Autism Service Provider.

An ASD Treatment Plan shall be developed by a licensed Physician or licensed Psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics. The ASD Treatment Plan may be reviewed by the Claims Administrator once every six months. A more or less frequent review can be agreed upon by the Claims Administrator and the licensed Physician or licensed Psychologist developing the ASD Treatment Plan.

Treatment of Autism Spectrum Disorders will include any of the following Medically Necessary services that are listed in an ASD Treatment Plan developed by a licensed Physician or licensed Psychologist:

- Applied Behavioral Analysis - The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior or to prevent loss of attained skill or function, including the use of direct observation, measurement and functional analysis of the relations between environment and behavior.
- Pharmacy Care - Medications prescribed by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner and any assessment, evaluation or test prescribed or ordered by a licensed Physician, licensed physician assistant or Certified Registered Nurse practitioner to determine the need or effectiveness of such medications. If this Program provides benefits for prescription drugs the ASD medications may be purchased at a pharmacy, subject to the cost-sharing arrangement applicable to the prescription drug coverage. If this Program does not provide coverage for prescription drugs, ASD medications may be purchased at a pharmacy, and the Member will be reimbursed at 100% less the applicable Coinsurance amount shown in the ***Schedule of Covered Services***. Benefits are available for up to a 30 day supply.
- Psychiatric Care - Direct or consultative services provided by a Physician who specializes in psychiatry.
- Psychological Care - Direct or consultative services provided by a Psychologist.
- Rehabilitative Care - Professional services and treatment programs, including applied behavioral analysis, provided by an Autism Service Provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function.
- Habilitative Care - Health care services provided by an Autism Service Provider that help an individual to keep, learn, or improve skills and functioning for daily living.
- Therapeutic Care - Services provided by speech language pathologists, occupational therapists or physical therapists.

Upon full or partial denial of coverage for any Autism Spectrum Disorders benefits, a Member shall be entitled to file an Appeal. The Appeal process will:

- Provide internal review followed by independent external review; and
- Have levels, expedited and standard Appeal time frames, and other terms established by the Claims Administrator consistent with applicable Pennsylvania and federal law.

Appeal filing procedures will be described in notices denying any Autism Spectrum Disorders benefits. Full Appeal process descriptions will be provided after a new Appeal is initiated and can also be obtained at any time by contacting Member Services.

Colorectal Cancer Screening
The Claims Administrator will provide coverage for colorectal cancer screening for Symptomatic Members, Nonsymptomatic Members over age 50, and Nonsymptomatic Members under age 50 who are at high risk or increased risk for colorectal cancer. Coverage for colorectal cancer screening must be in accordance with the current American Cancer Society guidelines, and consistent with approved medical standards and practices. The method and frequency of screening to be utilized shall be:

- Coverage for Symptomatic Members shall include a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at a frequency determined by a treating Physician.
- Coverage for Nonsymptomatic Members over age 50 shall include, but not be limited to:
  - An annual fecal occult blood test;
  - A sigmoidoscopy, a screening barium enema, or a test consistent with approved medical standards and practices to detect colon cancer, at least once every five years; and
  - A colonoscopy at least once every ten years.
- Coverage for Nonsymptomatic Members under age 50 who are at high or increased risk for colorectal cancer shall include a colonoscopy or any combination of colorectal cancer screening tests.

"Nonsymptomatic Member at high or increased risk" means a Member who poses a higher than average risk for colorectal cancer according to the current American Cancer Society guidelines on screening for colorectal cancer.

"Symptomatic Member" means a Member who experiences a change in bowel habits, rectal bleeding or persistent stomach cramps, weight loss or abdominal pain.

Consumable Medical Supplies
The Claims Administrator will provide coverage for the purchase of Consumable Medical Supplies when:

- It is used in the Member's home; and
- It is obtained through a Professional Provider.

Day Rehabilitation Program
The Claims Administrator will provide coverage for a Medically Necessary Day Rehabilitation Program when provided by a Facility Provider under the following conditions:

- Intensity of need for therapy: The Member must require intensive Therapy services, such as Physical, Occupational and/or speech Therapy 5 days per week for 4 to 7 hours per day;
- Ability to communicate: The Member must have the ability to communicate (verbally or non-verbally); their needs; they must also have the ability to consistently follow directions and to manage their own behavior with minimal to moderate intervention by professional staff;
- Willingness to participate: The Member must be willing to participate in a Day Rehabilitation Program; and
- Family support: The Member's family must be able to provide adequate support and assistance in the home and must demonstrate the ability to continue the rehabilitation program in the home.

Limitations: This benefit is subject to the limits shown in the ***Schedule of Covered Services.***

Diabetic Education Program
When prescribed by a Professional Provider legally authorized to prescribe such items under law, the Claims Administrator will provide coverage for diabetes Outpatient self-management training and education, including medical nutrition, for the treatment of:

- Insulin-dependent diabetes;
- Insulin-using diabetes;
- Gestational diabetes; and
- Noninsulin-using diabetes.

When Physician certification must occur: The attending Physician must certify that a Member requires diabetic education on an Outpatient basis, under the following circumstances:

- Upon the initial diagnosis of diabetes;
- Upon a significant change in the Member's symptoms or condition; or
- Upon the introduction of new medication or a therapeutic process in the treatment or management of the Member's symptoms or condition.

Requirements that must be met: Outpatient diabetic education services will be covered when they meet specific requirements.

- These requirements are based on the certification programs for Outpatient diabetic education developed by the American Diabetes Association and the Pennsylvania Department of Health.
- Specific requirements: Outpatient diabetic education services and education program must:
  - Be provided by an In-Network Provider; and
  - Be conducted under the supervision of a licensed health care professional with expertise in diabetes, and subject to the requirements of the Claims Administrator.

Covered services include Outpatient sessions that include, but may not be limited to, the following information:

- Initial assessment of the Member's needs;
- Family involvement and/or social support;
- Psychological adjustment for the Member;
- General facts/overview on diabetes;
- Prevention and treatment of complications for chronic diabetes, (That is, foot, skin and eye care);
- Nutrition including its impact on blood glucose levels;
- Exercise and activity;
- Medications;
- Monitoring and use of the monitoring results;
- Use of community resources; and
- Pregnancy and gestational diabetes' if applicable.

Diabetic Equipment and Supplies

- Coverage and costs: The Claims Administrator will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a Pharmacy: This Program provides benefits for Prescription Drugs:
  - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a Pharmacy, if available;
  - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a Pharmacy:
  - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit;
  - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
  - Blood glucose monitors;
  - Insulin pumps;
  - Insulin infusion devices; and
  - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:
  - Blood testing strips;
  - Visual reading and urine test strips;
  - Insulin and insulin analogs;
  - Injection aids;
  - Insulin syringes;
  - Lancets and lancet devices;
  - Monitor supplies;
  - Pharmacological agents for controlling blood sugar levels; and
  - Glucagon emergency kits.

Diagnostic Services

The Claims Administrator will provide coverage for the following Diagnostic Services, when ordered by a Professional Provider and billed by a Professional Provider, and/or a Facility Provider:

- Routine Diagnostic Services, including, but not limited to:
  - Routine radiology: Consisting of x-rays, mammograms, ultrasound, and nuclear medicine;
  - Routine medical procedures: Consisting of ECG, EEG and other diagnostic medical procedures approved by the Claims Administrator; and
  - Allergy testing: Consisting of percutaneous, intracutaneous and patch tests.
- Non-Routine Diagnostic Services, including, but not limited to:
  - Nuclear Cardiology Imaging;
  - MRI/MRA;
  - CT Scans;
  - PET Scans; and
  - Sleep Studies.
- Diagnostic laboratory and pathology tests.
- Genetic testing and counseling.
  This includes services provided to a Member at risk for a specific disease that is a result of:
  - Family history; or
  - Exposure to environmental factors that are known to cause physical or mental disorders.

  When clinical usefulness of specific genetic tests has been established by the Claims Administrator, these services are covered for the purpose of:
  - Diagnosis;
  - Screening;
  - Predicting the course of a disease;
  - Judging the response to a therapy;
  - Examining risk for a disease; or
  - Reproductive decision-making.

Durable Medical Equipment

The Claims Administrator will provide coverage for the rental or, at the option of the Claims Administrator, the purchase of Durable Medical Equipment when:

- Prescribed by a Professional Provider and required for therapeutic use; and
- Determined to be Medically Necessary by the Claims Administrator.

Although an item may be classified as Durable Medical Equipment it may not be covered in every instance. Durable Medical Equipment, as defined in the ***Important Definitions*** section, that includes equipment that meets the following criteria:

- It is durable and can withstand repeated use. An item is considered durable if it can withstand repeated use, (That is, the type of item that could normally be rented). Medical Supplies of an expendable nature are not considered "durable" (For example, see the "Non-reusable supplies" provisions of the "Durable Medical Equipment" exclusion of the ***Exclusions - What Is Not Covered*** section of this Program);
- It customarily and primarily serves a medical purpose;
- It is generally not useful to a person without an illness or injury. The item must be expected to make a meaningful contribution to the treatment of the Member's illness, injury, or to improvement of a malformed body part; and
- It is appropriate for home use.

- Replacement and Repair:
  The Claims Administrator will provide coverage for the repair or replacement of Durable Medical Equipment

when the equipment does not function properly; and is no longer useful for its intended purpose, in the following limited situations:

- Due to a change in a Member's condition: When a change in the Member's condition requires a change in the Durable Medical Equipment the Claims Administrator will provide repair or replacement of the equipment;
- Due to breakage: When the Durable Medical Equipment is broken due to significant damage, defect, or wear, the Claims Administrator will provide repair or replacement only if the equipment's warranty has expired and it has exceeded its reasonable useful life as determined by the Claims Administrator.

Breakage under warranty: If the Durable Medical Equipment breaks while it is under warranty, replacement and repair is subject to the terms of the warranty. Contacts with the manufacturer or other responsible party to obtain replacement or repairs based on the warranty are the responsibility of:

- The Claims Administrator in the case of rented equipment; and
- The Member in the case of purchased equipment.

Breakage during reasonable useful lifetime: The Claims Administrator will not be responsible if the Durable Medical Equipment breaks during its reasonable useful lifetime for any reason not covered by warranty. (For example, the Claims Administrator will not provide benefits for repairs and replacements needed because the equipment was abused or misplaced.)

Cost to repair vs. cost to replace: The Claims Administrator will provide benefits to repair Durable Medical Equipment when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of Durable Medical Equipment:

- Replacement means the removal and substitution of Durable Medical Equipment or one of its components necessary for proper functioning;
- A repair is a restoration of the Durable Medical Equipment or one of its components to correct problems due to wear or damage or defect.

Emergency Care Services

- The In-Network level of benefits provided: Benefits for Emergency Care Services provided by a Hospital Emergency Room or other Outpatient Emergency Facility are provided by the Claims Administrator. They are provided at the In-Network level of benefits, regardless of whether the Member is treated by a In-Network or Out-of-Network Provider.
- Where to call and where to go: If Emergency Services are required, whether the Member is located in or outside the PPO Network service area: Call 911 or seek treatment immediately at the emergency department of the closest Hospital or Outpatient Emergency Facility.
- What Emergency Care is: Emergency Care services are Outpatient services and supplies provided by a Hospital or Facility Provider and/or Professional Provider for initial treatment of the Emergency.
- Examples of an Emergency include:
  - Heart attack;
  - Loss of consciousness or respiration;
  - Cardiovascular accident;
  - Convulsions;
  - Severe Accidental Injury; and
  - Other acute medical conditions as determined by the Claims Administrator.

Note: Should any dispute arise as to whether an Emergency existed or as to the duration of an Emergency: The determination by the Claims Administrator shall be final.

Home Health Care

- Covered Services: The Claims Administrator will provide coverage for the following services when performed by a licensed Home Health Care Provider:
  - Professional services of appropriately licensed and certified individuals;
  - Intermittent skilled nursing care;
  - Physical Therapy;
  - Speech Therapy;
  - Well mother/well baby care following release from an Inpatient maternity stay; and
  - Care within 48 hours following release from an Inpatient Admission when the discharge occurs within 48 hours following a mastectomy.
- Regarding well mother/well baby care: With respect to well mother/well baby care following early release from an Inpatient maternity stay, Home Health Care services must be provided within 48 hours if:
  - Discharge occurs earlier than 48 hours of a vaginal delivery; or
  - Discharge occurs earlier than 96 hours of a cesarean delivery.

  No cost-sharing shall apply to these benefits when they are provided after an early discharge from the Inpatient maternity stay.
- Regarding other medical services and supplies: The Claims Administrator will also provide coverage for certain other medical services and supplies, when provided along with a primary service. Such other services and supplies include:
  - Occupational Therapy;
  - Medical social services; and
  - Home health aides in conjunction with skilled services and other services which may be approved by the Claims Administrator.
- Regarding Medical Necessity: Home Health Care benefits will be provided only when prescribed by the Member's attending Physician, in a written Plan Of Treatment and approved by the Claims Administrator as Medically Necessary.
- Regarding the issue of being confined: There is no requirement that the Member be previously confined in a Hospital or Skilled Nursing Facility prior to receiving Home Health Care.
- Regarding being Homebound: With the exception of Home Health Care provided to a Member, immediately following an Inpatient release for maternity care, the Member must be Homebound in order to be eligible to receive Home Health Care benefits by a Home Health Care Provider.

Injectable Medications

The Claims Administrator will provide coverage for injectable medications required in the treatment of an injury or illness when administered by a Professional Provider.

- Specialty Drugs
  - Refer to a medication that meets certain criteria including, but not limited to:
    - The drug is used in the treatment of a rare, complex, or chronic disease;
    - A high level of involvement is required by a healthcare provider to administer the drug;
    - Complex storage and/or shipping requirements are necessary to maintain the drug's stability;
    - The drug requires comprehensive patient monitoring and education by a healthcare provider regarding safety, side effects, and compliance; and
    - Access to the drug may be limited.
  - Specialty Drugs can be categorized into different drug classes, including Gene Replacement Therapies. To obtain a list of Specialty Drugs please logon to www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information/specialty-drugs or call the Customer Service telephone number shown on the Member's Identification Card.
  - Gene Replacement Therapies are eligible for coverage under the medical benefit and require Precertification from the Claims Administrator. Claims Administrator has an established network of providers to administer Gene Replacement Therapies and can be found at: Gene-based therapies | Independence Blue Cross (ibx.com). Gene Replacement Therapies that are eligible for coverage are

included on the Precertification list. This list can be found at: https://www.ibx.com/resources/for-providers/policies-and-guidelines/operations-management/preapproval-requirements.

- Coinsurance applies:
  - The purchase of all Specialty Drugs is subject to:
    - Coinsurance, if dispensed by an In-Network Provider; or
    - Coinsurance, if dispensed by an Out-of-Network Provider.
  - The Coinsurance amounts are shown in the ***Schedule of Covered Services***.
- Coinsurance amounts will apply:
  - To each 30 day supply of medication dispensed for medications administered on a regularly scheduled basis; or
  - To each course/series of injections if administered on an intermittent basis.

  A 90 day supply of medication may be dispensed for some medications that are used for the treatment of a chronic illness.
- Dual Coverage
- Coverage and costs: The Claims Administrator will provide coverage for an injectable medication in accordance with Medical Policy coverage criteria and the terms and conditions of this Benefit Booklet. This is subject to any applicable Deductible, Copayment and/or Coinsurance or Precertification requirements:
  - If the drug is covered under the "Injectable Medication" benefit of this Benefit Booklet and is administered by a healthcare Provider in a Hospital Outpatient facility, provider's office, ambulatory (or free-standing) infusion suite, home (through a home infusion vendor), inpatient Hospital, or any other health care facility, this drug is eligible for coverage under the medical benefit:
    - Injectable medications are subject to the cost-share specified in the ***Schedule of Covered Services***.
  - Certain injectable medications may have a different formulation that is deemed eligible for coverage under the prescription drug benefit, if the benefit exists for the drug and if the Member can safely self-administer the drug without the assistance of a healthcare Provider, in accordance with the drug's prescribing information:
    - Self-administered drugs are subject to the cost-sharing associated with the terms of the Member's prescription drug benefit.

  Cost-sharing amounts for a drug that may be eligible for coverage under the Member's medical benefit or prescription drug benefit may vary. Members should discuss these coverage options with their healthcare Provider. Member financial responsibilities (including Deductible, Copayment, and/or Coinsurance) depend on the terms and conditions of the Member's applicable benefit. These terms and conditions are subject to change.

■ Standard Injectable Drugs
- Standard Injectable Drugs refer to a medication that is either injectable or infusible, but is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug.
- Standard Injectable Drugs include, but are not limited to:
  - Allergy injections and extractions; and
  - Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.
- Self-Administered Prescription Drugs generally are not covered.
- For more information on Self-Administered Prescription Drugs:
  - Please refer to the ***Exclusions - What Is Not Covered*** section and the description of "Insulin and Oral Agents" coverage in the ***Description of Covered Services*** section.

Insulin and Oral Agents
The Claims Administrator will provide coverage for Insulin and oral agents to control blood sugar as prescribed by a Physician and dispensed by a licensed pharmacy. Benefits are available for up to a 30 day supply when dispensed from a retail pharmacy.

Medical Foods and Nutritional Formulas

- The Claims Administrator will provide coverage for Medical Foods when provided for the therapeutic treatment of inherited errors of metabolism (IEMs) such as:
  - Phenylketonuria;
  - Branched-chain ketonuria;
  - Galactosemia; and
  - Homocystinuria.

  Coverage is provided when administered on an Outpatient basis, either orally or through a tube.

- The Claims Administrator will provide coverage for Nutritional Formulas when the Nutritional Formula is administered through a tube.

- The Claims Administrator will provide coverage for oral elemental formulas for an infant or child suffering from Severe Systemic Protein Allergy, food protein-induced enterocolitis syndrome, eosinophilic disorders, or short-bowel syndrome that do not respond to treatment with standard milk or soy protein formulas and casein hydrolyzed formulas.

- The Claims Administrator will provide coverage for Medical Foods and Nutritional Formulas when provided through a Durable Medical Equipment supplier or in connection with Infusion Therapy as provided for in this Program.

An estimated basal caloric requirement for Medical Foods and Nutritional Formula is not required for those with IEMs, or for when administered through a tube.

Non-Surgical Dental Services

The Claims Administrator will provide coverage only for:

- The initial treatment of Accidental Injury/trauma, (That is, fractured facial bones and fractured jaws), in order to restore proper function.

  Restoration of proper function includes the dental services required for the initial restoration or replacement of Sound Natural Teeth, required for the initial treatment for the Accidental Injury/trauma. This includes:
  - The first caps;
  - Crowns;
  - Bridges; and
  - Dentures (but not dental implants).

- The preparation of the jaws and gums required for initial replacement of Sound Natural Teeth. Injury as a result of chewing or biting is not considered an Accidental Injury. See the exclusion of dental services in the ***Exclusions - What Is Not Covered*** section for more information on what dental services are not covered.

Orthotics (Devices Used for Support of Bones and Joints)
The Claims Administrator will provide coverage for:
- The first purchase and fitting: This is the initial purchase and fitting (per medical episode) of orthotic devices which are Medically Necessary as determined by the Claims Administrator. This does not include foot orthotics, unless the Member requires foot orthotics as a result of diabetes.
- Replacements due to growth: The replacement of covered orthotics for Dependent children when required due to natural growth.

Podiatric Care
The Claims Administrator will provide coverage for:
- Capsular or surgical treatment of bunions;
- Ingrown toenail Surgery; and
- Other non-routine Medically Necessary foot care.

In addition, for Members with peripheral vascular and/or peripheral neuropathic diseases, including but not limited to diabetes, benefits for routine foot care services are covered.

Private Duty Nursing Services
The Claims Administrator will provide coverage up to the number of hours as specified in the ***Schedule of Covered Services*** for Outpatient services for Private Duty Nursing performed by a Licensed Registered Nurse (RN) or a Licensed Practical Nurse (LPN) when ordered by a Physician and which are Medically Necessary as determined by the Claims Administrator.

Prosthetic Devices
The Claims Administrator will provide coverage for expenses Incurred for Prosthetic Devices (except dental prostheses) required as a result of illness or injury. Expenses for Prosthetic Devices are subject to medical review by the Claims Administrator to determine eligibility and Medical Necessity.

Such expenses may include, but not be limited to:
- The purchase, fitting, necessary adjustments and repairs of Prosthetic Devices which replace all or part of an absent body organ including contiguous tissue or which replace all or part of the function of an inoperative or malfunctioning body organ;
- The supplies and replacement of parts necessary for the proper functioning of the Prosthetic Device. Except coverage is not available for enhancements or deluxe supplies or convenience features that do not serve or contribute towards any clinically established physiological and/or functional improvements;
- Breast prostheses required to replace the removed breast or portions thereof as a result of mastectomy and prostheses inserted during reconstructive Surgery incident and subsequent to mastectomy; and
- Benefits are provided for the following visual Prosthetics when Medically Necessary and prescribed for one of the following conditions:
  - Initial contact lenses prescribed for treatment of infantile glaucoma;
  - Initial pinhole glasses prescribed for use after Surgery for detached retina;
  - Initial corneal or scleral lenses prescribed:
    - In connection with the treatment of keratoconus; or
    - To reduce a corneal irregularity other than astigmatism;
  - Initial scleral lenses prescribed to retain moisture in cases where normal tearing is not present or adequate; and
  - Initial pair of basic eyeglasses when prescribed to perform the function of a human lens (aphakia) lost as a result of:
    - Accidental Injury;
    - Trauma; or
    - Ocular Surgery.

The repair and replacement provisions do not apply to this item.

Benefits for replacement of a Prosthetic Device or its parts will be provided:
- When there has been a significant change in the Member's medical condition that requires the replacement;
- If the prostheses breaks because it is defective;
- If the prostheses breaks because it exceeds its life expectancy, as determined by the manufacturer; or
- For a Dependent's child due to the normal growth process when Medically Necessary.

The Claims Administrator will provide benefits to repair Prosthetic Devices when the cost to repair is less than the cost to replace it. For purposes of replacement or repair of the prostheses, replacement means the removal and substitution of the prostheses or one of its components necessary for proper functioning. A repair is a restoration of the prostheses or one of its components to correct problems due to wear or damage. However, the Claims Administrator will not provide benefits for repairs and replacements needed because the prostheses was abused or misplaced.

If a Prosthetic Device breaks and is under warranty, it is the responsibility of the Member to work with the manufacturer to replace or repair it.

Specialist Office Visits
The Claims Administrator will provide coverage for Specialist Services Medical Care provided in the office by a Provider other than a Primary Care Provider.

For the purpose of this benefit "in the office" includes:
- Medical Care visits to a Provider's office;
- Medical Care visits by a Provider to the Member's residence; or
- Medical Care consultations by a Provider on an Outpatient basis.

Spinal Manipulation Services
The Claims Administrator will provide coverage for the detection and correction of structural imbalance or dislocation (subluxation) of the Member's spine resulting from, or related to any of the following:
- Distortion of, or in, the vertebral column;
- Misalignment of, or in, the vertebral column; or
- Dislocation (Subluxation) of, or in, the vertebral column.

The detection and correction can be done by: Manual or mechanical means (by hand or machine).

This service will be provided for, up to the limits specified in the ***Schedule of Covered Services*** for spinal manipulations.

Therapy Services
The Claims Administrator will provide coverage, subject to the Benefit Period Maximums specified in the ***Schedule of Covered Services***, for the following services prescribed by a Physician and performed by a Professional Provider, a therapist who is registered or licensed by the appropriate authority to perform the applicable therapeutic service, and/or Facility Provider, which are used in treatment of an illness or injury to promote recovery of the Member.
- Cardiac Rehabilitation Therapy
  Refers to a medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.

- Chemotherapy
  The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the

growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:

- Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents;
- The FDA approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Claims Administrator's policies; and
- Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

- Dialysis
  The treatment of acute renal failure or chronic irreversible renal insufficiency for removal of waste materials from the body by hemodialysis, peritoneal dialysis, hemoperfusion, or chronic ambulatory peritoneal dialysis (CAPD), or continuous cyclical peritoneal dialysis (CCPD).

- Infusion Therapy
  The infusion of drug, hydration, or nutrition (parenteral or enteral) into the body by a Professional Provider. Infusion therapy includes all professional services, supplies, and equipment that are required to safely and effectively administer the therapy. Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to prepare the drug, administer the infusion, and monitor the Member. The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy
  Includes treatment of a physically disabled person by means of constructive activities designed and adapted to promote the restoration of the person's ability to satisfactorily accomplish the ordinary tasks of daily living. Coverage will also include services rendered by a registered, licensed occupational therapist.

- Orthoptic/Pleoptic Therapy
  Includes treatment through an evaluation and training session program for the correction of oculomotor dysfunction as a result of a vision disorder, eye Surgery, or injury resulting in the lack of vision depth perception.

- Physical Therapy
  Includes treatment by physical means, heat, hydrotherapy or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury, or loss of body part, including the treatment of functional loss following hand and/or foot Surgery.

- Pulmonary Rehabilitation Therapy
  Includes treatment through a multidisciplinary program which combines Physical Therapy with an educational process directed towards the stabilization of pulmonary diseases and the improvement of functional status.

- Radiation Therapy
  The treatment of disease by x-ray, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery, including the cost of radioactive materials supplied and billed by the Provider.

- Speech Therapy
  Includes treatment for the correction of a speech impairment resulting from disease, Surgery, injury, congenital anomalies, or previous therapeutic processes. Coverage will also include services by a speech therapist.

Urgent Care Centers
The Claims Administrator will provide coverage for Urgent Care Centers, when Medically Necessary as determined by the Claims Administrator.

- Urgent Care Centers are designed to offer immediate evaluation and treatment for health conditions that require medical attention:
  - In a non-Emergency situation;
  - That cannot wait to be addressed by the Member's Professional Provider or Retail Clinic.

Cost-sharing requirements are specified in the **Schedule of Covered Services**.

Virtual Care Services

- Services Provided by a contacted vendor
  Virtual care services are provided by contracted vendors who are licensed to provide standard medical assessments, treatments, care and services to patients via the telephone or secure video when a Professional Provider is unavailable or inaccessible. These licensed Providers do not replace an existing Professional Provider relationship but enhances it with an efficient, convenient alternative for non-emergency medical problems. The applicable vendor Provider cost-sharing requirements are specified in the Schedule of Covered Services. The Member will pay the applicable cost-sharing via credit or debit card prior to the consultation.
- Benefits Provided by Professional Provider
  Virtual care services are also covered, when provided by a Professional Provider and subject to the relevant cost-share applicable to that Provider. The Provider’s eligibility will be determined by the Claims Administrator in the Claims Administrator’s policies, who is licensed in the state where the Virtual care service is being offered. Virtual care services are covered when the encounter takes place via a secure Health Insurance Portability and Accountability Act (HIPAA) - compliant interactive audio and video telecommunications system as specified in the Claims Administrator’s policies.

EXCLUSIONS – WHAT IS NOT COVERED

Except as specifically provided in this Benefit Booklet, no benefits will be provided for services, supplies or charges:

Alternative Therapies/Complementary Medicine
For Alternative Therapies/Complementary Medicine, including but not limited to:
- Music therapy;
- Dance therapy;
- Equestrian/hippotherapy;
- Homeopathy;
- Primal therapy;
- Rolfing;
- Psychodrama;
- Vitamin or other dietary supplements and therapy;
- Naturopathy;
- Hypnotherapy;
- Bioenergetic therapy;
- Qi Gong;
- Ayurvedic therapy;
- Aromatherapy;
- Massage therapy;
- Therapeutic touch;
- Recreational, wilderness, educational and sleep therapies.

Ambulance Services/Transport
For ambulance services/transport except as specifically provided under this Program.

Assisted Fertilization Techniques
For assisted fertilization techniques such as, but not limited to, in-vitro fertilization, gamete intra-fallopian transfer (GIFT) and zygote intra-fallopian transfer (ZIFT).

Autism
- For the diagnosis and treatment of Autism Spectrum Disorders that is provided through a school as part of an individualized education program.
- For the diagnosis and treatment of Autism Spectrum Disorders that is not included in the ASD Treatment Plan for Autism Spectrum Disorders.

Benefit Maximums
For charges Incurred for expenses in excess of Benefit Maximums as specified in the ***Schedule of Covered Services.***

Cognitive Rehabilitation Therapy
For Cognitive Rehabilitation Therapy, except when provided integral to other supportive therapies, such as, but not limited to physical, occupational and speech therapies in a multidisciplinary, goal-oriented and integrated treatment program designed to improve management and independence following neurological damage to the central nervous system caused by illness or trauma (For example: stroke, acute brain insult, encephalopathy).

Consumable Medical Supplies
For Consumable Medical Supplies, any item that meets the following criteria is not a covered Consumable Medical Supply and will not be covered:

- The item is for comfort or convenience.
- The item is not primarily medical in nature. Items not covered include, but are not limited to:
  - Ear plugs;
  - Ice pack;
  - Silverware/utensils;
  - Feeding chairs; and
  - Toilet seats.
- The item has features of a medical nature which are not required by the member's condition.
- The item is generally not prescribed by an eligible Provider.

Some examples of not covered Consumable Medical Supplies are:

- Incontinence pads;
- Lamb's wool pads;
- Face masks (surgical);
- Disposable gloves, sheets and bags;
- Bandages;
- Antiseptics; and
- Skin preparations.

Contraception
For Contraceptives.

Correctional Facility

- While a Member is incarcerated in any adult or juvenile penal or correctional facility or institution; or
- Care for conditions that federal, state or local law requires to be treated in a public facility.

Cosmetic Surgery
For services and operations for cosmetic purposes

- Which are done to improve the appearance of any portion of the body; and
- From which no improvement in physiologic function can be expected.

However, benefits are payable to correct:

- A condition resulting from an accident; and
- Functional impairment which results from a covered disease, injury or congenital birth defect.

This exclusion does not apply to mastectomy related charges as provided for and defined in the "Surgical Services" section in the ***Description of Covered Services.***

Cranial Prostheses (Including Wigs)
For cranial prostheses, including wigs intended to replace hair.

Dental Care

- For dental services related to:
  - The care, filling, removal or replacement of teeth, including dental implants to replace teeth or to treat congenital anodontia, ectodermal dysplasia or dentinogenesis imperfecta; and
  - The treatment of injuries to or diseases of the teeth, gums or structures directly supporting or attached to the teeth, except as otherwise specifically stated in this Benefit Booklet.
  - Specific services not covered include, but are not limited to (unless otherwise described in this Benefit Booklet):
    - Apicoectomy (dental root resection);
    - Prophylaxis of any kind;
    - Root canal treatments;
    - Soft tissue impactions;
    - Alveolectomy;
    - Bone grafts or other procedures provided to augment an atrophic mandible or maxilla in preparation of the mouth for dentures or dental implants; and
    - Treatment of periodontal disease;
- For dental implants for any reason.
- For dentures, unless for the initial treatment of an Accidental Injury/trauma.
- For Orthodontic treatment, except for appliances used for palatal expansion to treat congenital cleft palate.
- For injury as a result of chewing or biting (neither is considered an Accidental Injury).

Diagnostic Screening Examinations

For diagnostic screening examinations, except for mammograms and preventive care as provided in the "Primary and Preventive Care", "Women's Preventive Care" and "Diagnostic Services" subsections of the ***Description of Covered Services.***

Durable Medical Equipment
For the following examples of equipment that do not meet the definition of Durable Medical Equipment include, but are not limited to:

- Comfort and convenience items, such as massage devices, portable whirlpool pumps, telephone alert systems, bed-wetting alarms, and ramps.
- Equipment used for environmental control, such as air cleaners, air conditioners, dehumidifiers, portable room heaters, and heating and cooling plants.
- Equipment inappropriate for home use. This is an item that generally requires professional supervision for proper operation, such as:
  - Diathermy machines;
  - Medcolator;
  - Data transmission devices used for telemedicine purposes;
  - Pulse tachometer;
  - Translift chairs; and
  - Traction units.
- Non-reusable supplies other than a supply that is an integral part of the Durable Medical Equipment item required for the Durable Medical Equipment function. This means the equipment is not durable or is not a component of the Durable Medical Equipment.
- Equipment that is not primarily medical in nature. Equipment which is primarily and customarily used for a non-medical purpose may or may not be considered "medical" in nature. This is true even though the item may have some medically related use. Such items include, but are not limited to:
  - Equipment For Safety;
  - Exercise equipment;
  - Speech teaching machines;
  - Strollers;
  - Toileting systems;
  - Electronically-controlled heating and cooling units for pain relief;
  - Bathtub lifts;
  - Stairglides; and
  - Elevators.
- Equipment with features of a medical nature which are not required by the Member’s condition, such as a gait trainer. The therapeutic benefits of the item cannot be clearly disproportionate to its cost, if there exists a Medical Necessity and realistically feasible alternative item that serves essentially the same purpose.
- Duplicate equipment for use when traveling or for an additional residence, whether or not prescribed by a Professional Provider.
- Services not primarily billed for by a Provider such as delivery, set-up and service activities and installation and labor of rented or purchased equipment.
- Modifications to vehicles, dwellings and other structures. This includes any modifications made to a vehicle, dwelling or other structure to accommodate a Member’s disability or any modifications made to a vehicle, dwelling or other structure to accommodate a Durable Medical Equipment item, such as customization to a wheelchair.

Effective Date
Which were Incurred prior to the Member's Effective Date of coverage.

Experimental/Investigative
Which are Experimental/Investigative in nature, except, as approved by the Claims Administrator, Routine Patient Costs Associated With Qualifying Clinical Trials that meets the definition of a Qualifying Clinical Trial under this Benefit Booklet.

Foot Orthotics
For supportive devices for the foot (orthotics), such as, but not limited to:
- Foot inserts;
- Arch supports;
- Heel pads and heel cups; and
- Orthopedic/corrective shoes.

This exclusion does not apply to orthotics and podiatric appliances required for the prevention of complications associated with diabetes.

Hearing Aids
For hearing or audiometric examinations, and Hearing Aids and the fitting thereof; and, routine examinations. Services and supplies related to these items are not covered.

Cochlear electromagnetic hearing devices, a semi-implantable Hearing Aid, is not covered. Cochlear electromagnetic hearing devices are not considered cochlear implants.

High Cost Technical Equipment
For equipment costs related to services performed on high cost technological equipment as defined by the Claims Administrator, such as, but not limited to:
- Computer Tomography (CT) scanners;
- Magnetic Resonance Imagers (MRI); and
- Linear accelerators.

Unless the acquisition of such equipment by a Professional Provider was approved:
- Through the Certificate of Need (CON) process; and/or
- By the Claims Administrator.

Home Blood Pressure Machines
For home blood pressure machines, except for Members:
- With pregnancy-induced hypertension;
- With hypertension complicated by pregnancy;
- With end-stage renal disease receiving home dialysis; or
- Who are eligible for home blood pressure machine benefits as required based on ACA preventive mandates.

Home Health Care
For Home Health Care services and supplies in connection with Home health services for the following:
- Custodial services, food, housing, homemaker services, Home delivered meals and supplementary dietary assistance;
- Rental or purchase of Durable Medical Equipment;
- Rental or purchase of medical appliances (For example, braces) and Prosthetic Devices (For example, artificial limbs); supportive environmental materials and equipment, such as:
  - Handrails;
  - Ramps;
  - Telephones;
  - Air conditioners and similar services;
  - Appliances; and
  - Devices.

- Prescription drugs;
- Provided by family members, relatives, and friends;
- A Member's transportation, including services provided by voluntary ambulance associations for which the Member is not obligated to pay;
- Emergency or non-Emergency Ambulance services;
- Visiting teachers, friendly visitors, vocational guidance and other counselors, and services related to diversional Occupational Therapy and/or social services;
- Services provided to individuals (other than a Member released from an Inpatient maternity stay), who are not essentially Homebound for medical reasons; and
- Visits by any Provider personnel solely for the purpose of assessing a Member's condition and determining whether or not the Member requires and qualifies for Home Health Care services and will or will not be provided services by the Provider.

Hospice Care
For Hospice Care benefits for the following:
- Services and supplies for which there is no charge;
- Research studies directed to life lengthening methods of treatment;
- Services or expenses Incurred in regard to the Member's personal, legal and financial affairs (such as preparation and execution of a will or other disposition of personal and real property);
- Care provided by family members, relatives, and friends; and
- Private Duty Nursing.

Immediate Family
Rendered by a member of the Member's Immediate Family.

Immunizations for Employment or Travel
For Immunizations required for employment purposes or travel.

Intensive Behavioral Health Services/Pediatric Intensive Behavioral Health Services
For services designated as intensive behavioral health services/pediatric intensive behavioral health services (defined in Pennsylvania Medical Assistance Manual Chapter 1155), except as specifically provided under this Program (For example, Applied Behavioral Analysis).

Laboratory and Pathology Tests for Employment
For laboratory and pathology tests in connection with obtaining or continuing employment.

Lipedema
For Liposuction (Suction-Assisted Lipectomy) for the treatment of lipedema. This exclusion does not apply to:
- Liposuction (Suction-Assisted Lipectomy) for the treatment of lipedema when the Claims Administrator:
  - Determines the Liposuction (Suction-Assisted Lipectomy) is Medically Necessary; and
  - The Liposuction (Suction-Assisted Lipectomy) is limited to one procedure per area of the body per lifetime.

Medical Foods And Nutritional Formulas
- For appetite suppressants;
- For oral non-elemental nutritional supplements (For example, Boost, Ensure, NeoSure, PediaSure, Scandishake), casein hydrolyzed formulas (For example, Nutramigen, Alimentun, Pregestimil), or other nutritional products including, but not limited to, banked breast milk, basic milk, milk-based, and soy-based

products. This exclusion does not apply to Medical Foods and Nutritional Formulas as provided for and defined in the "Medical Foods and Nutritional Formulas" section in the Description of Covered Services;
- For elemental semi-solid foods (For example, Neocate Nutra);
- For products that replace fluids and electrolytes (For example, Electrolyte Gastro, Pedialyte);
- For oral additives (For example, Duocal, fiber, probiotics, or vitamins) and food thickeners (For example, Thick-It, Resource ThickenUp); and
- For supplies associated with the oral administration of formula (For example, bottles, nipples).

Medical Supplies
For Medical Supplies such as but not limited to thermometers, ovulation kits, early pregnancy or home pregnancy testing kits.

Medical Necessity
Which are not Medically Necessary as determined by the Claims Administrator for the diagnosis or treatment of illness or injury.

Mental Health/Psychiatric Care
- For vocational or religious counseling; and
- For activities that are primarily of an educational nature.

Military Service
For any loss sustained or expenses Incurred in the following ways:
- During military service while on active duty as a member of the armed forces of any nation; or
- As a result of enemy action or act of war, whether declared or undeclared.

Miscellaneous

- For care in a:
  - Long term care facility, including a:
    - Nursing home;
    - Assisted living facility; and
    - Board and care home;
  - Continuing care retirement facility;
  - Convalescent home;
  - School;
  - Camp; or
  - Institution for intellectually disabled children.
- For broken appointments.
- For Telephone consultations.
- For completion of a claim form.
- For marriage counseling.
- For Custodial Care, domiciliary care or rest cures.
- Which are not billed and performed by a Provider as defined under this coverage as a "Professional Provider", "Facility Provider" or "Ancillary Service Provider" except as otherwise indicated under the subsections entitled:
  - "Therapy Services"; and
  - "Ambulance Services/Transport" in the ***Description of Covered Services*** section.
- Performed by a Professional Provider enrolled in an education or training program when such services are:
  - Related to the education or training program; and are
  - Provided through a Hospital or university.
- For weight reduction and premarital blood tests. This exclusion does not apply to nutrition visits as set forth in the ***Description of Covered Services*** section under the subsection entitled "Nutrition Counseling for Weight Management".
- For any Therapy Service provided for:
  - Work hardening activities/programs; or
  - Evaluations not associated with therapy.

Motor Vehicle

For injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is:

- Paid under a plan or policy of motor vehicle insurance, including a certified self-insured plan; or
- Payable in any manner under the Pennsylvania Motor Vehicle Financial Responsibility Law.

Non-Covered Services

Any services, supplies or treatments not specifically listed as covered benefits in this Program.

Obesity

For treatment of obesity, including, but not limited to:

- Weight management programs;
- Dietary aids, supplements, injections and medications;
- Weight training, fitness training, or lifestyle modification programs, including such programs provided under the supervision of a clinician; and
- Group nutrition counseling.

This exclusion does not apply to:

- Surgical procedures specifically intended to result in weight loss (including bariatric surgery) when the Claims Administrator:
  - Determines the Surgery is Medically Necessary; and
  - The Surgery is limited to one surgical procedure per lifetime regardless (or even) if:
    - A new or different diagnosis is the indication for the Surgery;
    - A new or different type of Surgery is intended or performed;
    - A revision, repeat, or reversal of any previous weight loss Surgery is intended or performed.

The exclusion of coverage for a repeat, reversal or revision of a previous Surgery does not apply when the intended procedure is performed to treat technical failure or complication of a prior surgical procedure which if left untreated, would result in endangering the health of the Member. Failure to maintain weight loss or any condition resulting from or associated with obesity does not constitute technical failure.

- Nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

Over-The-Counter Drugs
For over-the-counter drugs and any other medications that may be dispensed without a doctor's prescription, except for medications administered during an Inpatient Admission. This exclusion does not apply to over-the-counter medicines that are prescribed by a Physician in accordance with applicable law.

Personal Hygiene and Convenience Items
For personal hygiene and convenience items such as, but not limited to the following, whether or not recommended by a Provider:

- Air conditioners;
- Humidifiers;
- Physical fitness or exercise equipment;
- Radio;
- Beauty/barber shop services;
- Guest trays;
- Wigs;
- Chairlifts;
- Stairglides;
- Elevators;
- Sauna;
- Television;
- Spa or health club memberships;
- Whirlpool;
- Telephone;
- Guest Service; or
- Hot tub or equivalent device.

Physical Examinations
For routine physical examinations for non-preventive purposes, such as:

- Pre-marital examinations;
- Physicals for college;
- Camp or travel; and
- Examinations for insurance, licensing and employment.

Prescription Drugs

- For prescription drugs, except as may be provided by a prescription drug rider attached to this Benefit Booklet. This exclusion does NOT apply to insulin, insulin analogs and pharmacological agents for controlling blood sugar levels, as provided for the treatment of diabetes.
- For drugs and medicines for which the Member has coverage under a free-standing prescription drug program provided through the Enrolled Group.

Private Duty Nursing

- For Private Duty Nursing services in connection with the following:
  - Nursing care which is primarily custodial in nature; such as care that primarily consists of bathing, feeding, exercising, homemaking, moving the patient and giving oral medication;
  - Services provided by a nurse who ordinarily resides in the Member's home or is a member of the Member's Immediate Family; and
  - Services provided by a home health aide or a nurse's aide.
- For Inpatient Private Duty Nursing services.

Relative Counseling or Consultations

For counseling or consultation with a Member's relatives, or Hospital charges for a Member's relatives or guests, except as may be specifically provided or allowed in the "Treatment for Alcohol Or Drug Abuse And Dependency" or "Transplant Services" sections of the ***Description of Covered Services.***

Responsibility of Another Party

- For which a Member would have no legal obligation to pay, or another party has primary responsibility.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust, or similar person or group.

Responsibility of Medicare

Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is "payable under Medicare" when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the Claims Administrator.

Reversal of a Sterilization

For any Surgery performed for the reversal of a sterilization procedure.

Routine Foot Care

As defined in the Claims Administrator's Medical Policy unless associated with Medically Necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease, including but not limited to diabetes.

Self-Administered Prescription Drugs

For Self-Administered Prescription Drugs, regardless of whether the drugs are provided or administered by a Provider. Drugs are considered Self-Administered Prescription Drugs even when initial medical supervision and/or instruction is required prior to patient self-administration.

This exclusion does not apply to Self-Administered Prescription Drugs that are:

- Mandated to be covered by law, such as insulin or any drugs required for the treatment of diabetes, unless these drugs are covered by a Free-Standing Prescription Drug Contract issued to the Group by the Claims Administrator; or
- Required for treatment of an Emergency condition that requires a Self-Administered Prescription Drug.

Sexual Dysfunction

For sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist.

Skilled Nursing Facility
For Skilled Nursing Facility services in connection with the following:
- When confinement in a Skilled Nursing Facility is intended solely to assist the Member with the activities of daily living or to provide an institutional environment for the convenience of a Member;
- For the treatment of Alcohol And Drug Abuse Or Dependency, and Mental Illness; or
- After the Member has reached the maximum level of recovery possible for their particular condition and no longer requires definitive treatment other than routine Custodial Care.

Temporomandibular Joint Syndrome (TMJ)
For treatment of temporomandibular joint syndrome (TMJ), also known as craniomandibular disorders (CMD), with intraoral devices or with any non-surgical method to alter vertical dimension.

Termination Date
Which were or are Incurred after the date of termination of the Member's coverage except as provided in the ***General Information*** section.

Travel
For travel, whether or not it has been recommended by a Professional Provider or if it is required to receive treatment at an out of area Provider.

Veteran's Administration or Department of Defense
To the extent a Member is legally entitled to receive when provided by the Veteran's Administration or by the Department of Defense in a government facility reasonably accessible by the Member.

Vision
- For correction of myopia or hyperopia by means of corneal microsurgery, such as:
  - Keratomileusis;
  - Keratophakia;
  - Radial keratotomy and all related services.
- For eyeglasses, lenses or contact lenses and the vision examination for prescribing or fitting eyeglasses or contact lenses except as otherwise described in this Benefit Booklet.

Worker's Compensation
For any occupational illness or bodily injury which occurs in the course of employment if benefits or compensation are available, in whole or in part, under the provisions of:
- Worker's Compensation Law; or
- Any similar Occupational Disease Law or Act.

This exclusion applies whether or not the Member claims the benefits or compensation.

GENERAL INFORMATION

ELIGIBILITY, CHANGE AND TERMINATION RULES UNDER THE PROGRAM

Effective Date: The date the Group agrees that all eligible persons may apply and become covered for the benefits as set forth in this Program and described in this Benefit Booklet. If a person becomes an eligible person after the Group's Effective Date, that date becomes the eligible person's effective date under this Program.

Eligible Person
The Employee is eligible to be covered under this Program if the Employee is determined by the Group as eligible to apply for coverage and sign the Application.

Eligibility shall not be affected by the Employee's physical condition and determination of eligibility for the coverage by the employer shall be final and binding.

Eligible Dependent
The Employee's family is eligible for coverage (Dependent coverage) under this Program when the Employee is eligible for Employee coverage. An eligible Dependent is defined as the Employee's spouse under a legally valid existing marriage, the Employee's child(ren), including any stepchild, legally adopted child, a child placed for adoption or any child whose coverage is the Employee's responsibility under the terms of a qualified release or court order. The limiting age for covered children is the first of the month following the month in which they reach age 26.

In addition, a full-time student will be considered eligible for coverage when they are on a Medically Necessary leave of absence from an Accredited Educational Institution. The Dependent child will be eligible for coverage until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. The limiting age referenced above will be applicable regardless of the status of the Medically Necessary leave of absence.

A full-time student who is eligible for coverage under this Program who is:
- A member of the Pennsylvania National Guard or any reserve component of the U.S. armed forces and who is called or ordered to active duty, other than active duty for training for a period of 30 or more consecutive days; or
- A member of the Pennsylvania National Guard who is ordered to active state duty, including duty under Pa. C.S. Ch. 76 (relates to Emergency Management Assistance Compact), for a period of 30 or more consecutive days.

Eligibility for these Dependents will be extended for a period equal to the duration of the Dependent's service on duty or active state duty or until the individual is no longer a full-time student regardless of the age of the Dependent when the educational program at the Accredited Educational Institution was interrupted due to military duty.

As proof of eligibility, the Employee must submit a form to the Claims Administrator approved by the Department of Military & Veterans Affairs (DMVA):
- Notifying the Claims Administrator that the Dependent has been placed on active duty;
- Notifying the Claims Administrator that the Dependent is no longer on active duty; or
- Showing that the Dependent has re-enrolled as a full-time student in an Accredited Educational Institution for the first term or semester starting 60 or more days after their release from active duty.

Eligibility will be continued past the limiting age for unmarried children, regardless of age, who are incapable of

self-support because of mental or physical incapacitation and who are dependent on the Employee for over half of their support. The Claims Administrator may require proof of eligibility under the prior Claims Administrator's plan and also from time to time under this Program.

The newborn child(ren) of the Employee or the Employee's Dependent shall be entitled to the benefits provided by this Program from the date of birth for a period of 31 days. Coverage of newborn children within such 31 days shall include care which is necessary for the treatment of medically diagnosed congenital defects, birth abnormalities, prematurity and routine nursery care. To be eligible for Dependent coverage beyond the 31 day period, the Employee must enroll the newborn child within such 31 days. To continue coverage beyond 31 days for a newborn child, who does not otherwise qualify for coverage as a Dependent, the Employee must apply within 31 days after the birth of the newborn and the appropriate rate, calculated from the 32nd day after birth, must be paid when billed.

A newly acquired Dependent shall be eligible for coverage under this Program on the date the Dependent is acquired provided that the Employee applies to the Claims Administrator for addition of the Dependent within 31 days after the Dependent is acquired and the Employee makes timely payment of the appropriate rate. If Application is made later than 31 days after the Dependent is acquired, coverage shall become effective on the first billing date following 30 days after the Employee's Application is accepted by the Claims Administrator.

A Dependent child of a custodial parent covered under this Program may be enrolled under the terms of a qualified medical release or court order, as required by law.

No Dependent may be eligible for coverage as a Dependent of more than one Member of the Enrolled Group. No individual may be eligible for coverage hereunder as a Member and as a Dependent of a Member at the same time.

Benefits to Which the Member Is Entitled
The liability of the Claims Administrator is limited to the benefits specified in this Benefit Booklet. The Claims Administrator's determination of the benefit provisions applicable for the services rendered to the Member shall be conclusive.

Termination of Coverage at Termination Of Employment Or Membership In The Group
When a Member ceases to be an eligible Employee or eligible Dependent, or the required contribution is not paid, the Member's coverage will terminate at the end of the last month for which payment was made. However, if benefits under this Program are provided by and/or approved by the Claims Administrator before the Claims Administrator receives notice of the Member’s termination under this Program, the cost of such benefits will be the sole responsibility of the Member. In that circumstance, the Claims Administrator will consider the effective date of termination of a Member under this Program to be not more than 60 days before the first day of the month in which the Group notified the Claims Administrator of such termination.

Consumer Rights
Each Member has the right to access, review and copy their own health and membership records and request amendments to their records. This includes information pertaining to claim payments, payment methodology, reduction or denial, medical information secured from other agents, plans or providers.

For more information about accessing, reviewing or copying records, call Member Services at the toll-free number referenced on the Identification Card.

Member/Provider Relationship
- The choice of a Provider is solely the Member’s choice.
- The Claims Administrator does not furnish Covered Services but only makes payment for Covered Services received by persons covered under this Program. The Claims Administrator is not liable for any

act or omission of any Provider. The Claims Administrator has no responsibility for a Provider's failure or refusal to render Covered Services to a Member.

COVERAGE CONTINUATION

Termination of the Member's Coverage and Conversion Privilege Under This Program

- Termination of this Program – Termination of the Group coverage (this Program) automatically terminates all coverage for the Member (an Enrolled Employee) and the Member's eligible Dependents. The privilege of conversion to a conversion contract shall be available to any Member who has been continuously covered under the Program Document for at least three months (or covered for similar benefits under any group plan that this Program replaced).

  It is the responsibility of the Group or the Group's Applicant Agent to notify the Member and the Member's eligible Dependents of the termination of coverage. However, coverage will be terminated regardless of whether the notice is given.

  Rescission: If it is proven that the Member or the Member's eligible Dependent obtained or attempted to obtain benefits or payment for benefits, through fraud or intentional misrepresentation of material fact, the Claims Administrator, may, upon notice to the Member, terminate the coverage. The Member will receive written notice at least 30 days prior to termination but will have the right to utilize the ***Complaint and Appeal Process*** to appeal cancellation.

  The privilege of conversion is available for the Member and the Member's eligible Dependents except in the following circumstances:
  - The Group terminates this Program in favor of group coverage by another organization; or
  - The Group terminates the Member in anticipation of terminating this Program in favor of group coverage by another organization.

- Notice of Conversion – Written notice of termination and the privilege of conversion to a conversion contract shall be given within 60 days after the date of termination of this Program. Once the Member receives notice and the Member elects a conversion plan, payment for coverage under the conversion contract must be made within 31 days. Evidence of insurability is not required. Upon receipt of this payment, the conversion contract will be effective on the date of the Member's termination under this Program.

  Conversion coverage shall not be available if the Member is eligible for another health care program which is available in the Group where the Member is employed or with which the Member is affiliated to the extent that the conversion coverage would result in over-insurance.

  If the Member's coverage or the coverage of the Member's eligible dependent terminates because of the Member's death, the Member's change in employment status, divorce of dependent spouse, or change in a dependent's eligibility status, the terminated Member will be eligible to apply within 31 days of termination (or termination of the continuation privileges under COBRA) to conversion coverage, of the type for which that Member is then qualified at the rate then in effect. This conversion coverage may be different from the coverage provided under this Program. Evidence of insurability is not required.

Continuation Of Coverage At Termination Of Employment Or Membership Due To Total Disability

The Member's protection under this Program may be extended after the date the Member ceases to be a Member under this Program because of termination of employment or membership in the Group. It will be extended if, on that date, the Member is Totally Disabled from an illness or injury. The extension is only for that illness or injury and any related illness or injury. It will be for the time the Member remains Totally Disabled from any such illness or injury, but not beyond 12 months if the Member ceases to be a Member because the Member's coverage under this Program ends.

Coverage under this Program will apply during an extension as if the Member was still a Member. In addition, coverage will apply only to the extent that other coverage for the Covered Services is not provided for the Member through the Claims Administrator by the Group. Continuation of coverage is subject to payment of the applicable premium.

Continuation Of Incapacitated Child
If an unmarried child is incapable of self-support because of mental or physical incapacity and is dependent on the Member (an enrolled Employee) for over half of the child's support, the Member may apply to the Claims Administrator to continue coverage of such child under this Program upon such terms and conditions as the Claims Administrator may determine. Coverage of such Dependent child shall terminate upon the child's marriage. Continuation of benefits under this provision will only apply if the child was eligible as a Dependent and mental or physical incapacity commenced prior to age 26.

The child must be unmarried, incapable of self-support and the disability must have commenced prior to attaining 26 years of age. The disability must be certified by the attending Physician; furthermore, the disability is subject to annual medical review. In a case where a handicapped child is over 26 years of age and joining the Claims Administrator for the first time, the handicapped child must have been covered under the prior Claims Administrator and submit proof from the prior Claims Administrator that the child was covered as a handicapped person.

When The Employee Terminates Employment - Continuation Of Coverage Provisions Consolidated Omnibus Budget Reconciliation Act Of 1985, As Amended (COBRA)
The Employee should contact their Employer for more information about COBRA and the events that may allow the Employee or the Employee's eligible Dependents to temporarily extend health care coverage.

INFORMATION ABOUT PROVIDER REIMBURSEMENT
The Member's PPO Network Plan (this Program) is a program, which allows the Member to maximize the Member's health care benefits by utilizing the PPO Network, which is comprised of Providers that have a contractual arrangement with the Claims Administrator. These Providers are called "In-Network Providers". In-Network Providers are doctors, Hospitals and other health care professionals and institutions that are part of the PPO network, which is designed to provide access to care through a selected managed network of Providers. Services by In-Network Providers are delivered through a selected, managed network of Providers designed to provide quality care. The Hospitals, Primary Care Physicians and specialists, and a wide range of Ancillary Service Providers, including suppliers of Durable Medical Equipment, Hospice care and Home Health Care Agencies, Skilled Nursing Facilities, Free Standing Dialysis Facilities and Ambulatory Surgical Facilities.

When the Member receives health care through a Provider that is a member of the PPO Network, the Member incurs limited out-of-pocket expenses, and there are no claim forms to fill out. Benefits are also provided if the Member chooses to receive health care through a Provider that is not an In-Network Provider. However, the level of benefits will be reduced, and the Member will be responsible for a greater share of out-of-pocket expenses, and the amount of the Member's expenses could be substantial. The Member may have to reach a Deductible before receiving benefits and the Member may be required to file a claim form.

To locate a BlueCard network Provider, go to www.bcbs.com or call
1-800-810-BLUE (2583) (TTY: 711). The Claims Administrator covers only care that is "Medically Necessary". Medically Necessary care is care that is needed for the Member's particular condition and that the Member receives at the most appropriate level of service. Examples of different levels of service are Hospital Inpatient care, treatment in Short Procedure Units and Hospital Outpatient care.

Some of the services the Member receives through this Program must be Precertified before the Member receives them, to determine whether they are Medically Necessary. Failure to Precertify services, when required, may result in a reduction of benefits. Precertification of services is a vital program feature that reviews Medical Necessity of certain procedures/admissions. In certain cases, Precertification helps determine

whether a different treatment may be available that is equally effective. Precertification also helps determine the most appropriate setting for certain services. Innovations in health care enable doctors to provide services, once provided exclusively in an Inpatient setting, in many different settings – such as an Outpatient department of a Hospital or a doctor's office.

When the Member seeks medical treatment that requires Precertification (excluding Inpatient Admissions), the Member must ask their Provider to initiate the Precertification process. The Precertification number is located on the Member's Identification Card. The Member should instruct their Provider to call the Precertification number listed on the Member's Identification Card, and give the Member's name, facility's name, diagnosis, and procedure or reason for admission. Failure to Precertify required services will result in a reduction of benefits payable to the Member.

If the request for Precertification is denied, the Member will be notified in writing that the admission/service will not be paid because it is considered to be medically inappropriate. If the Member decides to continue treatment or care that has not been approved, the Member will be asked to do the following:
- Acknowledge this in writing.
- Request to have services provided.
- The Member states their willingness to assume financial liability.

Payment Of Providers

A Member or the Provider may submit bills directly to the Claims Administrator, and, to the extent that benefits and indemnity are payable within the terms and conditions of this Benefit Booklet, reimbursement will be furnished as detailed below. The Member's benefits for Covered Services are based on the rate of reimbursement as set forth under "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

- Facility Providers
  - In-Network Facility Providers
    In-Network Facility Providers are members of the PPO Network and have a contractual arrangement with the Claims Administrator for the provision of services to Members. Benefits will be provided as specified in the ***Schedule of Covered Services*** for Covered Services which have been performed by an In-Network Facility Provider. The Claims Administrator will compensate In-Network Facility Providers in accordance with the contracts entered into between such Providers and the Claims Administrator. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. No payment will be made directly to the Member for Covered Services rendered by any In-Network Facility Provider.

  - Out-of-Network Facility Providers
    Out-of-Network Facility Providers include facilities that are not part of the PPO Network. The Claims Administrator may have a contractual arrangement with a facility even if it is not part of the PPO Network.

    The Claims Administrator will provide benefits for Covered Services provided by an Out-of-Network Facility Provider at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The reimbursement rate is specified under "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet.

If the Claims Administrator determines that Covered Services were for Emergency Care as defined herein, the Member is protected from surprise billing or balance billing. The Member cannot be balanced billed for the Emergency Services. This includes services the Member may receive after the Member is in stable condition, unless the Member gives written consent and gives up the right under the Consolidated Appropriations Act ("CAA") not to be balanced billed for these post-stabilization services. Emergency admissions must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be based upon the methodology established by the CAA.

Once Covered Services are rendered by a Facility Provider, the Program will not honor a Member's request not to pay for claims submitted by the Facility Provider. The Member will have no liability to any person because of its rejection of the request.

- Professional Providers
  - In-Network Providers
    The Claims Administrator is authorized by the Member to make payment directly to the In-Network Professional Providers furnishing Covered Services for which benefits are provided under this Program. In-Network Professional Providers have agreed to accept the rate of reimbursement determined by a contract as payment in full for Covered Services. BlueCard Providers will be compensated by the Blue Cross and Blue Shield Plans with which they contract. In-Network Professional Providers will make no additional charge to Members for Covered Services except in the case of certain Copayments, Coinsurance or other cost-sharing features as specified under this Program. The Member is responsible within 60 days of the date in which the Claims Administrator finalizes such services to pay, or make arrangements to pay, such amounts to the In-Network Professional Provider.

    Benefit amounts, as specified in the Schedule of Covered Services of this coverage, refer to Covered Services rendered by a Professional Provider which are regularly included in such Provider's charges and are billed by and payable to such Provider. Any dispute between the In-Network Professional Provider and a Member with respect to balance billing shall be submitted to the Claims Administrator for determination. The decision of the Claims Administrator shall be final.

    Once Covered Services are rendered by a Professional Provider, the Claims Administrator will not honor a Member's request not to pay for claims submitted by the Professional Provider. The Claims Administrator will have no liability to any person because of its rejection of the request.

  - Emergency Care by Out-of-Network Providers
    If the Claims Administrator determines that Covered Services provided by an Out-of-Network Provider were for Emergency Care, the Member is protected from surprise billing or balance billing and will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. For Emergency Care and other Out-of-Network Providers, such as ambulance and air ambulance services, the Claims Administrator will reimburse the Out-of-Network Provider directly for Covered Services based upon the methodology established by the CAA. In these situations, the Member cannot be balanced billed for the Emergency Services. This includes services the Member may receive after the Member is in stable condition, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed for these post-stabilization services. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet. Inpatient admissions for Emergency Care must be certified within two business days of admission, or as soon as reasonably possible, as determined by the Claims Administrator. Payment for Emergency Services provided by Out-of-Network Providers will be based upon the methodology established by the CAA.

- Out-of-Network Hospital-Based Provider Reimbursement
  When the Member receives Covered Services from an Out-of-Network Hospital-Based Provider while the Member is an Inpatient at an In-Network Hospital or other In-Network Facility Provider and are being treated by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Covered Services provided by the Out-of-Network Hospital-Based Provider. For Covered Services outside the scope of the CAA, payment will be made to the Member, who will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For Covered Services within the scope of the CAA, the Claims Administrator will reimburse the Out-of-Network Hospital-Based Provider directly based upon the methodology established by the CAA. The Member cannot be balanced billed by the Out-of-Network Hospital-Based Provider, and the Out-of-Network Hospital-Based Provider cannot ask the Member to give up their right under the CAA not to be balanced billed. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet. Payment for services provided by Out-of-Network Hospital-Based Providers will be based upon the methodology established by the CAA.

  If the Member receives other services at an In-Network Hospital or other In-Network Facility Provider, Out-of-Network Providers cannot balance bill the Member, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed.

  Note that when the Member elects to see an Out-of-Network Hospital-Based Provider for follow-up care or any other service where the Member has the ability to select an In-Network Provider and the CAA does not apply to the Covered Service, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care, if an Out-of-Network Provider admits the Member to a Hospital or other Facility Provider, Covered Services provided by an Out-of-Network Hospital-Based Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Hospital-Based Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet.

- Inpatient Hospital Consultations by an Out-of-Network Professional Provider
  When the Member receives Covered Services for an Inpatient Hospital consultation from an Out-of-Network Professional Provider while the Member is Inpatient at an In-Network Facility Provider, and the Covered Services are referred by an In-Network Professional Provider, the Member will receive the In-Network cost-sharing level of benefits for the Inpatient Hospital consultation. The Claims Administrator will reimburse the Out-of-Network Professional Provider at an In-Network rate directly. For certain Out-of-Network Hospital-Based Providers (For example, anesthesiologists, hospitalists and other Providers as defined by the CAA), the Claims Administrator will reimburse the Out-of-Network Hospital-Based Provider directly based upon the methodology established by the CAA. For certain Providers, the Member cannot be balanced billed by the Out-of-Network Professional Provider, and the

Out-of-Network Professional Provider cannot ask the Member to give up their right under the CAA not to be balanced billed.

For such Covered Services not within the scope of the CAA, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet. For Covered Services within the scope of the CAA, payment for consultation services provided by Out-of-Network Professional Providers will be made directly to the Provider based upon the methodology established by the CAA.

The Out-of-Network Professional Provider cannot balance bill the Member, unless the Member gives written consent and gives up the right under the CAA not to be balanced billed.

Note that when the Member elects to see an Out-of-Network Professional Provider for follow-up care or any other service when the Member has the ability to select an In-Network Provider, and the CAA does not apply to the Covered Service, the Covered Services will be covered at an Out-of-Network benefit level. Except for Emergency Care and other Covered Services within the scope of the CAA, if an Out-of-Network Professional Provider admits the Member to a Hospital or other Facility Provider, services provided by Out-of-Network Professional Provider will be reimbursed at the Out-of-Network benefit level. For such Covered Services, payment will be made to the Member and the Member will be responsible for reimbursing the Out-of-Network Professional Provider. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the Important Definitions section of this Benefit Booklet.

- Out-of-Network Air Ambulance Providers
  For air ambulance services provided by an Out-of-Network Provider, the Member is protected from surprise billing or balance billing and will be subject to the In-Network cost-sharing levels. Penalties that ordinarily would be applicable to Out-of-Network Covered Services will not be applied. The Claims Administrator will reimburse the Out-of-Network Provider directly based upon the methodology established by the CAA. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for air ambulance services and the Member cannot be balanced billed for the air ambulance services provided by an Out-of-Network Provider. Payment for air ambulance services provided by Out-of-Network Providers, will be based upon the methodology established by the CAA.

- Out-of-Network Professional Provider Reimbursement
  Except as set forth above, when a Member seeks care from an Out-of-Network Professional Provider, benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Professional Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services, from an Out-of-Network Professional Provider, the Member will be responsible to reimburse the Out-of-Network Professional Provider for the difference between the Claims Administrator's payment and the Out-of-Network Professional Provider's charge.

■ Ancillary Service Providers
  - In-Network Ancillary Service Providers
    In-Network Ancillary Service Providers include members of the PPO Network that have a contractual relationship with the Claims Administrator for the provision of services or supplies to Members. Benefits will be provided as specified in the ***Schedule of Covered Services*** for the provision of services or supplies provided to Members by In-Network Ancillary Service Providers. The Claims Administrator will compensate In-Network Ancillary Service Providers in the PPO Network in accordance with the

contracts entered into between such Providers and the Claims Administrator. No payment will be made directly to the Member for Covered Services rendered by any In-Network Ancillary Service Provider.

- Out-of-Network Ancillary Service Providers
  Out-of-Network Ancillary Service Providers are not members of the PPO Network. Benefits will be provided to the Member at the Out-of-Network Coinsurance level specified in the ***Schedule of Covered Services***. The Member will be penalized by the application of higher cost-sharing as detailed in the ***Schedule of Covered Services***. For payment of Covered Services provided by an Out-of-Network Ancillary Service Provider, please refer to the definition of "Covered Expense" in the ***Important Definitions*** section of this Benefit Booklet. When a Member seeks care and receives Covered Services, from an Out-of-Network Ancillary Service Provider, the Member will be responsible to reimburse the Out-of-Network Ancillary Service Provider for the difference between the Claims Administrator's payment and the Out-of-Network Ancillary Service Provider's charge.

- Payment of Out-of-Network Providers
  For Covered Services received from an Out-of-Network Provider when the CAA does not apply to the Covered Services, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider. For Covered Services that fall within the scope of the CAA, payment will be made directly to the Out-of-Network Provider in accordance with the provisions of the CAA.)

- Assignment of Benefits to Providers
  The right of a Member to receive benefit payments under this Program is personal to the Member and is not assignable in whole or in part to any person, Hospital, or other entity nor may benefits of this Program be transferred, either before or after Covered Services are rendered. However, a Member can assign benefit payments to the custodial parent of a Dependent covered under the Benefit Booklet, as required by law.

BlueCard Program

- Out-of-Area Services

  Overview

  The Claims Administrator has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. Generally, these relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever the Member accesses healthcare services outside of the geographic area the Claims Administrator serves, the claims for these services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described below.

When the Member receives care outside of the Claims Administrator's service area, the Member will receive it from one of two kinds or providers. Most providers ("participating providers") contract with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). Some providers ("nonparticipating providers") don't contract with the Host Blue. the Claims Administrator explains below how the Claims Administrator pays both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by the Claims Administrator to provide the specific service or services.

- BlueCard® Program
  Under the BlueCard® Program, when the Member receives Covered Services within the geographic area served by a Host Blue, the Claims Administrator will remain responsible for doing what we agreed to in the contract. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating providers.

  When the Member receives Covered Services outside the Claims Administrator's service area and the claim is processed through the BlueCard Program, the amount the Member pays for Covered Services is calculated based on the lower of:
  - The billed charges for Covered Services; or
  - The negotiated price that the Host Blue makes available to the Claims Administrator.

  Often this "negotiated price" will be a simple discount that reflects an actual price that the Host Blue pays to the Member's healthcare provider. Sometimes, it is an estimated price that takes into account special arrangements with the Member's healthcare provider or provider group that may include types of settlements, incentive payments and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of healthcare providers after taking into account the same types of transactions as with an estimated price.

  Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price the Claims Administrator has used for the Member's claim because they will not be applied after a claim has already been paid.

- Special Cases: Value-Based Programs

  BlueCard® Program

  If the Member receives Covered Services under a Value-Based Program inside a Host Blue's service area, the Member will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement, except when a Host Blue passes these fees to the Claims Administrator through average pricing or fee schedule adjustments.

  Value-Based Programs: Negotiated (non-BlueCard Program) Arrangements

  If the Claims Administrator has entered into a Negotiated Arrangement with a Host Blue to provide Value-Based Programs to the Group on the Member's behalf, the Claims Administrator will follow the same procedures for Value-Based Programs administration and Care Coordinator Fees as noted above for the BlueCard Program.

- Nonparticipating Providers Outside the Claims Administrator's Service Area

  - Member Liability Calculation
    When Covered Services are provided outside of the Claims Administrator's service area by nonparticipating providers, the amount the Member pays for such services will normally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, the Member may be responsible for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

  - Exceptions
    In certain situations, the Claims Administrator may use other payment methods, such as billed charges for Covered Services, the payment we would make if the healthcare services had been obtained within our service area, or a special negotiated payment to determine the amount the Claims Administrator will pay for services provided by nonparticipating providers. In these situations, the Member may be liable for the difference between the amount that the nonparticipating provider bills and the payment the Claims Administrator will make for the Covered Services as set forth in this paragraph.

- Blue Cross Blue Shield Global Core

  If the Member is outside the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands (hereinafter “BlueCard service area”), the Member may be able to take advantage of the Blue Cross Blue Shield Global Core when accessing Covered Services. The Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists the Member with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when the Member receives care from providers outside the BlueCard service area, the Member will typically have to pay the providers and submit the claims themselves to obtain reimbursement for these services.

If the Member needs medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, the Member should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) (TTY: 711) or call collect at 1.804.673.1177 (TTY: 711), 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services
  In most cases, if the Member contacts the service center for assistance, hospitals will not require the Member to pay for covered inpatient services, except for the Member's deductibles, coinsurance, etc. In such cases, the hospital will submit the Member's claims to the service center to begin claims processing. However, if the Member paid in full at the time of service, the Member must submit a claim to receive reimbursement for Covered Services. **The Member must contact the Claims Administrator to obtain precertification for non-emergency inpatient services.**

- Outpatient Services
  Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require the Member to pay in full at the time of service. The Member must submit a claim to obtain reimbursement for Covered Services.

SERVICES AND SUPPLIES REQUIRING PRECERTIFICATION

Precertification Review

When required, Precertification review evaluates the Medical Necessity, including the appropriateness of the setting, of proposed services for coverage under the Member's benefit plan. Examples of these services include planned or elective Inpatient Admissions and selected Outpatient procedures. For groups located in the PPO Network service area, Precertification review may be initiated by the Provider or the Member depending on whether the Provider is a PPO Network Provider. For Member's located outside the Claims Administrator's PPO Network who are accessing BlueCard Providers, the Member is responsible for initiating or requesting the Provider to initiate the Precertification review (excluding Inpatient Admissions). Where Precertification review is required, the Claims Administrator's coverage of the proposed procedure is contingent upon the review being completed and receipt of the approval certification. Coverage penalties may be applied where Precertification review is required for a procedure but is not obtained.

While the majority of services requiring Precertification review are reviewed for Medical Necessity of the requested procedure setting (For example, Inpatient, Short Procedure Unit, or Outpatient setting), other elements of the Medical Necessity of the procedure may not always be evaluated and may be automatically approved based on the procedure or diagnosis for which the procedure is requested or an agreement with the performing provider. Precertification review is not required for Emergency services and is not performed where an agreement with the Claims Administrator's local In-Network Provider does not require such review.

The following information provides more specific information of this Program's Precertification requirements.

- Inpatient Pre-Admission Review
  - In-Network Inpatient Admissions
    In accordance with the criteria and procedures described above, Inpatient Admissions, other than an Emergency or maternity admission, must be Precertified in accordance with the standards of the Claims Administrator as to the Medical Necessity of the admission. The Precertification requirements for Emergency admissions are set forth in the "Emergency Admission Review" subsection of this ***General Information*** section. An In-Network Hospital, Skilled Nursing Facility, or other Facility Provider in the Personal Choice Network will verify the Precertification at or before the time of admission. The Hospital, Skilled Nursing Facility or other Facility Provider, is responsible to Precertify an Inpatient Admission under the BlueCard Program. The Claims Administrator will not authorize the Hospital, Skilled Nursing Facility or other Facility Provider admission if Precertification is required and is not

obtained in advance. For Member's who reside in the Claims Administrator's local Personal Choice Network service area, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for admissions to Hospitals, Skilled Nursing Facilities or other Facility Providers in the Personal Choice Network which fail to conform to the pre-admission certification requirements unless:

- The Provider provides prior written notice that the admission will not be paid by the Claims Administrator; and
- The Member acknowledges this fact in writing together with a request to be admitted which states that the Member will assume financial liability for such Facility Provider admission.

- Out-of-Network Inpatient Admissions
  For an Out-of-Network Inpatient Admission, the Member is responsible to have the admission (other than for an Emergency or maternity admission) certified in advance as an approved admission.
  - To obtain Precertification, the Member is responsible to contact or have the admitting Physician or other Facility Provider contact the Claims Administrator prior to admission to the Hospital, Skilled Nursing Facility, or other Facility Provider. The Claims Administrator will notify the Member, admitting Physician and the Facility Provider of the determination. The Member is eligible for Inpatient benefits at the Out-of-Network level shown in the ***Schedule of Covered Services*** if, and only if, prior approval of such benefits has been certified in accordance with the provisions of this Benefit Booklet.
  - If such prior approval for a Medically Necessary Inpatient Admission has not been certified as required, there will be a Penalty for non-compliance and the amount, as shown below, will be deemed not to be Covered Services under this Program. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

    If a Member elects to be admitted to the Facility Provider after review and notification that the reason for admission is not approved for an Inpatient level of care, Inpatient benefits will not be provided and the Member will be financially liable for non-covered Inpatient charges.
  - If Precertification is denied, the Member, the Physician or the Facility Provider may Appeal the determination and submit information in support of the claim for Inpatient benefits. A final determination concerning eligibility for Inpatient benefits will be made and the Member, Physician, or Facility Provider will be so notified.

■ Emergency Admission Review
- In-Network Admissions
  It is the responsibility of the In-Network Provider to notify the Claims Administrator of the In-Network Emergency admission.

- Out-of-Network Provider Admissions
  - Members are responsible for notifying the Claims Administrator of an Out-of-Network Provider Emergency admission within two business days of the admission, or as soon as reasonably possible, as determined by the Claims Administrator.
  - Failure to initiate Emergency admission review will result in a reduction in Covered Expense for Out-of-Network services. Such Penalty, as shown below, will be the sole responsibility of, and payable by, the Member.
  - If the Member elects to remain hospitalized after the Claims Administrator and the attending Physician have determined that an Inpatient level of care is not Medically Necessary, the Member will be financially liable for non-covered Inpatient charges from the date of notification.

■ Concurrent and Retrospective Review
Concurrent review may be performed while services are being performed. This may occur during an Inpatient stay and typically evaluates the expected and current length of stay to determine if continued

hospitalization is Medically Necessary. When performed, the review assesses the level of care provided to the Member and coordinates discharge planning. Concurrent review continues until the patient is discharged. Not all Inpatient stays are reviewed concurrently. Concurrent Review is generally not performed where an Inpatient Facility is paid based on a per case or diagnosis-related basis, or where an agreement with the Facility does not require such review.

Retrospective/Post Service review:
Retrospective review occurs after services have been provided. This may be for a variety of reasons, including the Claims Administrator not being notified of a Member's admission until after discharge or where medical charts are unavailable at the time of concurrent review. Certain services are only reviewed on a retrospective/post-service basis.

In addition to these standard utilization reviews, the Claims Administrator also may determine coverage of certain procedures and other benefits available to Members through Prenotification as required by the Member's benefit plan, and discharge planning.

Pre-notification. Pre-notification is advance notification to the Claims Administrator of an Inpatient Admission or Outpatient service where no Medical Necessity review is required, such as maternity admissions/deliveries. Pre-notification is primarily used to identify Members for Concurrent review needs, to ascertain discharge planning needs proactively, and to identify Members who may benefit from Case Management programs.

Discharge Planning. Discharge Planning is performed during an Inpatient Admission and is used to identify and coordinate a Member's needs and benefits coverage following the Inpatient stay, such as covered home care, ambulance transport, acute rehabilitation, or Skilled Nursing Facility placement. Discharge Planning involves the Claims Administrator's authorization of covered post-Hospital services and identifying and referring Members to Disease Management or Case Management benefits.

Selective Medical Review. In addition to the foregoing requirements, the Claims Administrator reserves the right, under its utilization and quality management programs, to perform a medical review prior to, during or following the performance of certain Covered Services ("Selective Medical Review") that are otherwise not subject to review as described above. In addition, the Claims Administrator reserves the right to waive medical review for certain Covered Services for certain Providers, if the Claims Administrator determines that those Providers have an established record of meeting the utilization and/or quality management standards for these Covered Services. Coverage penalties are not applied to Members where required Selective Medical Review is not obtained by the Provider.

Other Precertification Requirements
Precertification is required by the Claims Administrator in advance for certain services. **To obtain a list of services that require Precertification, please go to** www.ibx.com/preapproval **or call the Customer Service telephone number that is listed on the Member's Identification Card**. When a Member plans to receive any of these listed procedures, the Claims Administrator will review the Medical Necessity for the procedure or treatment in accordance with the criteria and procedures described above and grant prior approval of benefits accordingly. In certain circumstances the requirement for precertification may be altered or waived at the discretion of the Claims Administrator. The Claims Administrator may retrospectively review these services.

Surgical, diagnostic and other procedures, listed on the Precertification requirements list, that are performed during an Emergency, as determined by the Claims Administrator, do not require Precertification. However, the Claims Administrator should be notified within two business days of Emergency services for such procedures, or as soon as reasonably possible, as determined by the Claims Administrator.

- In-Network Care
  In-Network Providers in the Personal Choice Network must contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and with the In-Network Provider. If the In-Network Provider is a BlueCard Provider, however, the Member must initiate Precertification (excluding Inpatient Admissions).

  If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, subject to a Penalty.

  For In-Network Providers in the Personal Choice Network, the Claims Administrator will hold the Member harmless and the Member will not be financially responsible for this financial Penalty for the In-Network Provider's failure to comply with the Precertification requirements or determination, unless a Member elects to receive the treatment after review and written notification that the procedure is not covered as Medically Necessary. In which case benefits will not be provided and the Member will be financially liable for non-covered charges.

- Out-of-Network Care
  For Out-of-Network Care and care provided by BlueCard Providers (excluding Inpatient Admissions), the Member is responsible to have the Provider performing the service contact the Claims Administrator to initiate Precertification. The Claims Administrator will verify the results of the Precertification with the Member and the Provider.

  If such prior approval is not obtained and the Member undergoes the surgical, diagnostic or other procedure or treatment that requires Precertification, then benefits will be provided for Medically Necessary treatment, but the Provider's charge less any applicable Coinsurance, Copayments, Deductibles shall be subject to a Penalty, as reflected below. Such Penalty, and any difference in what is covered by the Claims Administrator and the Member's obligation to the Provider, will be the sole responsibility of, and payable by, the Member.

Precertification Penalty:
If the Provider is a BlueCard® Provider of another Blue Plan (excluding Inpatient Admissions) or the Member uses an Out-of-Network Provider, the Member must obtain Precertification if required. The Member will be subject to a 20% reduction in benefits if Precertification is not obtained.

In addition to the Precertification requirements referenced above, the Member should contact the Claims Administrator for certain categories of treatment (listed below) so that the Member will know prior to receiving treatment whether it is a Covered Service. This applies to In-Network Providers in the PPO Network and to Members (and their Providers) who elect to receive treatment provided by either BlueCard Providers or Out-of-Network Providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic;
- Any procedure, treatment, drug or device that represents "emerging technology"; and
- Services that might be considered Experimental/Investigative.

The Member’s Provider should be able to assist in determining whether a proposed treatment falls into one of these three categories. Also, the Claims Administrator encourages the Member’s Provider to place the call for the Member.

For more information, please see the ***Important Notices*** section of this Benefit Booklet that pertain to Experimental/Investigative Services, Cosmetic services, Medically Necessary services and Emerging Technology.

Disease Management and Decision Support Programs

Disease Management and Decision Support programs help Members to be effective partners in their health care by providing information and support to Members with certain chronic conditions as well as those with everyday health concerns. Disease Management is a systematic, population-based approach that involves identifying Members with certain chronic diseases, intervening with specific information or support to follow Provider's treatment plan, and measuring clinical and other outcomes. Decision Support involves identifying Members who may be facing certain treatment option decisions and offering them information to assist in informed, collaborative decisions with their Physicians. Decision Support also includes the availability of general health information, personal health coaching, Provider information, or other programs to assist in health care decisions.

Disease Management interventions are designed to help Members manage their chronic condition in partnership with their Physician(s). Disease Management programs, when successful, can help such Members avoid long term complications, as well as relapses that would otherwise result in Hospital or Emergency room care. Disease Management programs also include outreach to Members to obtain needed preventive services, or other services recommended for chronic conditions. Information and support may occur in the form of telephonic health coaching, print, audio library or videotape, or Internet formats.

The Claims Administrator will utilize medical information such as claims data to operate the Disease Management or Decision Support program, (For example, to identify Members with chronic disease, to predict which Members would most likely benefit from these services, and to communicate results to the Member's treating Physician(s)). The Claims Administrator will decide what chronic conditions are included in the Disease Management or Decision Support program.

Participation by a Member in Disease Management or Decision Support programs is voluntary. A Member may continue in the Disease Management or Decision Support program until any of the following occurs:
- The Member notifies the Claims Administrator that they have declined participation;
- The Claims Administrator determines that the program, or aspects of the program, will not continue; or
- The Member's Employer decides not to offer the programs.

Out-Of-Area Care for Dependent Students
If an unmarried Dependent child is a full-time student in an Accredited Educational Institution located outside the area served by the local BlueCard network, the student may be eligible to receive Out-of-Network care at the In-Network level of benefits. Charges for treatment will be paid at the In-Network level of benefits when the Dependent student receives care from Providers as described in the "BlueCard Program" subsection of the ***General Information*** section. However, treatment provided by an educational facility's infirmary for Urgent Care, (For example, may also be paid at the In-Network level of benefits, but the Claims Administrator should be notified within 48 hours of treatment to insure Covered Services are treated as In-Network Covered Services). Nothing in this provision will act to continue coverage of a Dependent child past the date when such child's coverage would otherwise be terminated under this Program.

UTILIZATION REVIEW PROCESS AND CRITERIA

Utilization Review Process
A basic condition of IBC's, and its subsidiary QCC Insurance Company's ("the Claims Administrator") benefit plan coverage is that in order for a health care service to be covered or payable, the services must be Medically Necessary. To assist the Claims Administrator in making coverage determinations for requested health care services, the Claims Administrator uses established IBC Medical Policies and medical guidelines based on clinically credible evidence to determine the Medical Necessity of the requested services. The appropriateness of the requested setting in which the services are to be performed is part of this assessment. The process of determining the Medical Necessity of requested health care services for coverage determinations based on the benefits available under a Member's benefit plan is called utilization review.

It is not practical to verify Medical Necessity on all procedures on all occasions; therefore, certain procedures

may be determined by the Claims Administrator to be Medically Necessary and automatically approved based on the accepted Medical Necessity of the procedure itself, the diagnosis reported or an agreement with the performing Provider. An example of such automatically approved services is an established list of services received in an Emergency room which has been approved by the Claims Administrator based on the procedure meeting Emergency criteria and the severity of diagnosis reported (For example, rule out myocardial infarction, or major trauma). Other requested services, such as certain elective Inpatient or Outpatient procedures may be reviewed on a procedure specific or setting basis.

Utilization review generally includes several components which are based on when the review is performed. When the review is required before a service is performed it is called a Precertification review. Reviews occurring during a hospital stay are called a concurrent review, and those reviews occurring after services have been performed are called either retrospective or post-service reviews. The Claims Administrator follows applicable state and federally required standards for the timeframes in which such reviews are to be performed.

Generally, where a requested service is not automatically approved and must undergo Medical Necessity review, nurses perform the initial case review and evaluation for coverage approval using the Claims Administrator's Medical Policies, established guidelines and evidence-based clinical criteria and protocols; however only a Medical Director employed by the Claims Administrator may deny coverage for a procedure based on Medical Necessity. The evidence-based clinical protocols evaluate the Medical Necessity of specific procedures and the majority are computer-based. Information provided in support of the request is entered into the computer-based system and evaluated against the clinical protocols. Nurses apply applicable benefit plan policies and procedures, taking into consideration the individual Member’s condition and applying sound professional judgment. When the clinical criteria are not met, the given service request is referred to a Medical Director for further review for approval or denial. Independent medical consultants may also be engaged to provide clinical review of specific cases or for specific conditions. Should a procedure be denied for coverage based on lack of Medical Necessity, a letter is sent to the requesting Provider and Member in accordance with applicable law.

The Claims Administrator's utilization review program encourages peer dialogue regarding coverage decisions based on Medical Necessity by providing Physicians with direct access to the Claims Administrator's Medical Directors to discuss coverage of a case. Medical Directors and nurses are salaried, and contracted external Physician and other professional consultants are compensated on a per case reviewed basis, regardless of the coverage determination. The Claims Administrator does not specifically reward or provide financial incentives to individuals performing utilization review services for issuing denials of coverage. There are no financial incentives for such individuals which would encourage utilization review decisions that result in underutilization.

Clinical Criteria, Guidelines and Resources
The following guidelines, clinical criteria and other resources are used to help make Medical Necessity coverage decisions:

Clinical Decision Support Criteria: Clinical Decision Support Criteria is an externally validated and computer-based system used to assist the Claims Administrator in determining Medical Necessity. This evidence-based, Clinical Decision Support Criteria is nationally recognized and validated. Using a model based on evaluating intensity of service and severity of illness, these criteria assist our clinical staff evaluating the Medical Necessity of coverage based on a Member's specific clinical needs. Clinical Decision Support Criteria helps promote consistency in the Claims Administrator's plan determinations for similar medical issues and requests, and reduces practice variation among the Claims Administrator's clinical staff to minimize subjective decision-making.

Clinical Decision Support Criteria may be applied for Covered Services including but not limited to the following:

- Some elective surgeries-settings for Inpatient and Outpatient procedures (For example, hysterectomy and sinus Surgery);
- Inpatient hospitalizations;
- Inpatient Rehabilitation;
- Home Health;
- Durable Medical Equipment;
- Skilled Nursing Facility.

Centers for Medicare and Medicaid Services (CMS) Guidelines: A set of guidelines adopted and published by CMS for coverage of services by Medicare for Medicare Members.

IBC Medical Policies: IBC maintains an internally developed set of policies that document the coverage and conditions for certain medical/surgical procedures and ancillary services.

Covered Services for which IBC's Medical Polices are applied include, but are not limited to:

- Ambulance;
- Infusion;
- Speech Therapy;
- Occupational Therapy;
- Durable Medical Equipment;
- Review of potential cosmetic procedures.

IBC (and QCC) Internally Developed Guidelines: A set of guidelines developed specifically by IBC (and QCC), as needed, with input by clinical experts based on accepted practice guidelines within the specific fields and reflecting IBC Medical Policies for coverage.

Delegation of Utilization Review Activities And Criteria
In certain instances, the Claims Administrator has delegated certain utilization review activities, including Precertification review, concurrent review, and Case Management, to integrated delivery systems and/or entities with an expertise in medical management of a certain membership population (such as, Neonates/premature infants) or type of benefit or service (such as mental health/psychiatric care and Alcohol and Drug Abuse or radiology). In such instances, a formal delegation and oversight process is established in accordance with applicable law and nationally-recognized accreditation standards. In such cases, the delegate's utilization review criteria are generally used, with the Claims Administrator's approval.

Utilization Review and Criteria for Mental Health/Psychiatric Care and Alcohol and Drug Abuse Services
Utilization Review activities for mental health/psychiatric care and Alcohol and Drug Abuse services have been delegated by IBC (and QCC) to a behavioral health management company, which administers the mental health/psychiatric care and Alcohol and Drug Abuse benefits for the majority of the Claims Administrator's Members.

COORDINATION OF BENEFITS

Coordination of Benefits
This Program's Coordination of Benefits (COB) provision is designed to conserve funds associated with health care.

- Definitions
  In addition to the Definitions of this Program for purposes of this provision only: "Plan" shall mean any group arrangement providing health care benefits or Covered Services through:
  - Individual, group, (except hospital indemnity plans), blanket (except student accident) or franchise insurance coverage;
  - The Plan, health maintenance organization and other prepayment coverage;
  - Coverage under labor management trusted plans, union welfare plans, Employer organization plans, or Employee benefit organization plans; and
  - Coverage under any tax supported or government program to the extent permitted by law.

- Determination of Benefits

  COB applies when an Employee has health care coverage under any other group health care plan (Plan) for services covered under this Program, or when the Employee has coverage under any tax-supported or governmental program unless such program's benefits are, to the extent permitted by law, excess to those of any private insurance coverage. When COB applies, payments may be coordinated between the Claims Administrator and the other Plan in order to avoid duplication of benefits.

  Benefits under this Program will be provided in full when the Claims Administrator is primary, that is, when the Claims Administrator determines benefits first. If another Plan is primary, the Claims Administrator will provide benefits as described below.

  When an Employee has group health care coverage under this Program and another Plan, the following will apply to determine which coverage is primary:
  - If the other Plan does not include rules for coordinating benefits, such other Plan will be primary.
  - If the other Plan includes rules for coordinating benefits:
    - The Plan covering the patient other than as a Dependent shall be primary.
    - The Plan covering the patient as a Dependent of the parent whose date of birth, excluding year of birth, occurs earlier in the calendar year shall be primary, unless the child's parents are separated or divorced and there is no joint custody agreement. If both parents have the same birthday, the Plan which covered the parent longer shall be primary.
    - Except as provided in the following paragraph, if the child's parents are separated or divorced and there is no joint custody agreement, benefits for the child are determined as follows:
      - First, the Plan covering the child as a Dependent of the parent with custody;
      - Then, the Plan of the spouse of the parent with custody of the child;
      - Finally, the Plan of the parent not having custody of the child.
    - When there is a court decree which establishes financial responsibility for the health care expenses of the Dependent child and the Plan covering the parent with such financial responsibility has actual knowledge of the court decree, benefits of that Plan are determined first.
    - If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans covering the child shall follow the order of benefit determination rules outlined above in the paragraph that begins "The Plan covering the patient as a Dependent...".
  - The Plan covering the patient as an Employee who is neither laid off nor retired (or as that Employee's Dependent) is primary to a Plan which covers that patient as a laid off or retired Employee (or as that Employee's Dependent). However, if the other Plan does not have the rule described immediately above and if, as a result, the Plans do not agree on the order of benefits, this rule does not apply.
  - If none of the above rules apply, the Plan which covered the Employee longer shall be primary.

- Effect on Benefits

  When the Claims Administrator's Plan is secondary, the benefits under this Program will be reduced so that the Claims Administrator will pay no more than the difference, if any, between the benefits provided under the other Plan for services covered under this Program and the total Covered Services provided to the Employee. Benefits payable under another Plan include benefits that would have been payable had the claim been duly made therefore. In no event will the Claims Administrator payment exceed the amount that would have been payable under this Program if the Claims Administrator were primary.

  When the benefits are reduced under the primary Plan because an Employee does not comply with the Plan provision, or does not maximize benefits available under the primary Plan, the amount of such reduction will not be considered an allowable benefit. Examples of such provisions are Penalties and increased Coinsurance related to Precertification of admissions and services, In-Network Provider arrangements and other cost-sharing features.

Certain facts are needed to apply COB. The Claims Administrator has the right to decide which facts are needed. The Claims Administrator may, without consent of or notice to any person, release to or obtain from any other organization or person any information, with respect to any person, which the Claims Administrator deems necessary for such purposes. Any person claiming benefits under this Program shall furnish to the Claims Administrator such information as may be necessary to implement this provision. The Claims Administrator, however, shall not be required to determine the existence of any other Plan or the amount of benefits payable under any such Plan, and the payment of benefits under this Program shall be affected by the benefits that would be payable under any and all other Plans only to the extent that the Claims Administrator is furnished with information relative to such other Plans.

- Right of Recovery

  Whenever payments which should have been made under this Program in accordance with this provision have been made under any other Plan, the Claims Administrator shall have the right, exercisable alone and in its sole discretion, to pay over to any organization making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid shall be deemed to be benefits provided under this Program and, to the extent of such payments, the Claims Administrator shall be fully discharged from liability under this Program.

  Whenever payments have been made by the Claims Administrator in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, irrespective of to whom paid, the Claims Administrator shall have the right to recover such payments to the extent of such excess from among one or more of the following, as the Claims Administrator shall determine:
  - The person the Claims Administrator has paid or for whom they have paid;
  - Insurance companies; or
  - Any other organizations.

  The Member, on the Member's own behalf and on behalf of the Member's Dependents, shall, upon request, execute and deliver such instruments and papers as may be required and do whatever else is reasonably necessary to secure such rights to the Claims Administrator.

SUBROGATION AND REIMBURSEMENT RIGHTS

The Employee Retirement Income Security Act (ERISA) applies to many health benefit plans and, to comply with legal requirements that relate specifically to ERISA-governed plans, this Benefit Booklet describes "Subrogation and Reimbursement Rights" in two sections:

- Subrogation and Reimbursement Rights When The Program Is Governed By ERISA; and
- Subrogation and Reimbursement Rights When The Program Is Not Governed By ERISA.

However, the fact that these Rights are described in separate sections using different language does not mean or imply that the Rights are substantively different or that the Rights described in one section are greater or lesser than the Rights described in the other section. Under both sections, the Claims Administrator reserves right the pursue subrogation recoveries and the Member has an obligation to fully reimburse the Claims Administrator to the fullest extent permitted by law.

- **Subrogation and Reimbursement Rights When The Program Is Governed By ERISA**

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented. The right of subrogation or reimbursement is not enforceable if prohibited by statute or regulation.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The Claims Administrator has a right to full reimbursement.

Lien

By accepting benefits for Covered Services from the Claims Administrator, the Member agrees to a first priority equitable lien by agreement on any payment, reimbursement, settlement or judgment received by the Member, or anyone acting on the Member's behalf, from any Responsible Third Party. As a result, the Member must repay to theClaims Administrator the full amount of the medical expenses that were paid to the Member or on the Member's behalf out of the amounts recovered from the Responsible Third Party (plus the costs and fees that are incurred by the Claims Administrator to enforce these rights) first, before funds are allotted toward any other form of damages, whether or not there is an admission of fault or liability by the Responsible Third Party. The Claims Administrator has a lien on any amounts recovered by the Member from a Responsible Third Party, regardless of whether or not the amount is designated as payment for medical expenses. This lien will remain in effect until the Claims Administrator is reimbursed in full.

Constructive Trust

If the Member (or anyone acting on the Member's behalf) receive damages, compensation, benefits or payments of any type from a Responsible Third Party (whether by a court judgment, settlement or otherwise), the Member agrees to maintain the funds in a separate, identifiable account and that the Claims Administrator has a lien on the monies. In addition the Member agrees to serve as the trustee over the monies for the benefit of Claims Administrator to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the member's behalf, plus the attorney's fees and the costs of collection incurred by the Claims Administrator.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator is entitled to recover the full amount of the benefits paid to the Member or on the Member's behalf plus the costs and fees that are incurred by the Claims Administrator to enforce these rights without regard to whether the Member has been made whole or received full compensation

for other damages (including property damage or pain and suffering). The recovery rights of the Claims Administrator will not be reduced by the "made whole" doctrine or "double recovery" doctrine.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing. The recovery rights of the Claims Administrator will not be reduced by the "common fund" doctrine.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits.
- All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative - or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator's ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- Serve as trustee for any and all monies paid to (or payable to) the Member or for the Member's benefit by any Responsible Third Party to the full extent the Claims Administrator paid benefits for an injury or illness.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

■ Subrogation and Reimbursement Rights When The Program Is Not Governed By ERISA

By accepting benefits for Covered Services, the Member agrees that the Claims Administrator has the right to enforce subrogation and reimbursement rights to the extent permitted by law. This section explains these rights and the responsibilities of each Member pertaining to subrogation and reimbursement. The term Member includes Eligible Dependents. The term Responsible Third Party refers to any person or entity, including any insurance company, health benefits plan or other third party, that has an obligation (whether by contract, common law or otherwise) to pay damages, pay compensation, provide benefits or make any type of payment to the Member for an injury or illness.

The Claims Administrator or the Plan Administrator, as applicable, retains full discretionary authority to interpret and apply these subrogation and reimbursement rights based on the facts presented. The right of subrogation or reimbursement is not enforceable if prohibited by statute or regulation.

Subrogation Rights

Subrogation rights arise when the Claims Administrator pays benefits on behalf of a Member and the Member has a right to receive damages, compensation, benefits or payments of any kind (whether by a court judgment, settlement or otherwise) from a Responsible Third Party. The Claims Administrator is subrogated to the Member's right to recover from the Responsible Third Party. This means that the Claims Administrator "stands in your shoes" - and assumes the Member's right to pursue and receive the damages, compensation, benefits or payments from the Responsible Third Party to the full extent that the Claims Administrator has reimbursed the Member for medical expenses or paid medical expenses on the Member's behalf, plus the costs and fees that are incurred by the Claims Administrator to enforce these rights. The right to pursue a subrogation claim is not contingent upon whether or not the Member pursues the Responsible Third Party for any recovery.

Reimbursement Rights

If a Member obtains any recovery - regardless of how it's described or structured - from a Responsible Third Party, the Member must fully reimburse the Claims Administrator for all medical expenses that were paid to the Member or on the Member's behalf, to the extent permitted by law.

- These subrogation and reimbursement rights apply regardless of whether money is received through a court decision, settlement, or any other type of resolution.
- These subrogation and reimbursement rights apply even if the recovery is designated or described as covering damages other than medical expenses (such as property damage or pain and suffering).
- These subrogation and reimbursement rights apply with respect to any recoveries made by the Member, including amounts recovered under an uninsured or underinsured motorist policy.
- The Claims Administrator will not pay, offset any recovery, or in any way be responsible for attorneys' fees or costs associated with pursuing a claim against a Responsible Third Party unless the Claims Administrator agrees to do so in writing.
- In addition to any Coordination of Benefits rules described in this Benefit Booklet, the benefits paid by the Claims Administrator will be secondary to any no-fault auto insurance benefits and to any worker's

compensation benefits (no matter how any settlement or award is characterized) to the fullest extent permitted by law.
- These subrogation and reimbursement rights apply and will not be decreased, restricted, or eliminated in any way if the Member receives or has the right to recover no-fault insurance benefits.
- All rights under this section are enforceable against the heirs, estate, legal guardians or legal representatives of the Member.
- The Claims Administrator is entitled to recover the full amount of the medical benefits paid without regard to any claim of fault on the Member's part.

Obligations of Member

- Immediately notify the Claims Administrator or its designee in writing if the Member asserts a claim against a Responsible Third Party, whether informally or through judicial or administrative proceedings.
- Immediately notify the Claims Administrator or its designee in writing whenever a Responsible Third Party contacts the Member or the Member's representative – or the Member or the Member's representative contact a Responsible Third Party - to discuss a potential settlement or resolution.
- Refuse any offer to settle, adjust or resolve a claim for damages, benefits or compensation that involves an injury, illness or medical expenses in any way, unless and until the Member receives written authorization from the Claims Administrator or its delegated representative.
- Fully cooperate with the Claims Administrator and its designated representative, as needed, to allow for the enforcement of these subrogation and reimbursement rights and promptly supply information/documentation when requested and promptly execute any and all forms/documents that may be needed.
- Avoid taking any action that may prejudice or harm the Claims Administrator ability to enforce these subrogation and reimbursement rights to the fullest extent possible.
- Fully reimburse the Claims Administrator or its designated representative immediately upon receiving compensation of any kind (whether by court judgment, settlement or otherwise) from a Responsible Third Party.
- All of these Obligations apply to the heirs, estate, legal guardians or legal representatives of the Member.

IMPORTANT: Failure to Cooperate
If the Member fails or refuses to sign forms or documents as requested or otherwise fail or refuse to cooperate or abide by any of the obligations described above, the Claims Administrator or Plan Administrator, as applicable, has full discretion and authority to reduce or withhold benefit payments to recover subrogation/reimbursement amounts that are owed and/or to terminate the Member's participation in the Program.

CLAIM PROCEDURES

How To File A Claim
Most BlueCard Providers will file claims for the Member. The Member should present their Identification Card at the time the services are performed. The Member may call 1-800-810-BLUE (2583) (TTY: 711) for assistance in finding BlueCard In-Network Providers. When the Member receives care from an Out-of-Network Provider, the Member will need to file a claim to receive benefits. If the Member does not have a claim form, the Member should call the number listed on the Member's Identification Card, and a claim form will be sent to the Member. The Member should fill out the claim form and return it with their itemized bills to the Claims Administrator at the address listed on the claim form no later than 20 days after completion of the Covered Services. The claim should include the following information:

- The Member's name and address;
- Date of Service;
- Type of service and diagnosis;
- Itemized charges; and
- Provider's complete name and address.

An expense will be considered Incurred on the date the service or supply was rendered.

If it was not possible to file the claim within the 20-day period, the Member's benefits will not be reduced, but in no event will the Claims Administrator be required to accept the claim more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

Release Of Information
Each Member agrees that any person or entity having information relating to an illness or injury for which benefits are claimed under this Program may furnish to the Claims Administrator, upon its request, any information (including copies of records relating to the illness or injury). In addition, the Claims Administrator may furnish similar information to other entities providing similar benefits at their request.

The Claims Administrator may furnish other plans or plan sponsored entities with membership and/or coverage information for the purpose of claims processing or facilitating patient care.

When the Claims Administrator needs to obtain consent for the release of personal health information, authorization of care and treatment, or to have access to information from a Member who is unable to provide it, the Claims Administrator will obtain consent from the parent, legal guardian, next of kin, or other individual with appropriate legal authority to make decisions on behalf of the Member.

Limitation Of Actions
No legal action may be taken to recover benefits prior to 60 days after notice of claim has been given as specified above, and no such action may be taken later than three years after the date Covered Services are rendered.

Claim Forms
The Claims Administrator will furnish to the Member or to the Group, for delivery to the Member, such claim forms as are required for filing proof of loss for Covered Services provided by Out-of-Network Providers.

Timely Filing
The Claims Administrator will not be liable under this Program unless proper notice is furnished to the Claims Administrator that Covered Services have been rendered to a Member. Written notice must be given within 90 days after completion of the Covered Services. The notice must include the date and information required by the Claims Administrator to determine benefits. An expense will be considered Incurred on the date the service or supply was rendered.

Failure to give notice to the Claims Administrator within the time specified will not reduce any benefit if it is shown that the notice was given as soon as reasonably possible, but in no event will the Claims Administrator be required to accept notice more than 12 months after the end of the Benefit Period in which the Covered Services are rendered.

The above is not applicable to claims administered by In-Network Providers.

Time of Payment of Claims
Claim payments for benefits payable under this Program will be processed immediately upon receipt of due written proof of loss. Subject to due written proof of loss, all benefits for loss for which this Program provides periodic benefits will be paid not more than 30 days after receipt of proof of loss and any balance remaining

unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims
If any indemnity of this Program shall be payable to the estate of the Member, or to a Member or beneficiary who is a minor or otherwise not competent to give a valid release, the Claims Administrator may pay such indemnity, up to an amount not exceeding $1,000, to any relative by blood or connection by marriage of the Member or beneficiary who is deemed by the Claims Administrator to be equitably entitled thereto. Any payment made by the Claims Administrator in good faith pursuant to this provision shall fully discharge the Claims Administrator to the extent of such payment.

Physical Examinations and Autopsy
The Claims Administrator at its own expense shall have the right and opportunity to examine the Member when and so often as it may reasonably require during the pendency of claim under this Program; and the Claims Administrator shall also have the right and opportunity to make an autopsy in case of death, where it is not prohibited by law.

Special Circumstances
In the event that Special Circumstances result in a severe impact to the availability of providers and services, to the procedures required for obtaining benefits for Covered Services under this Program (For example, obtaining Precertification, use of In-Network Providers), or to the administration of this Program by the Claims Administrator, the Claims Administrator may on a selective basis, waive certain procedural requirements or cost-sharing of this Program. Such waiver shall be specific as to the requirements that are waived and shall last for such period as required by the Special Circumstances as defined below.

The Claims Administrator shall make a good faith effort to provide access to Covered Services in so far as practical and according to its best judgment. Neither the Claims Administrator nor the Providers in the Claims Administrator's PPO network shall incur liability or obligation for delay or failure to provide or arrange for Covered Services if such failure or delay is caused by Special Circumstances.

Special Circumstances as recognized in the community, and by the Claims Administrator and appropriate regulatory authority, are extraordinary circumstances not within the control of the Claims Administrator, including but not limited to:
- Major disaster;
- Epidemic;
- Pandemic;
- The complete or partial destruction of facilities;
- Riot;
- Civil insurrection; or
- Public health emergency.

COMPLAINT AND APPEAL PROCESS

Member Complaint Process
The Claims Administrator has a process for Members to express complaints. To register a Complaint, Members should call the Member Services Department at the telephone number on their Identification Card or write to the Claims Administrator at the following address:

General Correspondence
1901 Market Street
Philadelphia, PA 19103

Most Member concerns are resolved informally at this level. However, if the Claims Administrator is unable to immediately resolve the Member Complaint, it will be investigated, and the Member will receive a response in writing within 30 days.

Member Appeal Process
Filing an Appeal. The Claims Administrator maintains procedures for the resolution of Member Appeals. Member Appeals may be filed within 180 days of the receipt of a decision from the Claims Administrator stating an adverse benefit determination. An Appeal occurs when the Member or, after obtaining the Member's authorization, either the Provider or another authorized representative requests a change of a previous decision made by the Claims Administrator by following the procedures described here. (In order to authorize someone else to be the Member's representative for the Appeal, the Member must complete a valid authorization form. The Member must contact the Claims Administrator as directed below to obtain a "Member/Enrollee Authorization to Appeal by Provider or Other Representative" form or for questions regarding the requirements for an authorized representative.)

The Member or other authorized person on behalf of the Member, may request an Appeal by calling or writing to the Claims Administrator, as defined in the letter notifying the Member of the decision or as follows:

Member Appeals Department
P.O. Box 41820
Philadelphia, PA, 19101-1820

Toll Free Phone: 1-888-671-5276 (TTY: 711)
Toll Free Fax: 1-888-671-5274 or
Phila. Fax: 215-988-6558

Changes in Member Appeals Process. Please note that the Member Appeals process may change at any time due to changes in the applicable state and federal laws and regulations and/or accreditation standards, to improve or facilitate the Member Appeals process, or to reflect other decisions regarding the administration of Member Appeals process for this Program.

Copies of the Member Appeals Process Descriptions. Descriptions of the timeframes and procedures for the Member Appeals process maintained by the Claims Administrator are available from the following sources:

On the Internet at the Website for the Member's Health Plan. Copies are available there at any time. To see samples of the Member Appeals process, search for "member appeals" in the general search engine. To review a description of the Member Appeals process for the Member's health plan, the Member must log in with the Member's personalized password.

Customer Service. To obtain a description of the Member Appeals process for the Member's health plan, call Customer Service at the telephone number listed on the Member's Identification Card. Customer Service will mail the Member a copy of the description.

When an Appeal is Filed. As part of the Member Appeal process, a description is provided for the type of Member Appeal that has been filed. The description is sent with the acknowledgment letter for the Member Appeal.

IMPORTANT DEFINITIONS

The terms below have the following meaning when describing the benefits in this Benefit Booklet. They will be helpful to you (the Member) in fully understanding your benefits.

Accidental Injury
Injury to the body that is solely caused by an accident, and not by any other causes.

Accredited Educational Institution
A publicly or privately operated academic institution of higher learning which:
- Provides recognized courses or a course of instruction.
- Confers any of the following, when a student completes the course of study:
  - A diploma;
  - A degree; or
  - Another recognized certification of completion.
- Is duly recognized, and declared as such, by the appropriate authority, as follows:
  - An authority of the state in which such institution must also be accredited by a nationally recognized accrediting association as recognized by the United States Secretary of Education.

The definition may include, but is not limited to Colleges and Universities; and Technical or specialized schools.

Acupuncture
A therapeutic procedure performed by the insertion of one or more specially manufactured solid metallic needles into a specific location(s) on the body. The intent is to stimulate Acupuncture points, with or without subsequent manual manipulation.

Alcohol Or Drug Abuse And Dependency
Any use of alcohol or other drugs which produces a pattern of pathological use that:
- Causes impairment in the way people relate to others; or
- Causes impairment in the way people function in their jobs or careers; or
- Produces a dependency that makes a person physically ill, when the alcohol or drug is taken away.

Alternative Therapies/Complementary Medicine
Complementary and alternative medicine, is defined as a group of diverse medical and health care systems, practices, and products, currently not considered to be part of conventional medicine based on recognition by the National Institutes of Health.

Ambulatory Surgical Facility
A facility operated, licensed or approved as an Ambulatory Surgical Facility by the responsible state agency, which provides specialty or multispecialty Outpatient surgical treatment or procedure that is not located on the premises of a Hospital.

It is a Facility Provider which:
- Has an organized staff of Physicians;
- Is licensed as required; and
- Has been approved by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
- Has been approved by the Accreditation Association for Ambulatory Health Care, Inc.; or
- Has been approved by the Claims Administrator.

It is also a Facility Provider which:
- Has permanent facilities and equipment for the primary purposes of performing surgical procedures on an Outpatient basis;
- Provides treatment, by or under the supervision of Physicians and nursing services, whenever the patient is in the facility;
- Does not provide Inpatient accommodations; and
- Is not, other than incidentally, a facility used as an office or clinic for the private practice of a Professional Provider.

Ancillary Service Provider
An individual or entity that provides Covered Services, supplies or equipment such as, but not limited to:
- Infusion Therapy Services;
- Durable Medical Equipment; and
- Ambulance services.

Anesthesia
The process of giving the Member an approved drug or agent, in order to:
- Cause the Member's muscles to relax;
- Cause the Member to lose feeling; or
- Cause the Member to lose consciousness.

Appeal
A request by a Member, or the Member's representative or Provider, acting on the Member's behalf upon written consent, to change a previous decision made by the Claims Administrator.
- Administrative Appeal: An Appeal by or on behalf of a Member that focuses on unresolved disputes or objections regarding coverage terms such as contract exclusions and non-covered benefits. Administrative Appeal may present issues related to Medical Necessity, but these are not the primary issues that affect the outcome of the Appeal.
- Medical Necessity Appeal: A request for the Claims Administrator to change its decision, based primarily on Medical Necessity, to deny or limit the provision of a Covered Service.
- Expedited Appeal: A faster review of a Medical Necessity Appeal, conducted when the Claims Administrator determines that a delay in decision making would seriously jeopardize the Member's life, health, or ability to regain maximum function.

Applicant And Employee/Member
You, the Employee who applies for coverage under the Program.

Application And Application Card
The request of the Applicant for coverage:
- Either written or via electronic transfer; and
- Set forth in a format approved by the Claims Administrator.

Attention Deficit Disorder
A disease that makes a person have a hard time paying attention; be too impulsive; and be overly active.

Autism Service Provider
A person, entity or group that provides treatment of Autism Spectrum Disorders (ASD), using an ASD Treatment Plan, and that is either:
- Licensed or certified in this Commonwealth; or
- Enrolled in the Commonwealth's medical assistance program on or before the effective date of the Pennsylvania Autism Spectrum Disorders law.

An Autism Service Provider shall include a Behavioral Specialist.

Autism Spectrum Disorders (ASD)
Any of the Pervasive Developmental Disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor.

Autism Spectrum Disorders Treatment Plan (ASD Treatment Plan)
A plan for the treatment of Autism Spectrum Disorders:
- Developed by: A licensed Physician or licensed Psychologist who is a Professional Provider; and
- Based on: A comprehensive evaluation or reevaluation, performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

Behavioral Specialist
An individual with appropriate certification or licensure by the applicable state, who designs, implements or evaluates a behavior modification intervention component of an ASD (Autism Spectrum Disorder) Treatment Plan, through Applied Behavioral Analysis which includes:
- Skill acquisition and reduction of problematic behavior;
- Improve function and/or behavior significantly; or
- Prevent loss of attained skill or function.

Benefit Period
The specified period of time as shown in the ***Schedule of Covered Services*** within which the Member has to use Covered Services in order to be eligible for payment by their Claims Administrator. A charge shall be considered Incurred on the date the service or supply was provided to the Member.

Birth Center
A Facility Provider approved by the Claims Administrator which:
- Is primarily organized and staffed to provide maternity care;
- Is where a woman can go to receive maternity care and give birth;
- Is licensed as required in the state where it is situated; and
- Is under the supervision of a Physician or a licensed certified midwife.

BlueCard Program
A program that allows a Member travelling or living outside of their plan’s area to receive coverage for services at an "In-Network" benefit level if the Member receives services from Blue Cross Blue Shield providers that participate in the BlueCard Program.

BlueCard Provider
A Provider that participates in the BlueCard Program as an In-Network Provider.

Care Coordinator Fee
A fixed amount paid by a Blue Cross and/or Blue Shield Licensee to providers periodically for Care Coordination under a Value-Based Program.

Case Management
Comprehensive Case Management programs serve Members who have been diagnosed with an illness or injury that is complex, catastrophic, or chronic.

The objectives of Case Management are to:
- Make it easier for Members to get the service and care they need in an efficient way;
- Link the Member with appropriate health care or support services;
- Assist Providers in coordinating prescribed services;
- Monitor the quality of services delivered; and
- Improve Members' health outcomes.

Case Management supports Members and Providers by:
- Locating services;
- Coordinating services; and/or
- Evaluating services.

These steps are taken, across various levels and sites of care, for a Member who has been diagnosed with a complex, catastrophic or chronic illness and/or injury.

Certified Registered Nurse
Any one of the following types of nurses who are certified by the state Board of Nursing or a national nursing organization recognized by the State Board of Nursing:
- A certified registered nurse anesthetist;
- A certified registered nurse practitioner;
- A certified entreostomal therapy nurse;
- A certified community health nurse;
- A certified psychiatric mental health nurse; or
- A certified clinical nurse specialist.

This excludes any registered professional nurses employed by:
- A health care facility; or
- An anesthesiology group.

Cognitive Rehabilitation Therapy
Cognitive rehabilitation is a medically prescribed, multidisciplinary approach that consists of tasks that:
- Establish new ways for a person to compensate for brain function that has been lost due to injury, trauma, stroke, or encephalopathy; or
- Reinforce or re-establish previously learned patterns of behavior.

It consists of a variety of therapy modalities which lessen and ease problems caused by deficits in:
- Attention;
- Visual processing;
- Language;
- Memory;
- Reasoning; and
- Problem solving.

Cognitive rehabilitation is performed by any of the following professionals, using a team approach:
- A Physician;
- A neuropsychologist;
- A Psychologist; as well as, a physical, occupational or speech therapist.

Coinsurance
A type of cost-sharing in which the Member assumes a percentage of the Covered Expense for Covered Services (such as 20%). The Coinsurance percentage is listed in the ***Schedule of Covered Services***.

It is the amount that the Member is obliged to pay for covered medical services, after the Member has satisfied any Copayment(s) or Deductible(s) required by this Program.

Compendia
Compendia are reference documents used by the Claims Administrator to determine if a prescription drug should be covered. Compendia provide:
- Summaries of how drugs work;
- Information about which drugs are recommended to treat specific diseases; and
- The appropriate dosing schedule for each drug.

Over the years, some Compendia have merged with other publications. The Claims Administrator only reviews current Compendia when making coverage decisions.

Complaint
Any expression of dissatisfaction, verbal or written, by a Member.

Conditions For Departments (for Qualifying Clinical Trials)
The conditions described in this paragraph, for a study or investigation conducted by the Department of Veteran Affairs, Defense or Energy, are that the study or investigation has been reviewed and approved through a system of peer review that the Government determines:

- To be comparable to the system of peer review of studies and investigations used by the National Institutes of Health (NIH); and
- Assures unbiased review of the highest scientific standards by Qualified Individuals who have no interest in the outcome of the review.

Consumable Medical Supply
Non-durable medical supplies that cannot withstand repeated use, are usually disposable, and are generally not useful to a person in the absence of illness or injury.

Copayment
A type of cost-sharing in which the Member pays a flat dollar amount each time a Covered Service is provided (such as a $10 or $15 Copayment per office visit). Copayments, if any, are identified in the ***Schedule of Covered Services***.

Covered Expense
Refers to the basis on which a Member's Deductibles, Coinsurance, benefit Maximums and benefits are calculated.

- For Covered Services provided by a Facility Provider, the term "Covered Expense" means the following:
  - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Outpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
  - For Covered Services provided by an In-Network Facility or BlueCard Provider, "Covered Expense" for Inpatient services means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or the BlueCard Provider.
  - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Outpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider’s charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator’s applicable proprietary fee schedule or the Provider’s charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator’s applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Facility Provider’s charges for Covered Services.
  - For Covered Services provided by an Out-of-Network Facility Provider, "Covered Expense" for Inpatient services means the lesser of the Medicare Allowable Payment for Facilities or the Facility Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator’s applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator’s applicable proprietary fee schedule, the amount is determined by the applicable Claims Administrator’s proprietary fee schedule for the closest analogous Covered Service.

- For Covered Services provided by a Professional Provider, "Covered Expense" means the following:
  - For Covered Services by an In-Network Professional Provider or BlueCard Provider, "Covered Expense" means the rate of reimbursement for Covered Services that the Professional Provider has agreed to accept as set forth by contract with the Claims Administrator, or the BlueCard Provider;
  - For an Out-of-Network Professional Provider, "Covered Expense" means the lesser of the Medicare Professional Allowable Payment or of the Provider's charges for Covered Services. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Professional Provider's charges for Covered Services.

- For Covered Services provided by an Ancillary Service Provider, "Covered Expense" means the following:
  - For Covered Services provided by an In-Network Ancillary Service Provider or BlueCard Provider "Covered Expense" means the amount payable to the Provider under the contractual arrangement in effect with the Claims Administrator or BlueCard Provider.
  - For Covered Services provided by an Out-of-Network Ancillary Service Provider, "Covered Expense" means the lesser of the Medicare Ancillary Allowable Payment or the Provider's charges. For Covered Services that are not recognized or reimbursed by the Medicare traditional program, the amount is determined by reimbursing the lesser of the Claims Administrator's applicable proprietary fee schedule or the Provider's charges. For Covered Services not recognized or reimbursed by the Medicare traditional program or the Claims Administrator's applicable proprietary fee schedule, the amount is determined by reimbursing 50% of the Out-of-Network Ancillary Service Provider's charges for Covered Services.

- Nothing in this section shall be construed to mean that the Claims Administrator would provide coverage for services other than Covered Services.

Covered Service
A service or supply specified in this Benefit Booklet for which benefits will be provided by the Claims Administrator.

Custodial Care (Domiciliary Care)
Care provided primarily for Maintenance of the patient or care which is designed essentially:
- To assist the patient in meeting their activities of daily living; and
- Which is not primarily provided for its therapeutic value in the treatment of an illness, disease, bodily injury, or condition.

Custodial Care includes help in tasks which do not require the technical skills or professional training of medical or nursing personnel in order to be performed safely and effectively.

Such tasks include, but are not limited to:
- Walking;
- Bathing;
- Dressing;
- Feeding;
- Preparation of special diets; and
- Supervision over self-administration of medications.

Day Rehabilitation Program
A level of Outpatient Care consisting of four to seven hours of daily rehabilitative therapies and other medical services five days per week.

The Member returns home:
- Each evening; and
- For the entire weekend.

Therapies provided may include a combination of therapies, such as:
- Physical Therapy;
- Occupational Therapy; and
- Speech Therapy.

Other medical services such as:
- Nursing services;
- Psychological therapy; and
- Case Management services.

Day Rehabilitation sessions also include a combination of:
- One-to-one therapy; and
- Group therapy.

Decision Support
Services that help Members make well-informed decisions about Health care and support their ability to follow their Provider's treatment plan. Some examples of support services are:
- Major treatment choices; and
- Every day health choices.

Deductible
A specified amount of Covered Expense for the Covered Services that is Incurred, by the Member, before the Claims Administrator will assume any liability.
- A specific dollar amount that the Member's Claims Administrator may require that the Member pay out-of-pocket each Benefit Period, before the Program begins to make payments for claims.

Detoxification
The process by which a person who is alcohol or drug intoxicated, or alcohol or drug dependent, is assisted under the following circumstances:
- In a state licensed Facility Provider; or
- In the case of opiates, by an appropriately licensed behavioral health provider, in an ambulatory (Outpatient) setting.

This treatment process will occur through the period of time necessary to eliminate, by metabolic or other means, any or each of the following problems:
- The intoxicating alcohol or drug;
- Alcohol or drug dependency factors; or
- Alcohol in combination with drugs, as determined by a licensed Physician, while keeping the physiological and psychological risk to the patient at a minimum.

Disease Management
An approved program designed to identify and help people, who have a particular chronic disease, to stay as healthy as possible.

- Disease Management programs use a population-based approach to:
  - Identify Members who have or are at risk for a particular chronic medical condition;
  - Intervene with specific programs of care; and
  - Measure and improve outcomes.

- Disease Management programs use evidence-based guidelines to:
  - Educate and support Members and Providers;
  - Matching interventions to Members with greatest opportunity for improved clinical or functional outcomes.

- To assist Members with chronic disease(s), Disease Management programs may employ:
  - Education;
  - Provider feedback and support statistics;
  - Compliance monitoring and reporting; and/or
  - Preventive medicine.

- Disease Management interventions are intended to both:
  - Improve delivery of services in various active stages of the disease process; as well as to reduce/prevent relapse or acute exacerbation of the condition.

Durable Medical Equipment (DME)
Equipment that meets the following criteria:
- It is durable. (That is, an item that can withstand repeated use.)
- It is medical equipment. (That is, equipment that is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury.)
- It is generally not useful to a person without an illness or injury.
- It is appropriate for use in the home.

Durable Medical Equipment includes, but is not limited to:
- Diabetic supplies;
- Canes;
- Crutches;
- Walkers;
- Commode chairs;
- Home oxygen equipment;
- Hospital beds;
- Traction equipment; and
- Wheelchairs.

Effective Date
The date on which coverage for a Member begins under the Program. All coverage begins at 12:01 a.m. on the date reflected on the records of the Claims Administrator.

Emergency
The sudden and unexpected onset of a medical or psychiatric condition manifesting itself in acute symptoms of sufficient severity or severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
- Placing the Member's health, or in the case of a pregnant Member, the health of the unborn child, in jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Emergency Care
Covered Services and supplies provided to a Member in, or for, an Emergency:
- By a Hospital or Facility Provider and/or Professional Provider; and
- On an Outpatient basis; and
- In a Hospital Emergency Room or Outpatient Emergency Facility.

Employee
An individual of the Group contracting with the Claims Administrator and:

- Who meets the eligibility requirements for enrollment; and
- Who, at enrollment, is specified as meeting the eligibility requirements; and
- In whose name the Identification Card is issued.

Equipment For Safety
Equipment used to keep people safe.

These are:
- Items that are not primarily used for the diagnosis, care or treatment of disease or injury.
- Items which are primarily used to prevent injury or provide a safe surrounding.

Examples include:
- Restraints;
- Safety straps;
- Safety enclosures; and
- Car seats.

Essential Health Benefits
A set of health care service categories that must be covered by certain plans in accordance with the Affordable Care Act. Essential health benefits must include items and services within at least the following 10 categories:
- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription Drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

Experimental/Investigative Services
A drug, biological product, device, medical treatment or procedure, or diagnostic test which meets any of the following criteria:
- Is the subject of: Ongoing clinical trials;
- Is the research, experimental, study or investigational arm of an ongoing clinical trial(s) or is otherwise under a systematic, intensive investigation to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment or diagnosis;
- Is not of proven benefit for the particular diagnosis or treatment of the Member's particular condition;
- Is not generally recognized by the medical community, as clearly demonstrated by Reliable Evidence, as effective and appropriate for the diagnosis or treatment of the Member's particular condition; or
- Is generally recognized, based on Reliable Evidence, by the medical community as a diagnostic or treatment intervention for which additional study regarding its safety and efficacy for the diagnosis or treatment of the Member's particular condition, is recommended.

Any drug, biological product, device, medical treatment or procedure, or diagnostic test is not considered Experimental/Investigative if it meets all of the criteria listed below:

- When required, the drug, biological product, device, medical treatment or procedure, or diagnostic test must have final approval from the appropriate governmental regulatory bodies (For example, FDA).
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test meets technical standards, is clinically valid, and has a definite positive effect on health outcomes.
- Reliable Evidence demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test leads to measurable improvement in health outcomes (That is, the beneficial effects outweigh any harmful effects).
- Reliable Evidence clearly demonstrates that the drug, biological product, device, medical treatment or procedure or diagnostic test is at least as effective in improving health outcomes as established technology, or is usable in appropriate clinical contexts in which established technology is not employable.
- Reliable Evidence clearly demonstrates that improvement in health outcomes, as defined in the previous bullet, is possible in standard conditions of medical practice, outside clinical investigatory settings.
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, biological product, device, medical treatment or procedure or diagnostic test is that studies or clinical trials have determined its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment for a particular diagnosis.

Any approval granted as an interim step in the FDA regulatory process (For example, An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (For example, infusible agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Claims Administrator policies recognize the usage as appropriate medical treatment.

Facility Provider
An institution or entity licensed, where required, to provide care.

Such facilities include:

- Ambulatory Surgical Facility;
- Birth Center;
- Free Standing Dialysis Facility;
- Free Standing Ambulatory Care Facility;
- Home Health Care Agency;
- Hospice;
- Hospital;
- Non-Hospital Facility;
- Psychiatric Hospital;
- Rehabilitation Hospital;
- Residential Treatment Facility;
- Short Procedure Unit;
- Skilled Nursing Facility.

Family Coverage
Coverage purchased for the Member and one or more of the Member's Dependents.

Free Standing Ambulatory Care Facility
A Facility Provider, other than a Hospital, that provides treatment or services on an Outpatient or partial basis.

In addition, the facility:

- Is not, other than incidentally, used as an office or clinic for the private practice of a Physician.
- Is licensed by the state in which it is located and be accredited by the appropriate regulatory body.

Free Standing Dialysis Facility
A Facility Provider that provides dialysis services for people who have serious kidney disease.

In addition, the facility:
- Is primarily engaged in providing dialysis treatment, Maintenance or training to patients on an Outpatient or home care basis.
- Is licensed or approved by the appropriate governmental agency; and
- Is approved by the Claims Administrator.

Gene Replacement Therapy
The scientific development of a functional copy of a missing, non-functioning, or mutated gene, designed to be infused or injected into the body to restore normal function. Examples of Gene Replacement Therapy include Luxturna® (voretigene neparvovec-rzyl) and Zolgensma® (onasemnogene abeparvovec-xioi).

Group or (Enrolled Group)
A group of Employees which has been accepted by the Claims Administrator, consisting of all those Applicants whose charges are remitted by the Applicant's Agent together with all the Employees, listed on the Application Cards or amendments thereof, who have been accepted by the Claims Administrator.

Hearing Aid
A device that amplifies sound through simple acoustic amplification or through transduction of sound waves into mechanical energy that is perceived as sound. A Hearing Aid is comprised of:
- A microphone to pick up sound;
- An amplifier to increase the sound;
- A receiver to transmit the sound to the ear; and
- A battery for power.

A Hearing Aid may also have a transducer that changes sound energy into a different form of energy. The separate parts of a Hearing Aid can be packaged together into a small self-contained unit, or may remain separate or even require surgical implantation into the ear or part of the ear. Generally, a Hearing Aid will be categorized into one of the following common styles:
- Behind-The-Ear;
- In-The-Ear;
- In-The-Canal;
- Completely-In-The-Canal; or
- Implantable (Can Be Partial or Complete).

A Hearing Aid is not a cochlear implant.

Home
For purposes of the Home Health Care and Homebound Covered Services only, this is the place where the Member lives.

This place may be:
- A private residence/domicile;
- An assisted living facility;
- A long-term care facility; or
- A Skilled Nursing Facility at a custodial level of care.

Homebound
Being unable to safely leave Home due to severe restrictions on the Member's mobility.

A person can be considered Homebound when: Leaving Home would do the following:
- Involve a considerable effort by the Member; and
- Leave the Member unable to use transportation, without another's assistance.

The following individuals will NOT automatically be considered Homebound: But must meet both requirements shown above:

- A child;
- An unlicensed driver; or
- An individual who cannot drive.

Home Health Care Provider
A Facility Provider, approved by the Claims Administrator, that is engaged in providing, either directly or through an arrangement, health care services to Members:

- On an intermittent basis in the Member's Home.
- In accordance with an approved home health care Plan Of Treatment.

Hospice
A Facility Provider that is engaged in providing palliative care rather than curative care to terminally ill individuals.

The Hospice must be:

- Certified by Medicare to provide Hospice services, or accredited as a Hospice by the appropriate regulatory agency; and
- Appropriately licensed in the state where it located.

Hospital
An approved facility that provides Inpatient, as well as Outpatient Care, and that meet the requirements listed below.

The term Hospital specifically refers to a short-term, acute care, general Hospital which has been approved by The Joint Commission on Accreditation of Healthcare Organizations; and/or by the American Osteopathic Hospital Association or by the Claims Administrator, and which meets the following requirements:

- Is a duly licensed institution;
- Is primarily engaged in providing Inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians;
- Has organized departments of medicine;
- Provides 24-hour nursing service by or under the supervision of Registered Nurses;
- Is not, other than incidentally, any of the following:
  - Skilled Nursing Facility;
  - Nursing home;
  - School;
  - Custodial Care home;
  - Health resort;
  - Spa or sanitarium;
  - Place for rest;
  - Place for aged;
  - Place for treatment of Mental Illness;
  - Place for treatment of Alcohol or Drug Abuse;
  - Place for provision of rehabilitation care;
  - Place for treatment of pulmonary tuberculosis;
  - Place for provision of Hospice care.

Hospital-Based Provider
A Physician who provides Medically Necessary services in a Hospital or other In-Network Facility Provider and meets the requirements listed below:
- The Medically Necessary services must be supplemental to the primary care being provided in the Hospital or In-Network Facility Provider;
- The Medically Necessary services must be those for which the Member has limited or no control of the selection of such Physician;
- Hospital-Based Providers include Physicians in the specialties of:
  - Radiology;
  - Anesthesiology;
  - Pathology; and/or
  - Other specialties, as determined by the Claims Administrator.

When these Physicians provide services other than in the Hospital or other In-Network Facility, they are not considered Hospital-Based Providers.

Identification Card (ID Card)
The currently effective card issued to the Member by the Claims Administrator which must be presented when a Covered Service is requested.

Immediate Family
The Employee's:
- Spouse;
- Parent;
- Child, stepchild;
- Brother, sister; or
- Persons who ordinarily reside in the household of the Member

Incurred
A charge shall be considered Incurred (acquired) on the date a Member receives the service or supply for which the charge is made.

Independent Clinical Laboratory
A laboratory that performs clinical pathology procedure and that is not affiliated or associated with a:
- Hospital;
- Physician; or
- Facility Provider.

In-Network Ancillary Service Provider
An Ancillary Service Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Facility Provider
A Facility Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Professional Provider
A Professional Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Has agreed to a rate of reimbursement determined by contract for the provision of "in-network" Covered Services to Members.

In-Network Provider
A Facility Provider, Professional Provider or Ancillary Service Provider that is:
- A member of the PPO Network or is a BlueCard Provider; and
- Authorized to perform specific "in-network" Covered Services at the In-Network level of benefits.

Inpatient Admission (Inpatient)
The actual entry of a Member, who is to receive Inpatient services as a registered bed patient, and for whom a room and board charge is made, into any of the following:
- Hospital;
- Extended care facility; or
- Facility Provider.

The Inpatient Admission shall continue until such time as the Member is actually discharged from the facility.

Inpatient Care For Alcohol Or Drug Abuse And Dependency
The provision of medical, nursing, counseling or therapeutic services 24 hours a day in a Hospital or Non-Hospital Facility, according to individualized treatment plans.

Intensive Outpatient Program
A planned, structured program that coordinates and uses the services of various health professionals, to treat patients in crisis who suffer from:
- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency.

Intensive Outpatient Program treatment is an alternative to Inpatient Hospital treatment or Partial Hospitalization treatment and focuses on alleviation of symptoms and improvement in the level of functioning required to stabilize the patient until they are able to transition to less intensive Outpatient treatment, as required.

Licensed Clinical Social Worker
A social worker who:
- Has graduated from a school accredited by the Council on Social Work Education with a Doctoral or Master’s Degree; and
- Is licensed by the appropriate state authority.

Licensed Practical Nurse (LPN)
A nurse who:
- Has graduated from a formal practical or nursing education program; and
- Is licensed by the appropriate state authority.

Life-Threatening Disease Or Condition (for Qualifying Clinical Trials)
Any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

Limiting Age For Dependents
The age at which a child is no longer eligible as a Dependent under the Member's coverage. The Limiting Age

for covered children is shown in the ***General Information*** section.

Maintenance
A continuation of the Member's care and management when:
- The maximum therapeutic value of a Medically Necessary treatment plan has been achieved;
- No additional functional improvement is apparent or expected to occur;
- The provision of Covered Services for a condition ceases to be of therapeutic value; and
- It is no longer Medically Necessary.

This includes Maintenance services that seek to:
- Prevent disease;
- Promote health; and
- Prolong and enhance the quality of life.

Managed Care Organization (MCO)
A generic term for any organization that manages and controls medical service.

It includes:
- HMOs;
- PPOs;
- Managed indemnity insurance programs; and
- Managed Blue Cross or Blue Shield programs.

Master’s Prepared Therapist
A therapist who:
- Holds a Master's Degree in an acceptable human services-related field of study;
- Is licensed as a therapist at an independent practice level; and
- Is licensed by the appropriate state authority to provide therapeutic services for the treatment of Mental Health/Psychiatric Services (including treatment of Serious Mental Illness).

Maximum
A limit on the amount of Covered Services that a Member may receive. The Maximum may apply to all Covered Services or selected types. When the Maximum is expressed in dollars, this Maximum is measured by the Covered Expenses, less Deductibles, Coinsurance and Copayment amounts paid by Members for the Covered Services to which the Maximum applies. The Maximum may not be measured by the actual amounts paid by the Claims Administrator to the Providers. A Maximum may also be expressed in number of days or number of services for a specified period of time.
- Benefit Maximum - the greatest amount of a specific Covered Service that a Member may receive.
- Lifetime Maximum - the greatest amount of Covered Services that a Member may receive in the Member’s lifetime.

Medical Care
Services rendered by a Professional Provider for the treatment of an illness or injury. These are services that must be rendered within the scope of their license.

Medical Foods
Liquid nutritional products which are specifically formulated to treat one of the following genetic diseases: phenylketonuria, branched-chain ketonuria, galactosemia, homocystinuria.

Medically Necessary (Medical Necessity)
Shall mean:

- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient for the purpose of:
  - Preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
- Health care services that a Physician, exercising prudent clinical judgment, would provide to a patient, that are:
  - In accordance with generally accepted standards of medical practice;
  - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease;
  - Not primarily for the convenience of the patient, Physician, or other health care provider;
  - Not more costly than an alternative service or sequence of services that are at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease; and
  - Furnished in the most appropriate and cost-effective setting (site of care) that is appropriate to the Member's medical needs and condition, based on the Member's current medical condition and any required monitoring or additional services that may coincide with the delivery of this service.
- For these purposes, "generally accepted standards of medical practice" means standards that are based on:
  - Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, Physician Specialty Society recommendations; and
  - The views of Physicians practicing in relevant clinical areas; and
  - Any other relevant factors.

Medical Policy
Medical Policy is used to determine whether Covered Services are Medically Necessary.
Medical Policy is developed based on various sources including, but not limited to:

- Peer-reviewed scientific literature published in journals and textbooks; and
- Guidelines put forth by governmental agencies; and
- Respected professional organizations; and
- Recommendations of experts in the relevant medical specialty.

Medicare
The programs of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Medicare Allowable Payment for Facilities
The payment amount, as determined by the Medicare program, for the Covered Service for a Facility Provider.

Medicare Ancillary Allowable Payment
The payment amount, as determined by the Medicare program, for the Covered Service for an Ancillary Service Provider.

Medicare Professional Allowable Payment
The payment amount, as determined by the Medicare program, for the Covered Service based on the Medicare Par Physician Fee Schedule – Pennsylvania Locality 01.

Member
An enrolled Employee or their Eligible Dependent(s) who have satisfied the specifications of the ***General Information*** section.

A Member does NOT mean any person who is eligible for Medicare, except as specifically stated in this Benefit Booklet.

Mental Illness
Any of various conditions, wherein mental treatment is provided by a qualified mental health Provider.
- These various conditions must be categorized as mental disorders by the most current edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual (DSM).
- For purposes of this Program, conditions categorized as Mental Illness do not include those conditions listed under Serious Mental Illness or Autism Spectrum Disorders.
- The benefit limits for Mental Illness, Serious Mental Illness, and Autism Spectrum Disorders are separate and not cumulative.

Methadone Treatment
Provision and supervision of methadone hydrochloride in prescribed doses for the treatment of opioid dependency.

Negotiated Arrangement a.k.a., Negotiated National Account Arrangement
An agreement negotiated between a Control/Home Licensee and one or more Par/Host Licensees for any National Account that is not delivered through the BlueCard Program.

Non-Hospital Facility
A Facility Provider, licensed by the Department of Health for the care or treatment of Members diagnosed with Alcohol Or Drug Abuse And Dependency. This does NOT include transitional living facilities.

Non-Hospital Facilities, shall include, but not be limited to the following, for Partial Hospitalization programs:
- Residential Treatment Facilities; and
- Free Standing Ambulatory Care Facilities.

Non-Hospital Residential Treatment
The provision of medical, nursing, counseling, or therapeutic services to Members diagnosed with Alcohol Or Drug Abuse And Dependency:

- In a residential environment;
- According to individualized treatment plans.

Nutritional Formula
Liquid nutritional products which are formulated to supplement or replace normal food products.

Out-of-Network Ancillary Service Provider
An Ancillary Service Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Facility Provider
A Facility Provider that is NOT a member of the PPO Network or is NOT a BlueCard Provider.

Out-of-Network Professional Provider
A Professional Provider who is NOT a:
- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Network Provider
A Facility Provider, Professional Provider or Ancillary Service Provider that is NOT a:
- Member of the PPO Network; or
- BlueCard Provider.

Out-of-Pocket Limit
A specified dollar amount of Covered Expense Incurred by the Member for Covered Services in a Benefit Period. The Out-of-Pocket Limits are calculated as follows:

- The In-Network Out-of-Pocket Limit expense includes Copayments, Coinsurance and Deductibles, if applicable. The amount of the In-Network Care Individual Out-of-Pocket Limit and In-Network Care Family Out-of-Pocket Limit will only include expenses for Essential Health Benefits. When the In-Network Out-of-Pocket Limit is reached, the level of benefits is increased as set forth in the ***Schedule of Covered Services***.
- The Out-of-Network Out-of-Pocket Limit expense includes Coinsurance but does not include any Copayments, Deductibles, Penalties, or amounts that exceed the Claims Administrator's payment (see the definition for "Covered Expense" for more details). When the Out-of-Network Out-of-Pocket Limit is reached, the level of benefits is increased, as specified in the ***Schedule of Covered Services***.

Outpatient Care (or Outpatient)
Medical, nursing, counseling or therapeutic treatment provided to a Member who does not require an overnight stay in a Hospital or other Inpatient Facility.

Outpatient Diabetic Education Program
An Outpatient Diabetic Education Program, provided by an In-Network Provider that has been recognized by the Department of Health or the American Diabetes Association as meeting the national standards for Diabetes Patient Education Programs established by the National Diabetes Advisory Board.

Partial Hospitalization
Medical, nursing, counseling or therapeutic services that are:

- Provided on a planned and regularly scheduled basis in a Hospital or Facility Provider; and
- Designed for a patient who would benefit from more intensive services than are offered in Outpatient treatment (Intensive Outpatient Program or Outpatient office visit) but who does not require Inpatient confinement.

Penalty
A type of cost-sharing in which the Member is assessed a percentage reduction in benefits payable for failure to obtain Precertification of certain Covered Services. Penalties, if any, are identified and explained in detail in the ***General Information*** section.

Pervasive Developmental Disorders (PDD)
Disorders characterized by severe and pervasive impairment in several areas of development:

- Reciprocal social interaction skills;
- Communication skills; or
- The presence of stereotyped behavior, interests and activities.

Examples are:

- Asperger's syndrome; and
- Childhood disintegrative disorder.

Physician
A person who is a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.), licensed and legally entitled to practice medicine in all its branches, perform Surgery and dispense drugs.

Plan Of Treatment
A plan of care which is prescribed in writing by a Professional Provider for the treatment of an injury or illness. The Plan of Treatment should include goals and duration of treatment, and be limited in scope and extent to that care which is Medically Necessary for the Member's diagnosis and condition.

Precertification (or Precertify)
Prior assessment by the Claims Administrator or a designated agent that proposed services, such as hospitalization, are Medically Necessary for a Member and covered by this Program. Payment for services depends on whether the Member and the category of service are covered under this Program.

Preferred Provider Organization (PPO)
A type of managed care plan that:
- Offers the freedom to choose a Physician like a traditional health care plan; and
- Provides the Physician visits and preventive benefits normally associated with an HMO (Health Maintenance Organization).

In a PPO, an individual is:
- Not required to select a primary care Physician to coordinate care; and
- Not required to obtain referrals to see specialists.

Preferred Provider Organization (PPO) Network
The network of Providers with whom the Claims Administrator has contractual arrangements.

Prenotification (Prenotify)
The requirement that a Member provide prior notice to the Claims Administrator that proposed services, such as maternity care, are scheduled to be performed.
- No Penalty will be applied for failure to comply with this requirement.
- Payment for services depends on whether the Member and the category of service are covered under this Program.
- To Prenotify, the Member should call the telephone number on the ID card, prior to obtaining the proposed service.

Preventive Care
Means:
- Evidence-based items or services that are rated "A" or "B" in the current recommendations of the United States Preventive Services Task Force with respect to the Member;
- Immunizations for routine use for Members of all ages as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention with respect to the Member;
- Evidence-informed preventive care and screenings for Members who are infants, children, and adolescents, as included in the comprehensive guidelines supported by the Health Resources and Services Administration;
- Evidence-informed preventive care and screenings for Members as included in the comprehensive guidelines supported by the Health Resources and Services Administration; and
- Any other evidence-based or evidence-informed items as determined by the federal and/or state law.

Primary Care Provider
A Professional Provider as listed in the PPO Network directory under "Primary Care Physicians" (General Practice, Family Practice or Internal Medicine), "Obstetricians/Gynecologists" or "Pediatricians".

Primary Care Services
Basic, routine Medical Care traditionally provided to individuals with:
- Common illnesses; and
- Common injuries; and
- Chronic illnesses.

Private Duty Nursing
Private Duty Nursing is Medically Necessary, complex skilled nursing care provided in the Member's private residence by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN). It provides continuous monitoring and observation of a Member who requires frequent skilled nursing care on an hourly basis. Private Duty

Nursing must be ordered by a Professional Provider who is involved in the oversight of the Member's care, in accordance with the Provider's scope of practice.

Professional Provider
A person or practitioner with an unrestricted, unsanctioned license, who is licensed, where required, and performing services within the scope of such licensure. The Professional Providers are:
- Audiologist;
- Autism Service Provider;
- Behavior Specialist;
- Certified Midwife;
- Certified Registered Nurse;
- Chiropractor;
- Dentist;
- Independent Clinical Laboratory;
- Licensed Clinical Social Worker;
- Master's Prepared Therapist;
- Optometrist;
- Physical Therapist;
- Physician;
- Physician Assistant;
- Podiatrist;
- Psychologist;
- Registered Dietitian;
- Speech-Language Pathologist;
- Teacher of the hearing impaired.

Program
The benefit plan provided by the Group through an arrangement with the Claims Administrator.

Prosthetics (or Prosthetic Devices)
Devices (except dental Prosthetics), which replace all or part of:
- An absent body organ including contiguous tissue; or
- The function of a permanently inoperative or malfunctioning body organ.

Provider
A Facility Provider, Professional Provider or Ancillary Service Provider licensed where required.

Provider Incentive
An additional amount of compensation paid to a healthcare provider by a Blue Cross and/or Blue Shield Plan, based on the provider's compliance with agreed-upon procedural and/or outcome measures for a particular group/population of Members.

Psychiatric Hospital
A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing diagnostic and therapeutic services for the Inpatient treatment of Mental Illness.
- Such services are provided by or under the supervision of an organized staff of Physicians.
- Continuous nursing services are provided under the supervision of a Registered Nurse.

Psychologist
A Psychologist who is:
- Licensed in the state in which they practice; or
- Otherwise duly qualified to practice by a state in which there is no Psychologist licensure.

Qualified Individual (for Clinical Trials)
A Member who meets the following conditions:
- The Member is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other Life-Threatening Disease or Condition; and
- Either:
  - The referring health care professional is a health care provider participating in the clinical trial and has concluded that the Member's participation in such trial would be appropriate based upon the individual meeting the conditions described above; or
  - The Member provides medical and scientific information establishing that their participation in such trial

would be appropriate based upon the Member meeting the conditions described above.

Qualifying Clinical Trial
A phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other Life-Threatening Disease Or Condition and is described in any of the following:
- Federally funded trials: the study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:
  - The National Institutes of Health (NIH);
  - The Centers for Disease Control and Prevention (CDC);
  - The Agency for Healthcare Research and Quality (AHRQ);
  - The Centers for Medicare and Medicaid Services (CMS);
  - Cooperative group or center of any of the entities described above or the Department of Defense (DOD) or the Department of Veterans Affairs (VA);
  - Any of the following, if the Conditions For Departments are met:
    - The Department of Veterans Affairs (VA);
    - The Department of Defense (DOD); or
    - The Department of Energy (DOE).
- The study of investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration (FDA); or
- The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

In the absence of meeting the criteria listed above, the Clinical Trial must be approved by the Claims Administrator as a Qualifying Clinical Trial.

Registered Dietitian (RD)
A dietitian registered by a nationally recognized professional association of dietitians.
- A Registered Dietitian (RD) is a food and nutrition expert who has met the minimum academic and professional requirements to qualify for the credential "RD."

Registered Nurse (R.N.)
A nurse who:
- Has graduated from a formal program of nursing education (diploma school, associate degree or baccalaureate program); and
- Is licensed by the appropriate state authority.

Rehabilitation Hospital
A Facility Provider, approved by the Claims Administrator, which is primarily engaged in providing rehabilitation care services on an Inpatient basis.
- Rehabilitation care services consist of:
  - The combined use of medical, social, educational, and vocational services to enable patients disabled by disease or injury to achieve the highest possible level of functional ability.
- Services are provided by or under:
  - The supervision of an organized staff of Physicians.
- Continuous nursing services are provided:
  - Under the supervision of a Registered Nurse.

Reliable Evidence
Peer-reviewed reports of clinical studies that have been designed according to accepted scientific standards such that potential biases are minimized to the fullest extent, and generalizations may be made about safety and effectiveness of the technology outside of the research setting. Studies are to be published or accepted for publication, in medical or scientific journals that meet nationally recognized requirements for scientific manuscripts and that are generally recognized by the relevant medical community as authoritative.

Furthermore, evidence-based guidelines from respected professional organizations and governmental entities may be considered Reliable Evidence if generally accepted by the relevant medical community.

Residential Treatment Facility
A Facility Provider licensed and approved by the appropriate government agency and approved by the Claims Administrator, which provides treatment for:
- Mental Illness;
- Serious Mental Illness; or
- Alcohol Or Drug Abuse And Dependency to partial, Outpatient or live-in patients who do not require acute Medical Care.

Retail Clinics
Retail Clinics are staffed by certified nurse practitioners trained to diagnose, treat and write prescriptions when clinically appropriate.
- Services are available to treat basic medical needs for: Urgent Care.
- Examples of needs are:
  - Sore throat;
  - Ear, eye or sinus infection;
  - Allergies;
  - Minor burns;
  - Skin infections or rashes; and
  - Pregnancy testing.

Routine Patient Costs Associated With Qualifying Clinical Trials
Routine patient costs include all items and services consistent with the coverage provided under this Program that is typically covered for a Qualified Individual who is not enrolled in a clinical trial.

Routine patient costs do NOT include:
- The investigational item, device, or service itself;
- Items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; and
- A service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

Self-Administered Prescription Drug
A Prescription Drug that can be administered safely and effectively by either the Member or a caregiver, without medical supervision, regardless of whether initial medical supervision and/or instruction is required. Examples of Self-Administered Prescription Drugs include, but are not limited to:
- Oral drugs;
- Self-Injectable Drugs;
- Inhaled drugs; and
- Topical drugs.

Self-Injectable Prescription Drug (Self-Injectable Drug)
A Prescription Drug that:
- Is introduced into a muscle or under the skin with a syringe and needle; and
- Can be administered safely and effectively by either the Member or a caregiver without medical supervision, regardless of whether initial medical supervision and/or instruction is required.

Serious Mental Illness
Means any of the following biologically based Mental Illnesses: As defined by the American Psychiatric Association, in the most recent edition of the International Classification of Diseases (ICD) or Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Schizophrenia;
- Bipolar disorder;
- Obsessive-compulsive disorder;
- Major depressive disorder;
- Panic disorder;
- Anorexia nervosa;
- Bulimia nervosa;
- Schizo-affective disorder;
- Delusional disorder; and
- Any other Mental Illness that is considered to be "Serious Mental Illness" by law.

Benefits are provided for diagnosis and treatment of these conditions when:
- Determined to be Medically Necessary; and
- Provided by a Provider.

Covered Services may be provided on an Outpatient or Inpatient basis.

Severe Systemic Protein Allergy
Means allergic symptoms to ingested proteins of sufficient magnitude to cause:
- Weight loss or failure to gain weight;
- Skin rash;
- Respiratory symptoms; and
- Gastrointestinal symptoms of significant magnitude to cause gastrointestinal bleeding and vomiting.

Short Procedure Unit
A unit which is approved by the Claims Administrator and which is designed to handle the following kinds of procedures on an Outpatient basis:
- Lengthy diagnostic procedures; or
- Minor surgical procedures.

In the absence of a Short Procedure Unit these are procedures which would otherwise have resulted in an Inpatient Admission.

Skilled Nursing Facility
An institution or a distinct part of an institution, other than one which:
- Is primarily for the care and treatment of Mental Illness, tuberculosis, or Alcohol Or Drug Abuse And Dependency.

It is also an institution which:
- Is accredited as a Skilled Nursing Facility or extended care facility by the Joint Commission on Accreditation of Healthcare Organizations; or
- Is certified as a Skilled Nursing Facility or extended care facility under the Medicare Law; or
- Is otherwise acceptable to the Claims Administrator.

Sleep Studies
Refers to the continuous and simultaneous monitoring and recording of various physiologic and pathophysiologic sleep parameters. Sleep tests are performed to:
- Diagnose sleep disorders (For example, narcolepsy, sleep apnea, parasomnias);
- Initiate treatment for a sleep disorder; and/or
- Evaluate an individual's response to therapies such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure device (BPAP).

Sound Natural Teeth
Teeth that are:
- Stable;
- Functional;
- Free from decay and advanced periodontal disease;
- In good repair at the time of the Accidental Injury/trauma; and
- Are not man-made.

Specialist Services
All Professional Provider services providing Medical Care or mental health/psychiatric care in any generally accepted medical or surgical specialty or subspecialty.

Specialty Drug
A medication that meets certain criteria including, but not limited to:
- The drug is used in the treatment of a rare, complex, or chronic disease.
- A high level of involvement is required by a Professional Provider to administer the drug.
- Complex storage and/or shipping requirements are necessary to maintain the drug's stability.
- The drug requires comprehensive patient monitoring and education by a Professional Provider regarding safety, side effects, and compliance.
- Access to the drug may be limited.
- Some Generic Drugs are included in this category and are subject to the Specialty Drug cost-sharing.

The Claims Administrator reserves the right to determine which Specialty Drug vendors and/or Professional Providers can dispense or administer certain Specialty Drugs.

Standard Injectable Drug
A medication that is either injectable or infusible:
- But is not defined by the Claims Administrator to be a Self-Administered Prescription Drug or a Specialty Drug. Instead, these drugs need to be administered by a Professional Provider.

Standard Injectable Drugs include, but are not limited to:
- Allergy injections and extractions; and
- Injectable medications such as antibiotics and steroid injections that are administered by a Professional Provider.

Surgery
The performance of generally accepted operative and cutting procedures including:
- Specialized instrumentations;
- Endoscopic examinations; and
- Other invasive procedures.

Payment for Surgery includes an allowance for related Inpatient preoperative and postoperative care.

Treatment of burns, fractures and dislocations are also considered Surgery.

Therapy Service
The following services or supplies prescribed by a Physician and used for the treatment of an illness or injury to promote the recovery of the Member:

- Cardiac Rehabilitation Therapy
  Medically supervised rehabilitation program designed to improve a patient's tolerance for physical activity or exercise.

- Chemotherapy
  The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells.

- Dialysis
  The treatment that removes waste materials from the body for people with:
  - Acute renal failure; or
  - Chronic irreversible renal insufficiency.

- Infusion Therapy
  The infusion of:
  - Drug;
  - Hydration; or
  - Nutrition (parenteral or enteral);
  - Into the body by a Professional Provider.

  Infusion therapy includes: All professional services, supplies, and equipment that are required to safely and effectively administer the therapy.

  Infusion may be provided in a variety of settings (For example, home, office, Outpatient) depending on the level of skill required to:
  - Prepare the drug;
  - Administer the infusion; and
  - Monitor the Member.

  The type of Professional Provider who can administer the infusion depends on whether the drug is considered to be a Specialty Drug infusion or a Standard Injectable Drug infusion, as determined by the Claims Administrator.

- Occupational Therapy
  Medically prescribed treatment concerned with improving or restoring neuromusculoskeletal (nerve, muscle and bone) functions which have been impaired by:
  - Illness or injury;
  - Congenital anomaly (a birth defect); or
  - Prior therapeutic intervention.

  Occupational Therapy also includes medically prescribed treatment concerned with improving the Member's ability to perform those tasks required for independent functioning, where such function has been permanently lost or reduced by:
  - Illness or injury;
  - Congenital anomaly (a birth defect); or
  - Prior therapeutic intervention (Prior treatment).

  This does NOT include services specifically directed towards the improvement of vocational skills and social functioning.

- Orthoptic/Pleoptic Therapy
  Medically prescribed treatment for the correction of oculomotor dysfunction resulting in the lack of vision depth perception.

  Such dysfunction results from:
  - Vision disorder;
  - Eye Surgery; or
  - Injury.

  Treatment involves a program which includes evaluation and training sessions.

- Physical Therapy
  Medically prescribed treatment of physical disabilities or impairments resulting from:
  - Disease;
  - Injury;
  - Congenital anomaly; or
  - Prior therapeutic intervention by the use of therapeutic exercise and other interventions that focus on improving:
    - Posture;
    - Mobility;
    - Strength;
    - Endurance;
    - Balance;
    - Coordination;
    - Joint Mobility;
    - Flexibility; and
    - The functional activities of daily living.

- Pulmonary Rehabilitation Therapy
  A multidisciplinary, comprehensive program for Members who have a chronic lung disease. Pulmonary rehabilitation is designed to:
  - Reduce symptoms of disease;
  - Improve functional status; and
  - Stabilize or reverse manifestations of the disease.

- Radiation Therapy
  The treatment of disease by:
  - X-Ray;
  - Gamma ray;
  - Accelerated particles;
  - Mesons; or
  - Neutrons, radium, radioactive isotopes, or other radioactive substances regardless of the method of delivery.

- Respiratory Therapy
  Medically prescribed treatment of diseases or disorders of the respiratory system with therapeutic gases and vaporized medications delivered by inhalation.

- Speech Therapy

  Medically prescribed services that are necessary for the diagnosis and/or treatment of speech and language disorders, due to conditions or events that result in communication disabilities and/or swallowing disorders:

  - Disease;
  - Surgery;
  - Injury;
  - Congenital and developmental anomalies (birth defects); or
  - Previous therapeutic processes.

Total Disability (or Totally Disabled)
Means that a Covered Employee who, due to illness or injury:

- Cannot perform any duty of their occupation or any occupation for which the Employee is, or may be, suited by education, training and experience; and
- Is not, in fact, engaged in any occupation for wage or profit.

A Dependent is totally disabled if: They cannot engage in the normal activities of a person in good health and of like age and sex.

The Totally Disabled person must be under the regular care of a Physician.

Urgent Care
Urgent Care needs are for sudden illness or Accidental Injury that require prompt medical attention but are not life-threatening and are not Emergency medical conditions when your Professional Provider is unavailable. Examples of Urgent Care needs include stitches, fractures, sprains, ear infections, sore throats, rashes, X-rays that are not Preventive Care.

Urgent Care Centers
Facility Provider designed to offer immediate evaluation and treatment for sudden health conditions and accidental injuries that:

- Require medical attention in a non-Emergency situation; and
- When the Member’s Professional Provider's office is unavailable.

Urgent Care is not the same as: Emergency Services (see definition of "Urgent Care" above).

Value-Based Program (VBP)
An outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment.

IMPORTANT NOTICES

Regarding Experimental/Investigative Treatment:
The Claims Administrator does not cover treatment it determines to be Experimental/Investigative in nature because that treatment is not accepted by the general medical community for the condition being treated or not approved as required by federal or governmental agencies. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician agree to utilize Experimental/Investigative treatment. If a Member receives Experimental/Investigative treatment, the Member shall be responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether a treatment is considered Experimental/Investigative. The term "Experimental/Investigative" is defined in the ***Important Definitions*** section.

Regarding Treatment Which Is Not Medically Necessary:
The Claims Administrator only covers treatment which it determines Medically Necessary. An In-Network Provider accepts the Claims Administrator's decision and contractually is not permitted to bill the Member for treatment which the Claims Administrator determines is not Medically Necessary unless the In-Network Provider specifically advises the Member in writing, and the Member agrees in writing that such services are not covered by the Claims Administrator, and that the Member will be financially responsible for such services. An Out-of-Network Provider, however, is not obligated to accept the Claims Administrator's determination and the Member may not be reimbursed for treatment which the Claims Administrator determines is not Medically Necessary. The Member is responsible for these charges when treatment is received by an Out-of-Network Provider. The Member can avoid these charges simply by choosing an In-Network Provider for the Members care. The term "Medically Necessary" is defined in the ***Important Definitions*** section.

Regarding Treatment for Cosmetic Purposes:
The Claims Administrator does not cover treatment which it determines is for cosmetic purposes because it is not necessitated as part of the Medically Necessary treatment of an illness, injury or congenital birth defect. However, the Claims Administrator acknowledges that situations exist when a Member and their Physician decide to pursue a course of treatment for cosmetic purposes. In such cases, the Member is responsible for the cost of the treatment. A Member or their Physician should contact the Claims Administrator to determine whether treatment is for cosmetic purposes. The exclusion for services and operations for cosmetic purposes is detailed in the ***Exclusions - What Is Not Covered*** section.

Regarding Coverage for Emerging Technology:
While the Claims Administrator does not cover treatment it determines to be Experimental/Investigative, it routinely performs technology assessments in order to determine when new treatment modalities are safe and effective. A technology assessment is the review and evaluation of available clinical and scientific information from expert sources. These sources include but are not limited to articles published by governmental agencies, national peer review journals, national experts, clinical trials, and manufacturer's literature. The Claims Administrator uses the technology assessment process to assure that new drugs, procedures or devices ("emerging technology") are safe and effective before approving them as Covered Services. When new technology becomes available or at the request of a practitioner or Member, the Claims Administrator researches all scientific information available from these expert sources. Following this analysis, the Claims Administrator makes a decision about when a new drug, procedure or device has been proven to be safe and effective and uses this information to determine when an item becomes a Covered Service for the condition being treated or not approved as required by federal or governmental agencies. A Member or their Provider should contact the Claims Administrator to determine whether a proposed treatment is considered "emerging technology" and whether the Provider is considered an eligible Provider to perform the “emerging technology” Covered Service. The Claims Administrator maintains the discretion to limit eligible Providers for certain “emerging technology” Covered Services.

Regarding Use of Out-of-Network Providers
While PPO has an extensive network, it may not contain every provider that the Member elects to see. To receive the Maximum benefits available under this Program, the Member must obtain Covered Services from In-Network Providers that participate in the PPO Network or is a BlueCard Provider.

In addition, the Members PPO program allows the Member to obtain Covered Services from Out-of-Network Providers. If the Member uses an Out-of-Network Provider the Member will be reimbursed for Covered Services but will incur significantly higher out-of-pocket expenses including Deductibles, Coinsurance. In certain instances, the Out-of-Network Provider also may charge the Member for the balance of the Provider's bill. This is true regardless of the reason the Member uses an Out-of-Network Provider including, but not limited to, by choice, for level of expertise, for convenience, for location, because of the nature of the services, based on the recommendation of a Provider or network sufficiency. However, if Emergency Care is provided by certain Out-of-Network Providers (For example, ambulance services), in accordance with applicable law, the Claims Administrator will reimburse the Out-of-Network Provider at an In-Network rate directly. In this instance the specified Out-of-Network Provider will not bill the Member for amounts in excess of the Claims Administrator's payment for the Emergency Care. For payment of Covered Services provided by an Out-of-Network Provider, please refer to the definition of "Covered Expense".

For Covered Services received from an Out-of-Network Provider, payment will be made directly to the Member and the Member will be responsible for reimbursing the Out-of-Network Provider. However, the Claims Administrator reserves the right, in its sole discretion, to make payments directly to the Out-of-Network Provider.

For specific terms regarding Out-of-Network Providers, please refer to the following sections: ***Important Definitions***; including but not limited to the definition of "Covered Expense" and "Out-of-Network Provider", Payment of Providers and Payment Methods.

Regarding Non-Discrimination Rights
The Member has the right to receive health care services without discrimination:
- Based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, national origin, source of payment, sexual orientation, or sex, including stereotypes and gender identity, pre-existing conditions, health status, and marital status;
- For Medically Necessary health services made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender;
- Based on an individual's sex assigned at birth, gender identity, or recorded gender, if it is different from the one to which such health service is ordinarily available;
- Related to gender transition if such denial or limitation results in discriminating against a transgender individual.

Discretionary Authority
The Claims Administrator or Plan Administrator, as applicable, retains discretionary authority to interpret the benefit plan and the facts presented to make benefit determinations. Benefits under this Program will be provided only if the Claims Administrator or Plan Administrator, as applicable, determines in its discretion that the Member is entitled to them.

REMEMBER: Whenever a Provider suggests a new treatment option that may fall under the category of "Experimental/Investigative", "cosmetic", or "emerging technology", the Member, or their Provider, should contact the Claims Administrator for a coverage determination. That way the Member and the Provider will know in advance if the treatment will be covered by the Claims Administrator.

In the event the treatment is not covered by the Claims Administrator, the Member can make an informed decision about whether to pursue alternative treatment options or be financially responsible

for the non-covered service.

For more information on when to contact the Claims Administrator for coverage determinations, please see the Precertification and Prenotification requirements in the *General Information* section.

RIGHTS AND RESPONSIBILITIES

To obtain a list of "Rights and Responsibilities", please log on to https://www.ibx.com/quality-management#member or the Member should call the Customer Service telephone number that is listed on their Identification Card to receive a printed copy.

LANGUAGE AND COVERAGE CHANGES

QCC INSURANCE COMPANY

2024 PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your preventive care and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. In accordance with the PPACA, the schedule is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force, Health Resources and Services Administration, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your healthcare provider is always your best resource for determining if you are at increased risk for a condition. Some services may require precertification/preapproval. If you have questions about this schedule, precertification/preapproval, or your benefit coverage, please call the Customer Service number on the back of your ID card.

PREVENTIVE CARE SERVICES FOR ADULTS

VISITS	
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • High blood pressure screening • Behavioral counseling for skin cancer • Obesity screening • Unhealthy drug use screening	One exam annually for all adults
SCREENINGS	
Abdominal aortic aneurysm (AAA) screening	Once in a lifetime for asymptomatic males ages 65 to 75 years with a history of smoking
Colorectal cancer screening	Adults ages 45 to 75 years using any of the following tests: • Fecal occult blood testing: once a year • Highly sensitive fecal immunochemical testing: once a year • Flexible sigmoidoscopy: once every 5 years • CT colonography: once every 5 years • Stool DNA testing: once every 3 years • Colonoscopy: once every 10 years
Depression and suicide risk screening	All adults
Hepatitis B virus (HBV) screening	All asymptomatic adults at high risk for HBV infection
Hepatitis C virus (HCV) screening	All asymptomatic adults ages 18 years to 79 years old

High blood pressure screening	Adults ages 18 years or older with increased risk once a year Adults ages 18 to 39 years with no other risk factors once every 3 to 5 years Adults age 40 years once a year
Human immunodeficiency virus (HIV) screening	All adults
Latent tuberculosis infection screening	Asymptomatic adults age 18 years or older at increased risk for tuberculosis
Lipid disorder screening	Adults 40 years or older once every 4 years
Lung cancer screening	Adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Prediabetes and type 2 diabetes mellitus screening and intensive counseling interventions	Abnormal blood glucose and type 2 diabetes screening for adults 35 to 70 years who are overweight or obese Intensive behavioral counseling interventions for individuals 35 to 70 years who are overweight or obese with abnormal blood glucose up to 32 sessions per year
Syphilis infection screening	All adults at increased risk for syphilis infection
Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all adults not diagnosed with alcohol abuse or dependence or not seeking treatment for alcohol abuse or dependence Behavioral counseling in a primary care setting for individuals with a positive screening result
THERAPY AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	All sexually active adults
Behavioral interventions for weight loss to prevent obesity-related morbidity and mortality	Behavioral intervention for adults with a body mass index (BMI) of 30 kg/m^2 or higher
Exercise interventions for the prevention of falls	Community-dwelling adults age 65 years and older with an increased risk of falls
Behavioral counseling interventions to promote a healthful diet and physical activities for cardiovascular disease prevention	Adults diagnosed as overweight or obese with known cardiovascular disease risk factors
Nutritional counseling for weight management	6 visits per year for all individuals Adults with behavioral health conditions that impact weight or nutritional status
Tobacco use counseling	All adults who use tobacco products
Work-up and follow-up services for pre-exposure prophylaxis for the prevention of HIV	Adults at high risk for HIV infection
MEDICATIONS	
Pre-exposure prophylaxis for the prevention of HIV infection	Adults at high risk for HIV infection

Prescription bowel preparation	Adults 45 years and older when used in conjunction with a preventive colorectal cancer screening procedure (That is, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy)
Statin	Adults ages 40 to 75 with no history of cardiovascular disease, with one or more risk factors for cardiovascular disease and a 10-year cardiovascular disease event risk of greater than 10%
Tobacco cessation medication	All adults who use tobacco products

IMMUNIZATIONS
Adult Immunization Schedule: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf

PREVENTIVE CARE SERVICES FOR FEMALES, INCLUDING PREGNANT FEMALES

VISITS	
Prenatal Care Visits Services that may be provided during the prenatal care visits include, but are not limited to the following: • Preeclampsia Screening	For all pregnant females
Postpartum Care Visit	For all postpartum females
Well-woman visits Services that may be provided during the well-woman visit include but are not limited to the following: • BRCA-related cancer risk assessment • Counseling for the prevention of obesity • Discussion of chemoprevention for breast cancer • Instruction on fertility awareness-based methods, including the lactation amenorrhea method • Intimate partner violence screening • Primary care interventions to promote and support breastfeeding • Recommended preventive preconception and prenatal care services • Urinary incontinence Screening	At least annually
SCREENINGS	
Anxiety Screening	All females
Bacteriuria screening	All asymptomatic pregnant females at 12 to 16 weeks' gestation or at the first prenatal visit, if later
BRCA-related cancer risk assessment, genetic counseling, and BRCA mutation testing	Genetic counseling for asymptomatic females with an ancestry associated with BRCA gene mutations, personal history or family history of a BRCA-related cancer BRCA mutation testing, as indicated, following genetic counseling
Breast cancer screening (2D or 3D mammography)	All females ages 40 years and older

Cervical cancer screening (Pap test)	Ages 21 to 65: Every 3 years Ages 30 to 65: Every 5 years with a combination of Pap test and human papillomavirus (HPV) testing, for those who want to lengthen the screening interval
Chlamydia screening	Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection
Counseling interventions to prevent perinatal depression	Pregnant or postpartum females at increased risk for perinatal depression without a current diagnosis of depression 20 sessions over a 70-week period
Diabetes screening after pregnancy	Females with a history of gestational diabetes who are currently not pregnant and who have not been previously diagnosed with type 2 diabetes mellitus
Depression and suicide risk screening	All pregnant and postpartum females
Gestational diabetes mellitus screening	Asymptomatic pregnant females after 24 weeks of gestation or at the first prenatal visit for pregnant females identified to be at high risk for diabetes
Gonorrhea screening	Sexually active females ages 24 years and younger or older sexually active females who are at increased risk for infection
Hepatitis B virus (HBV) screening	All pregnant females or asymptomatic adolescents and adults at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All pregnant females All individuals 15 years and older All children under 15 years old at increased risk of infection
Human papillomavirus (HPV) screening	Age 30 and older: Every 5 years Ages 30 to 65: Every 5 years with a combination of Pap test and HPV testing, for those that want to lengthen the screening interval
Osteoporosis (bone mineral density) screening	Every 2 years for females younger than 65 years who are at increased risk for osteoporosis Every 2 years for females 65 years and older without a history of osteoporotic fracture or without a history of osteoporosis secondary to another condition
RhD incompatibility screening	All pregnant females and follow-up testing for females at higher risk
Syphilis screening	All pregnant females at first prenatal visit For high-risk pregnant females, repeat testing in the third trimester and at delivery Females at increased risk for syphilis infection
Tobacco use counseling	All pregnant females who smoke tobacco products

Unhealthy alcohol use screening and behavioral counseling interventions	Screening for all pregnant females Behavioral counseling in a primary care setting with a positive screening result

MEDICATIONS	
Breast cancer chemoprevention	Asymptomatic females ages 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention
Folic acid	Daily folic acid supplements for all females planning for or capable of pregnancy
Low-dose aspirin	Aspirin for pregnant females who are at high risk for preeclampsia after 12 weeks of gestation
MISCELLANEOUS	
Breastfeeding supplies/support/counseling	Comprehensive lactation support/counseling for all pregnant women and during the postpartum period Breastfeeding supplies
Reproductive education and counseling, contraception, and sterilization	All females with reproductive capacity

PREVENTIVE CARE SERVICES FOR CHILDREN

VISITS	
Pediatric prenatal exams	All expectant parents for the purpose of establishing a pediatric medical home
Preventive exams Services that may be provided during the preventive exam include but are not limited to the following: • Behavioral counseling for skin cancer prevention • Blood pressure screening • Congenital heart defect screening • Counseling and education provided by healthcare providers to prevent initiation of tobacco use • Developmental surveillance • Dyslipidemia risk assessment • Hearing risk assessment for children 29 days or older • Height, weight, and body mass index measurements • Obesity screening • Oral health risk assessment • Risk assessment of sudden cardiac arrest and sudden cardiac death	All children up to 21 years of age, with preventive exams provided at: • 3-5 days after birth • By 1 month • 2 months • 4 months • 6 months • 9 months • 12 months • 15 months • 18 months • 24 months • 30 months • 3 years-21 years: annual exams
SCREENINGS	
Alcohol, tobacco, and drug use screening and behavioral counseling intervention	Annually for all children 11 years of age and older Annual behavioral counseling in a primary care setting for children with a positive screening result for drug or alcohol use/misuse
Anxiety screening	For children 8 years and older
Autism and developmental screening	All children
Behavioral/social/emotional screening	All children
Bilirubin screening	All newborns
Chlamydia screening	All sexually active children up to age 21 years
Depression and suicide risk screening	Annually for all children ages 12 years to 21 years
Dyslipidemia screening	Following a positive risk assessment or in children where laboratory testing is indicated
Gonorrhea screening	All sexually active children up to age 21 years
Hearing screening for newborns	All newborns
Hearing screening for children 29 days or older	Following a positive risk assessment or in children where hearing screening is indicated

Hepatitis B virus (HBV) screening	All asymptomatic adolescents at high risk for HBV infection
Human immunodeficiency virus (HIV) screening	All children
Iron deficiency screening	All children
Lead poisoning screening	All children at risk of lead exposure
Newborn screening panel (for example, congenital hypothyroidism, hemoglobinopathies {sickle cell disease}, phenylketonuria {PKU})	All newborns
Syphilis screening	All sexually active children up to age 21 years
Vision screening	All children up to age 21 years
ADDITIONAL SCREENING SERVICES AND COUNSELING	
Behavioral counseling for prevention of sexually transmitted infections	Semiannually for all sexually active adolescents
Nutritional Counseling for Weight Management	6 visits per year for all individuals Adults with behavioral health conditions that impact weight or nutritional status
Obesity screening and behavioral counseling	Screening is part of the preventive exam for children ages 6 years and older. Behavioral counseling for children ages 6 years and older with an age- and sex-specific body mass index (BMI) in the 95th percentile or greater
MEDICATIONS	
Fluoride	Oral fluoride for children ages 6 months to 16 years whose water supply is deficient in fluoride
Prophylactic ocular topical medication for gonorrhea	All newborns within 24 hours after birth
MISCELLANEOUS	
Fluoride varnish application	Every 3 months for all infants and children starting at age of primary tooth eruption to 5 years of age
Tuberculosis testing	All children up to age 21 years

IMMUNIZATIONS (NOTE: FOR AGE 19 TO 21 YEARS, REFER TO THE ADULT SCHEDULE LISTED ABOVE)
Children Immunization Schedule: https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

45. Provide a listing of all life insurance plan categories available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees. Include the associated employee contribution rates and employer contribution rates of the total premium cost for each plan category.

Response:

Essential provides basic life and accidental death and dismemberment (“AD&D”) insurance through New York Life Group Benefit Solutions (NYL GBS). The benefit is 2x base earnings (rounded up to the next 1,000 increment), to a maximum of $1,000,000 to all employee groups.

The rate Essential pays for the employer paid basic life and AD&D is $0.247 per $1,000 of benefit.

Refer to the following attachments:

OK971481C01 Group AD&D

Class 1 - All active, full-time Non-Union Employees of the Employer who are citizens or permanent residents of the United States regularly working a minimum of 40 hours per week, excluding Employees classified as PNG non-union and Union USW Local 12050.

OK971481C09 Group AD&D

Class 9 - All active, full-time Union Employees represented by USW Local 12050 and Non-Union Employees of the Employer who are citizens or permanent residents of the United States classified as People's Natural Gas Employees regularly working a minimum of 40 hours per week.

FLI960318C09 Group Life

All active, Full-time Union Employees represented by USW Local 12050 and Non-Union Employees of the Employer who are citizens or permanent residents of the United States classified as People's Natural Gas Employees regularly working a minimum of 40 hours per week.

FLI960322C01 Group Life

All active, Full-time Union Employees represented by USW Local 12050 and Non-Union Employees of the Employer who are citizens or permanent residents of the United States regularly working a minimum of 40 hours per week, excluding Employees classified as Officers.

Group Accident
Insurance Certificate

Essential Utilities, Inc.

IMPORTANT NOTICES
GROUP ACCIDENT

If you reside in one of the following states, please read the important notices below:

Arizona residents:

This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

California residents:

FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON THE EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

Florida residents:

The benefits of the policy providing your coverage are governed primarily by the laws of a state other than Florida.

Maryland residents:

This Certificate may omit some of the benefits required for a Certificate issued and delivered in Maryland.

New Mexico residents:

This is a limited benefits health plan. The benefits provided are supplemental to, and not a substitute for, major medical coverage, even in combination with other limited benefit plans. To apply for an individual or small group major medical plan, please visit the website of New Mexico Health Insurance Exchange at www.bewellnm.com or call 1-833-862-3935 (TTY: 711).

TL-00-6000-1.NM

North Carolina residents:

This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but it is issued under a group master policy located in another state and may be governed by that state's law.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE, WHICH IS AVAILABLE FROM LIFE INSURANCE COMPANY OF NORTH AMERICA.

The Policy is a legal contract between the Policyholder and Us.

BENEFITS MAY BE REDUCED. PLEASE SEE THE SCHEDULE OF BENEFITS

IMPORTANT CANCELLATION INFORMATION – PLEASE READ "POLICY TERMINATION" PROVISION

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

Texas residents:

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATEIS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235

A Stock Insurance Company

GROUP ACCIDENT CERTIFICATE

THIS CERTIFICATE PROVIDES LIMITED COVERAGE.
PLEASE READ YOUR CERTIFICATE CAREFULLY.

We, the Life Insurance Company of North America, has issued a Group Policy, OK-971481 to Trustee of the Group Insurance Trust for Employers in the Transportation and Public Utilities Industry.

We certify that we insure all eligible persons who are enrolled according to the terms of the Group Policy. Your coverage will begin according to the terms set forth in the *Eligibility and Effective Date* provision.

This Certificate describes the benefits and basic provisions of Your coverage. It is not the insurance contract and does not waive or alter any terms of the Policy. If questions arise, the Policy language will govern. You may examine the Policy at the office of the Subscriber.

This Certificate replaces all prior Certificates issued to You under the Group Policy.



Scott Berlin, President

THIS CERTIFICATE IS ISSUED UNDER AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

GA-00-CE1000.00

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SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the provisions carefully.

The *Schedule of Benefits* provides a brief outline of your coverage and benefits. Please read the *Description of Coverages and Benefits* Section for full details.

Subscriber: Essential Utilities, Inc.

Effective Date of Subscriber Participation: July 1, 2022

Certificate Effective Date: April 1, 2023

Covered Class: Class 1 - All active, full-time Non-Union Employees of the Employer who are citizens or permanent residents of the United States regularly working a minimum of 40 hours per week, excluding Employees classified as PNG non-union and Union USW Local 12050.

SCHEDULE OF BENEFITS

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period
The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date:	No Waiting Period
For Employees hired after the Policy Effective Date:	No Waiting Period

Time Period for Loss:

Any Covered Loss must occur within:	365 days of the Covered Accident

Maximum Age for Insurance: None

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum:	An amount equal to your group voluntary life insurance benefit in effect under Policy No. FLI-960318, underwritten by Life Insurance Company of North America.
Spouse Principal Sum:	An amount equal to the your Spouse group voluntary life insurance benefit in effect under Policy No. FLI-960318, underwritten by Life Insurance Company of North America.
Dependent Child Principal Sum:	An amount equal to the your Dependent Child group voluntary life insurance benefit in effect under Policy No. FLI-960318, underwritten by Life Insurance Company of North America.

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12th month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the S*chedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE provides the Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

COMMON CARRIER BENEFIT

Benefit	100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of $500,000

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit	10% of the Principal Sum subject to a Maximum Benefit of $25,000
Airbag Benefit	5% of the Principal Sum subject to a Maximum Benefit of $10,000
Default Benefit	$1,000

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GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. The words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service
An Employee will be considered in Active Service with the Employer on any day that is either of the following:
1. one of the Employer's scheduled work days on which the Employee is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires the Employee to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.

A person other than an Employee is considered in Active Service if he is none of the following:
1. an Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for Sickness or injury;
3. Totally Disabled.

Age
A Covered Person's Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. Thereafter, it is his Age attained on his last birthday.

Aircraft
A vehicle which:
1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

Annual Compensation
Annual Compensation means an Employee's annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on April 1st coinciding with or next following the change in Annual Compensation.

Covered Accident
A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:
1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, Sickness, mental or bodily infirmity;
3. is not otherwise excluded under the terms of this Policy.

Covered Injury
Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Loss
A loss that is all of the following:
1. the result, directly and independently of all other causes, of a Covered Accident;
2. one of the Covered Losses specified in the *Schedule of Covered Losses*;
3. suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits*.

Covered Person
An eligible person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force. The term Covered Person shall include, where this Policy provides coverage, an eligible Spouse and eligible Dependent Children.

Dependent Child(ren)
An Employee's unmarried child who meets the following requirements:
1. A child from live birth to 19 years old;
2. A child who is 19 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by the Employee;
3. A child who is 19 or more years old, primarily supported by the Employee and incapable of self-sustaining employment by reason of mental or physical handicap.

A child, for purposes of this provision, includes an Employee's:
1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of the Employee's Spouse provided the child is living with, and is financially dependent upon the Employee;
3. stepchild who resides with the Employee and is financially dependent upon the Employee;
4. child for whom the Employee is the court-appointed legal guardian, as long as the child resides with the Employee and depends on the Employee for financial support. Financial support means that the Employee is eligible to claim the dependent for purposes of Federal and State income tax returns.

Employee
For eligibility purposes, an Employee of the Employer who is in one of the Covered Classes.

Employer
The Subscriber and any affiliates, subsidiaries or divisions shown in the Schedule of Covered Affiliates and which are covered under this Policy on the date of issue or subsequently agreed to by Us.

He, His, Him
Refers to any individual, male or female.

Hospital
An institution that meets all of the following:
1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

Inpatient
A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

Nurse
A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:
1. employed or retained by the Subscriber;
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Outpatient
A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

Physician
A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:
1. employed or retained by the Subscriber;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of the Covered Person.

Prior Plan
The plan of insurance providing similar benefits, sponsored by the Employer in effect immediately prior to this Policy's Effective Date.

Sickness
A physical or mental illness.

Spouse
The Employee's lawful spouse.

Subscriber
Any participating organization that subscribes to the trust to which this Policy is issued.

Totally Disabled or Total Disability
Totally Disabled or Total Disability means either:
1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

We, Us, Our
Life Insurance Company of North America.

You, Your
The person to whom the certificate is issued.

GA-00-1200.00 (as modified by GA-00-4002.00)

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Subscriber Effective Date
Accident Insurance Benefits become effective for each Subscriber in consideration of the Subscriber's application, Subscription Agreement and payment of the initial premium when due. Insurance coverage for the Subscriber becomes effective on the Effective Date of Subscriber Participation.

Eligibility
An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits.* A Spouse and Dependent Childrenof an eligible Employee become eligible for any dependent insurance provided by this Policy on the later of the date the Employee becomes eligible and the date the Spouse or Dependent Child meets the applicable definition shown in the *Definitions* section of this Policy. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time.

Effective Date for Individuals
Insurance becomes effective for an eligible Employee who applies and agrees to make required contributions within 31 days of eligibility, and subject to the *Deferred Effective Date* provision below, on the latest of the following dates:
1. the effective date of this Policy;
2. the date the Employee becomes eligible;
3. the date We receive the Employee's completed enrollment form and the required first premium, during his lifetime.

Insurance becomes effective for an Employee's eligible dependents if the Employee applies and agrees to make required contributions within 31 days of the date his dependents become eligible and, subject to the *Deferred Effective Date* provision below, on the latest of the following dates:
1. the effective date of this Policy;
2. the date the Employee becomes eligible;
3. the date the Employee's insurance becomes effective;
4. the date the dependent meets the definition of Spouse or Dependent Child, as applicable;
5. the date We receive a completed enrollment form for Spouse and Dependent Child coverage and the required first premium, during each dependent's lifetime.

Insurance becomes effective for a newborn Dependent Child automatically from the moment of the child's live birth. Insurance for that Dependent Child automatically ends 31 days later unless the Employee has a Spouse or other Dependent Children insured under this Policy or makes a request to cover the child and pays the required initial premium, during the child's lifetime.

DEFERRED EFFECTIVE DATE
Active Service
The effective date of insurance will be deferred for any Employee or any eligible Spouse or Dependent Child who is not in Active Service on the date coverage would otherwise become effective. Coverage will become effective on the later of the date he returns to Active Service and the date coverage would otherwise have become effective.

Life Status Change
A Life Status Change is an event that the Employer determines qualifies any Employee to elect or increase accident insurance benefits for himself and his Spouse and Dependent Children. Any change in benefit elections must be made within 31 days of a Life Status Change.

Any increases in benefits or added benefits elected under this Life Status Change provision will become effective on the first of the month following the Life Status Change.

The Subscriber should seek advice of its tax advisors if Employees may contribute to the cost of any insurance provided by this Policy with earnings not subject to Federal Income Tax. We cannot provide such advice nor offer any opinions on taxation or tax status of any contributions toward the cost of insurance.

Effective Date of Changes
Any increase or decrease in the amount of insurance for the Covered Person resulting from:
1. a change in benefits provided by this Policy; or
2. a change in the Employee's Covered Class will take effect on the date of such change.

Increases will take effect subject to any Active Service requirement.

TERMINATION OF INSURANCE
The insurance on a Covered Person will end on the earliest date below:
1. the date this Policy or insurance for a Covered Class is terminated;
2. the next premium due date after the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. the last day of the last period for which premium is paid;
4. the next premium due date after the Covered Person attains the maximum Age for insurance under this Policy;
5. with respect to a Spouse or Dependent Child, the date of the death of the covered Employee or the date of divorce from the covered Employee.

Termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

CONTINUATION OF INSURANCE
Continuation for Layoff, Leave of Absence or Family Medical Leave
Insurance for an Employee and Covered Dependents may be continued until the earliest of the following dates if: (a) an Employee is on a temporary layoff, an Employer-approved leave of absence or an Employer-approved family medical leave; and (b) required premium contributions are paid when due.
1. for a layoff: 12 weeks.
2. for an Employer-approved leave of absence: 12 weeks.
3. for an Employer-approved family medical leave: up to the later of the period of the approved FMLA leave or the leave period required by law in the state in which the Employee is employed.

GA-00-1300.00

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
    a. except as a passenger on a regularly scheduled commercial airline;
    b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
    c. being used for:
        i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
        ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
    d. designed for flight above or beyond the earth's atmosphere;
    e. an ultra-light or glider;
    f. being used for the purpose of parachuting or skydiving;
    g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

GA-00-1403.00

CONVERSION PRIVILEGE

1. If the Covered Person's insurance or any portion of it ends for any of the following reasons:
   a. employment or membership ends;
   b. eligibility ends (except for age for the Employee or Covered Spouse);

   the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:
   a. in $1,000 increments;
   b. not less than $25,000, regardless of the amount of insurance under the group policy; and
   c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of $250,000.

   The Covered Person must be under age 70 to get a converted policy.

   If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.

   The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

   If the Covered Person has converted his group coverage and later becomes insured under the same group plan as before, he may not convert a second time unless he provides, at his own expense, proof of insurability or proof the prior converted policy is no longer in force.

   The Covered Person must apply for the individual policy within 62 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk. If the Covered Person has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

   If the Covered Person suffers a Covered Loss or dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

   The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended; or, if later, the date application is made.

   Exclusions
   The converted policy may exclude the hazards or conditions that apply to the Covered Person's group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy or, any group accident insurance issued to the Employer which the Group Policy replaced, for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
   a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
   b. $10,000.

Extension of Conversion Period
If the Covered Person is eligible to convert and is not notified of this right at least 31 days prior to the end of the 62 day conversion period, the conversion period will be extended. The Covered Person will have 31 days from the date notice is given to apply for a converted policy or certificate. In no event will the conversion period be extended beyond 105 days. Notice, for the purpose of this section, means written notice presented to the Covered Person by the Subscriber or mailed to the Covered Person's last known address as reported by the Subscriber.

If the Covered Person sustains a Covered Loss or dies during the extended conversion period, but more than 31 days after his coverage under the Group Policy terminates, benefits will not be paid under the Group Policy. If the Covered Person's application for a converted policy or certificate is received by Us and the required premium is paid, benefits may be payable under the converted policy or certificate.

GA-01-1505.00

CLAIM PROVISIONS

Notice of Claim
Written or authorized electronic/telephonic notice of claim must be given to Us within 31 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us at Our Home Office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Subscriber's name and policy number and the Covered Person's name, address, policy and certificate number.

Claim Forms
We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision
Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss
Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time of Payment of Claims
We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

Manner of Payment of Claims
The Subscriber authorizes that any benefit payment due as a lump sum of $5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

Payment of Claims
All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay $1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Payment of Claims to Foreign Employees
The Subscriber may, in a fiduciary capacity, receive and hold any benefits payable to covered Employees whose place of employment is other than the United States of America.

We will not be responsible for the application or disposition by the Subscriber of any such benefits paid. Our payments to the Subscriber will constitute a full discharge of Our liability for those payments under this Policy.

Physical Examination and Autopsy
We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions
No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Beneficiary
The beneficiary is the person or persons the Employee names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Subscriber. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Employee executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Employee has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Employee dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:
1. spouse;
2. child or children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

Recovery of Overpayment
If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.
1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, Us may recover the overpayment from the Covered Person's estate.

GA-00-CE1600.00 (as modified by RA-GA-1000.00)

ADMINISTRATIVE PROVISIONS

Premiums
All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect. If a Covered Person's insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day after the reduction took place.

Draft Accounts
The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

Grace Period
A Grace Period of 31 days will be granted for payment of required premiums under this Policy. Insurance under this Policy for You, Your Spouse and/or Dependent Children will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

GA-00-CE1701.00 (as modified by RA-GA-1000.00)

GENERAL PROVISIONS

Misstatement of Fact
If the Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

30 Day Right To Examine Certificate
If a Covered Person does not like the Certificate for any reason, it may be returned to Us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Multiple Certificates
The Covered Person may have in force only one certificate at a time under this Policy. If at any time the Covered Person has been issued more than one certificate, then only the largest shall be in effect. We will refund premiums paid for the others for any period of time that more than one certificate was issued.

Assignment
We will be bound by an assignment of a Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy and the Covered Person's certificate remains in force.

Incontestability
All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for coverage.

Reinstatement
This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Subscriber satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid.

Clerical Error
Insurance for You, Your Spouse and/or Dependent Children will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Policy Changes
We may agree with the Subscriber to modify a plan of benefits without the Covered Person's consent.

Workers' Compensation Insurance
This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

GA-00-CE1800.00

DESCRIPTION OF COVERAGES AND BENEFITS

This *Description of Coverages and Benefits* Section describes the Accident Coverages and Benefits provided to You. Benefit amounts, benefit periods and any applicable aggregate and benefit maximums are shown in the *Schedule of Benefits.* Certain words capitalized in the text of these descriptions have special meanings within this Certificate **and are defined in the *General Definitions* section. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these coverages and benefits.**

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits,* if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

Definitions **Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Paralysis or Paralyzed means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia means total Paralysis of both upper and both lower limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Uniplegia means total Paralysis of one upper or one lower limb.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a Covered Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.

Severance means the complete and permanent separation and dismemberment of the part from the body.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* section.
GA-00-2100.00

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES
Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Covered Losses* and will not be paid in addition to any other Accidental Death and Dismemberment benefits payable.

EXPOSURE AND DISAPPEARANCE COVERAGE
Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

Exclusions The exclusions that apply to this coverage are in the *Common Exclusions* Section.
GA-00-2202.00

ADDITIONAL ACCIDENT BENEFITS
Accidental Death and Dismemberment benefits are provided under the following Additional Benefits. Any benefits payable under them will be paid in addition to any other Accidental Death and Dismemberment benefit payable.

COMMON CARRIER BENEFIT
We will pay the benefit shown in the *Schedule of Benefits* if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs while riding as a fare-paying passenger in, or being struck by, a Common Carrier. Riding includes getting into and out of the Common Carrier.

Definition For purposes of this benefit **Common Carrier** means:
1. a public conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command or a similar air transport service of another country.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2225.00

SEATBELT AND AIRBAG BENEFIT

We will pay the benefit shown in the *Schedule of Benefits*, subject to the conditions and exclusions described below, when the Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person's beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like Age and weight at the time of the Covered Accident.

Definitions For purposes of this benefit:

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highway of any state, province or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2251.00

LIFE INSURANCE COMPANY OF NORTH AMERICA

AMENDATORY RIDER
TRAVEL ASSISTANCE SERVICES

Policyholder: Essential Utilities, Inc.
Policy No.: OK-971481 Effective Date: July 1, 2022

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

Travel Assistance Services

We will pay the cost of the Covered Services described below, subject to all applicable conditions and exclusions, resulting, directly and independently of all other causes, from a Covered Medical Emergency. The Covered Medical Emergency must occur and Covered Services must be incurred during the course of travel or other activities covered by the Policy, and while the Covered Person is either more than 100 miles from his permanent residence or outside of his country of permanent residence.

To obtain services, the Covered Person must contact Us or our authorized service provider at the phone number provided by the Policyholder. All services must be provided by our authorized service provider unless authorized by Us.

Covered Services

Covered Services includes the reasonable costs for medically necessary services provided by Us or by our authorized service provider, and which are provided by our authorized service provider unless authorized by Us, for any of the following.

Emergency Medical Evacuation

Medically necessary expenses for Transportation of the Covered Person to the nearest adequate medical facility, if adequate medical care is not available at the Covered Person's location.

Cost of any medically necessary services or equipment that the Covered Person receives during transportation covered under this provision.

Cost of transporting qualified and licensed medical professional(s) or an Immediate Family Member or a Travel Companion if medically required to escort the Covered Person during transportation covered under this provision.

Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

Return Transportation

Any increase in the cost of the Covered Person's return transportation to his or her home or work location following emergency medical evacuation covered under this benefit, above the cost of the Covered Person's original scheduled return transportation.

Any increased cost of the transportation for an Immediate Family Member or Travel Companion of the Covered Person to return to his or her primary residence, if he or she accompanied the Covered Person on the trip where the emergency occurred, and was as a result not able to return to his or her primary residence when originally scheduled.

Unless it is medically necessary for another means of transportation to be provided, such return transportation costs will be covered for the same class of travel as the Covered Person's original transportation.

In the case of an Immediate Family Members who is a child under age 18, who is left without a parent, guardian or other adult to accompany the child, we will cover the reasonable cost of an escort to accompany the child to the nearest airport. If under the applicable rules of the airline, the child is too young to travel unaccompanied by an adult, we will pay the round trip economy airfare for an adult family member from the child's place of residence to the airport nearest the child.

Immediate Family Member Visit

Expenses for an Immediate Family Member or Friend of the Covered Person to visit the Covered Person during hospitalization away from the Covered Person's primary residence, if the Covered Person is hospitalized or expected to remain hospitalized for 7 or more consecutive days following emergency medical evacuation covered under this benefit. Such expenses shall be limited to one person only, and shall include round-trip economy airfare, and an allowance of $150.00 per day for up to 7 days for meals and lodging.

If a Dependent Child is evacuated, we will pay the expenses of an adult Immediate Family Member who accompanied the Dependent Child on the trip where the emergency occurred, to accompany the Dependent Child during the evacuation and during the Dependent Child's return to his or her place of residence. If the Dependent Child was not accompanied by an adult Immediate Family Member on the trip where the emergency occurred, we will pay expenses described in the preceding paragraph, without regard to the expected duration on the hospitalization.

Repatriation of Remains

If the Covered Person dies as a result of a Covered Medical Emergency, or during a Medical Evacuation covered by this Policy, the following expenses will be covered:

1. Embalming;
2. Cremation in the locality where death occurred and urn for return ashes;
3. A container appropriate for transportation of remains;
4. Autopsy if required by law;
5. Expenses of securing documentation necessary for return of remains;
6. Transportation of the body or remains to the Covered Person's place of permanent residence.

Definitions

"Covered Medical Emergency" means an injury, illness or disease diagnosed by a Physician which causes severe or acute symptoms that, if not provided with immediate care or treatment, would reasonably be expected to result in serious deterioration of the Covered Person's health or place his life in jeopardy; and which first manifests itself suddenly and unexpectedly during the travel or other hazards covered by the Policy.

"Immediate Family Member" means a spouse, parent, child, step-parent, step-child, brother or sister, step-brother or step-sister, grandparent, or Domestic Partner.

"Travel Companion" means an individual, other than an Immediate Family Member, who accompanied the Covered Person on the trip where the emergency occurred.

"Friend" means a person chosen by the Covered Person, other than an Immediate Family Member who is able to visit the Covered Person.

Limitations

Covered Expenses are secondary to, and in excess of, any expenses for medical or transportation services paid or payable under any workers' compensation law.

No payment will be made for services without authorization of those services by Us or the express written approval of Our approved vendor.

If coverage for these services is provided under more than one policy issued by the Insurance Company, we will only provide or pay for these services under one such policy.

Exclusions

The exclusions listed in the Policy's Common Exclusions section will not apply to Medical Evacuation and Repatriation Expenses, except for exclusions relating to war or acts of war, suicide or intentionally self-inflicted injury. In addition, the following exclusions apply specifically to this coverage:

1. Non-Emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or harm to the Covered Person;
2. a condition which would allow for treatment at a future date convenient to the Covered Person and which does not require Emergency evacuation or repatriation;
3. expenses incurred if a purpose of the Covered Person's trip is to obtain medical treatment;
4. services provided for which no charge is normally made, in the absence of insurance;
5. transportation for the Covered Person's vehicle and/or other personal belongings;
6. Initial transport by ambulance following a Covered Medical Emergency occurring in the United States;
7. services incurred while serving in the armed forces of any country;
8. services required or obtained in any location which, due to war, insurrection, natural disaster or other reasons, is not reasonably accessible to our designated service provider, unless approved in advance by us;
9. claim payments that are illegal under applicable law;
10. expenses which are paid or payable under any workers' compensation law;
11. Medical care or services scheduled for your or your doctor's convenience which are not considered an emergency.

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA



Scott Berlin, President

GA-00-2230c.00

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

MODIFYING PROVISIONS AMENDMENT

Subscriber: Essential Utilities, Inc. Policy No.: OK-971481

Amendment Effective Date: July 1, 2022

This amendment is attached to and made part of the Policy specified above and the Certificates issued under it. Its provisions are intended to conform this Policy to the laws of the state in which the insured resides.

The Policy and any Certificates delivered under the Group Policy are amended as follows:

Arkansas residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *General Definitions* section, item 2 of the second paragraph of the definition of Dependent Child is replaced with the following:

   2. adopted child, or a child under the charge, care or control of the Employee, Member for whom the Employee, Member has filed a petition to adopt.

Connecticut residents:

1. The following benefit is added to the *Schedule of Benefits* section:

   AMBULANCE BENEFIT

Basic Benefit	Equal to the lesser of billed charges or rate established by the CT Dept. of Public Health

2. In the *General Definitions* section the definition of Hospital and Totally Disabled are replaced with the following:

Hospital

An institution that meets all of the following:
1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

Totally Disabled or Total Disability Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform the normal activities of a person of like age and sex and who is under the regular care of a Physician who certifies that such person is Totally Disabled.

3. In the *Eligibility and Effective Date Provisions*, the Eligibility section is replaced with the following:

Eligibility
An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits.* A Spouse and Dependent Children of an eligible Employee become eligible for any dependent insurance provided by this Policy on the later of the date the Employee becomes eligible and the date the Spouse or Dependent Child meets the applicable definition shown in the *Definitions* section of this Policy. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time. However, this limitation will not apply when the Employee and the Spouse are employed by the same Employer and by reason to their employment are both participating in a group insurance plan.

4. In the *General Provisions* section, the following provision is replaced:

Incontestability
1. Of This Policy or Participation Under This Policy
All statements made by the Subscriber to participate under this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Subscriber.

After two years from the Policy Effective Date, no such statement will cause this Policy to be contested.

2. Of A Covered Person's Insurance
All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person’s effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

5. The following benefit is added to the *Description of Benefits* section:

AMBULANCE BENEFIT
We will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if the Covered Person requires ambulance services due to a Covered Injury resulting directly and independently of all other causes from a Covered Accident.

The Covered Person must be transported by ambulance to a Hospital and admitted as an inpatient Any payment will be paid directly to the ambulance provider rendering such service if such provider has not received payment for such service from any other source and includes the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes."

In the event any Covered Person is covered under more than one policy, the Hospital Policy will be primary and pay benefits.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2212.07

6. The following Conversion Privilege section applies:

Conversion Privilege

1. If the Covered Person's insurance or any portion of it ends for a reason other than non-payment of premium, the Covered Person's Age or those reasons described in Paragraph 2 below, the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may not apply for an amount greater than his coverage under this Group Policy less the amount of any other group accident insurance for which he becomes eligible within 31 days after the date coverage under this Group Policy terminated. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

   The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk.

   The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended. If the Covered Person dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
   a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
   b. $10,000.

Georgia residents:

Under the *General Definitions* section, item 2 of the first paragraph of the definition of Dependent Child is replaced with the following:

2. A child shall continue to be insured up to and including age 26 so long as the coverage of the Employee continues in effect, the child remains a dependent of the insured parent or guardian, and the child, in each calendar year since reaching age 19, has been enrolled for five calendar months or more as a full-time student at a postsecondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to Sickness or Injury.

Louisiana residents:

Dependent Child Benefit

The following apply when Depending Child Coverage is offered only.

a. Grandchildren of the Employee who reside with the Employee, and for which the Employee has legal custody, are eligible.
b. Children under age 21 are not required to be full time students to be eligible.
c. Children who are under age 24 and full time students are eligible.
d. Children who are under age 24, who are not able to enroll in school full time due to a mental or nervous disorder, are eligible.

Any child who would be eligible under the Policy, in the absence of the above terms, shall be eligible under the Policy.

Massachusetts residents:

Under the *Eligibility and Effective Date Provisions* section, the following is added:

Continuation of Insurance after leaving the group
If a Covered Person leaves the group covered under the Policy, insurance for such Covered Person will be continued until the earliest of the following dates:
1. 31 days from the date the Covered Person leaves the group;
2. the date the Covered Person becomes eligible for similar benefits.

Continuation of Insurance due to a Plant Closing or Partial Closing
If an Employee leaves the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for such Employee will be continued until the earliest of the following dates:
1. 90 days from the date of the Plant Closing or Partial Closing;
2. the date the Employee becomes eligible for similar benefits.

Definitions: For purposes of this provision:

Plant Closing means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

Partial Closing means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

Missouri residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *General Definitions* section, the definition of *Totally Disabled or Total Disability* means either:
   a) the inability of the Covered Person who is currently employed to perform the material and substantial duties of the Covered Person's occupation for a period of at least twelve months. After the initial benefit period, total disability shall mean the Covered Person's inability to perform the material and substantial duties of any occupation for which the Covered Person is qualified by education, training or experience; or
   b) the inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

Montana residents:

Under the *General Definitions* section, the definition of *Sickness* is replaced with the following:

Sickness A physical or mental illness including pregnancy

New Hampshire residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. If applicable, the definition of Emergency Room Treatment is replaced with the following:

Emergency Room Treatment Emergency medical services and care given in a Hospital as an out or inpatient, for a sudden, unexpected onset of a medical condition that manifests itself by symptoms of sufficient severity that in the absence of immediate medical attention could be expected to result in any of the following:
1. serious jeopardy to the covered Employee's health;
2. serious impairment to bodily functions; or
3. serious dysfunction of any bodily organ or part.

3. The definition of Hospital is replaced with the following.

Hospital An institution that meets all of the following:
1. it is operated pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

Oregon residents:

NOTICE: MUST PROVIDE DOMESTIC PARTNER COVERAGE FOR OREGON RESIDENTS

South Carolina residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *Claim Provisions,* the following changes are made.
   a. The *Claimant Cooperation Provision* does not apply.
   b. The provision titled *Physical Examination and Autopsy* is replaced with the following:
      Physical Examination and Autopsy
      We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending. If an autopsy is performed, it will be in the State of South Carolina and during the period of contestability unless prohibited by law.
   c. The provision titled *Legal Actions* is replaced with the following:
      Legal Actions
      No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.

3. Under the *General Provisions,* the following changes are made.
   The *Multiple Certificates* provision does not apply.

South Dakota residents:

Under the *Common Exclusions* section, the following changes are not permitted:

1. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
2. the Covered Person being Intoxicated. "Intoxicated" means having a blood alcohol level of .08 or higher;
3. the Covered Person operating a motorized vehicle while under the influence of alcohol or drugs as defined according to the laws of the jurisdiction in which the Accident occurred;
4. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
5. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
6. operating any type of vehicle while under the influence of alcohol or any drug , narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
7. the Covered Person was driving a Private Passenger Automobile at the time of the Covered Accident that resulted in the Covered Loss; and he was intoxicated, as that term is defined by the laws of the state in which the Covered Accident occurred.

Texas residents:

Under the *General Definitions* section, the definition of Dependent Child is replaced with the following:

Dependent Child(ren)

An Employee's unmarried child who meets the following requirements:

1. A child from live birth to 26 years old. The initial coverage period for newborn children shall continue for a period of at least 31 days.
2. A child who is 26 or more years old, chiefly dependent on the Employee for support and maintenance and incapable of self-sustaining employment by reason of mental or physical disability.

A child, for purposes of this provision, includes an Employee's:

1. natural child;
2. adopted child, including a child for whom the Employee is a party to a suit to seek the adoption of the child. It also means the adopted child of the Employee's Spouse provided the child is living with, and is financially dependent upon the Employee;
3. grandchild of the Employee who is a dependent on the Employee for federal income tax purposes at the time the application for coverage of such grandchild is made;
4. child for whom the Employee is required to provide medical support under court order;
5. stepchild who resides with the Employee and is financially dependent upon the Employee;
6. child for whom the Employee is the court-appointed legal guardian, as long as the child resides with the Employee and depends on the Employee for financial support. Financial support means that the Employee is eligible to claim the dependent for purposes of Federal and State income tax returns.

Vermont residents:

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

1. Civil Union Partner means:
   a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until: (1) the civil union is dissolved under applicable law; or (2) either the Employee or the Civil Union Partner marries another person.

2. Spouse means:
   a. "Lawful spouse" and includes a lawful spouse of the same sex.
   b. This also includes a partner to a civil union recognized under Vermont Law.

West Virginia residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *General Definitions* section, the definition of Hospital does not require that an institution be licensed as a Hospital pursuant to applicable law, but does require that an institution operate pursuant to applicable law.

3. Under the *General Definitions* section, the definition of Totally Disabled or Total Disability is replaced with the following:
   Totally Disabled or Total Disability
   Totally Disabled or Total Disability means either:
   1. inability of the Covered Person who is currently employed to perform substantially all of the material duties of his job, or any other job for which he is or may become qualified by reason of education, training or experience; or
   2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

Washington residents:

1. Under the ***Schedule of Benefits,*** the following changes apply:

   - The ***Time Period for Loss*** must be at least 365 days.
   - Aggregate limits are not permitted.

2. Under **Common Exclusions,** the following changes apply:

   - Terrorism exclusions are not permitted.

   - The Common Exclusion for sickness, disease, bodily or mental infirmity and other disease or illness is replaced by the following:

     Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental cut or wound or accidental ingestion of contaminated food.

   - Any exclusion regarding travel or activity outside the United States or Canada is not permitted.

3. Terrorism Coverage is not permitted.

4. War Risk coverage is not permitted.

5. Under the *General Definitions* section, the eligibility requirements for **Dependent Child** are replaced with the following:

    1. A child from live birth to 25 years old;
    2. A child who is 25 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by the Employee, Member;
    3. A child who is 25 or more years old, primarily supported by the Employee, Member and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 day after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.

6. NOTICE: Any domestic partner of an employee who is registered as a domestic partner under Washington state law, will be deemed to be eligible on the same basis as a Spouse.

    Please refer to your Certificate of Insurance which describes the benefit provisions and limitations applicable to you as a resident of this state.

Signed for the
Life Insurance Company of North America



Scott Berlin, President

GA-00-3000.00b

SUPPLEMENTAL INFORMATION
for

Essentials Utilities, Inc. Plan ("Plan")

required by the Employee Retirement
Income Security Act of 1974

As a Plan participant in Essential Utilities, Inc.'s Plan, you are entitled to certain information, rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA).

The benefits described in your Certificate are provided under a group insurance Policy issued by the Insurance Company. The Policy is incorporated into the Plan. The Certificate, along with the following Supplemental Information, makes up the Summary Plan Description as required by ERISA.

IMPORTANT INFORMATION ABOUT THE PLAN

- The Plan is established and maintained by Essential Utilities, Inc., the Plan Sponsor.
- The Employer Identification Number (EIN) is 23-1702594.
- The Plan Number is: 502.
- The Insurance Plan is administered directly by the Plan Administrator with benefits provided, in accordance with the provisions of the group insurance contract, OK 971481 ("Policy"), issued by LIFE INSURANCE COMPANY OF NORTH AMERICA ("Insurance Company").
- The Plan Administrator is: Essential Utilities, Inc.
  762 W. Lancaster Avenue
  Bryn Mawr, PA 19010
  610-525-1400
- The Plan Administrator has authority to control and manage the operation and administration of the Plan.
- The Plan Sponsor may terminate, suspend, withdraw or amend the Plan, in whole or in part, at any time, subject to the applicable provisions of the Policy. (Your rights upon termination or amendment of the Plan are set forth in your Certificate.)
- The agent for service of legal process is the Plan Administrator.
- The Plan of benefits is financed by the Employee.
- The date of the end of the Plan Year is December 31.

YOUR RIGHTS AS SET FORTH BY ERISA

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefit Security Administration.

WHAT YOU SHOULD DO AND EXPECT IF YOU HAVE A CLAIM

The Plan Administrator designates and names the Insurance Company the named fiduciary for deciding claims and appeals for benefits under the Plan. The Insurance Company shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by the Insurance Company shall be final and binding on Participants and Beneficiaries to the full extent permitted by applicable law.

Claims for Disability Benefits (applies to all claims filed on or after April 1, 2018)

A disability "claim" is any claim which requires a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, short/long term disability, waiver of premium, etc.). A disability claim is "filed" as of the date the Insurance Company first receives, in writing (including electronically) or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking disability benefits under the Policy. The notice of claim received should provide the date of disability/loss, the claimant's name and address, and the group Policy holder's name and address. Properly filed claims will be decided with independence and impartiality.

The Insurance Company has 45 days from the date it receives a claim for disability benefits to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if necessary due to matters beyond its control. The review period may be extended for up to two additional 30 day periods. If this should happen, the Insurance Company must provide its extension notice in writing before expiration of the current decision period, explaining the circumstances requiring extension and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary;
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal;
5. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the claimant's adverse benefit decision, without regard to whether the advice was relied upon in making the benefit decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
6. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;.

7. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
8. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Appeal of Denied Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, unless ERISA provides otherwise, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 180 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 45 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and can extend the time for decision, once, by an additional 45 days. If this should happen, the Insurance Company must provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

The review will give no deference to the original claim decision. The review will not be made by the person who made the initial claim decision, or a subordinate of that person. When deciding an appeal based in whole or in part upon medical judgment, the Insurance Company will consult with a medical professional having the appropriate training and experience in the field of medicine involved in the medical judgment. Any medical or vocational experts consulted by the Insurance Company for the review will be identified and will not be the expert who was consulted during the initial claim decision or a subordinate of that expert.

During the appeal, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

Before the Insurance Company issues an adverse benefit decision on appeal, if the Insurance Company considered, relied upon, or generated any new or additional evidence in connection with the claim, and/or if the Insurance Company intends to rely on any new or additional rationale in connection with that review, then such evidence and/or rationale will be provided to the claimant, free of charge, as soon as possible and sufficiently in advance of the date that the decision on appeal is required to be made, giving the claimant a reasonable opportunity to respond.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision on appeal is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures;
5. A statement of claimant's right to bring a civil action under section 502(a) of ERISA, including a description of any applicable contractual limitations period that applies to the claimant's right to bring such an action, and the calendar date on which the contractual limitations period expires for the claim;
6. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the adverse decision, without regard to whether the advice was relied upon in making the adverse decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
7. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;
8. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Claims for Non-Disability Benefits (applies to all claims filed on or after April 1, 2018)

A non-disability "claim" is any claim which does not require a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, a death claim, an accident claim, etc.). A non-disability claim is "filed" as of the date the Insurance Company first receives, in writing or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking benefits under the Policy. The notice of claim should include the group Policy holder's name, the Policy and Certificate number and the claimant's name and address.

The Insurance Company has 90 days from the date the claim is filed to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if special circumstances exist. The review period may be extended for up to one additional 90 day period. If this should happen, the Insurance Company will provide the extension notice in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company must notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary; and
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal.

Appeal of Denied Non-Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 60 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 60 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and extend the time for decision, once, by an additional 60 days. If this should happen, the Insurance Company will provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

If the appeal decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures, and
5. A statement of the claimant's right to bring a civil action under section 502(a) of ERISA.

ER-03-2

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a New York Life Insurance company

Class 1

04/2023



Group Accident
Insurance Certificate

Essential Utilities, Inc.

IMPORTANT NOTICES
GROUP ACCIDENT

If you reside in one of the following states, please read the important notices below:

Arizona residents:

This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

California residents:

FOR CALIFORNIA RESIDENTS: REVIEW THIS CERTIFICATE CAREFULLY. IF YOU ARE 65 OR OLDER ON THE EFFECTIVE DATE OF THIS CERTIFICATE, YOU MAY RETURN IT TO US WITHIN 30 DAYS FROM THE DATE YOU RECEIVE IT AND WE WILL REFUND ANY PREMIUM YOU PAID. IN THIS CASE, THIS CERTIFICATE WILL BE CONSIDERED TO NEVER HAVE BEEN ISSUED.

Florida residents:

The benefits of the policy providing your coverage are governed primarily by the laws of a state other than Florida.

Maryland residents:

This Certificate may omit some of the benefits required for a Certificate issued and delivered in Maryland.

New Mexico residents:

This is a limited benefits health plan. The benefits provided are supplemental to, and not a substitute for, major medical coverage, even in combination with other limited benefit plans. To apply for an individual or small group major medical plan, please visit the website of New Mexico Health Insurance Exchange at www.bewellnm.com or call 1-833-862-3935 (TTY: 711).

TL-00-6000-1.NM

North Carolina residents:

This Certificate of Insurance provides all of the benefits mandated by the North Carolina Insurance Code, but it is issued under a group master policy located in another state and may be governed by that state's law.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE, WHICH IS AVAILABLE FROM LIFE INSURANCE COMPANY OF NORTH AMERICA.

The Policy is a legal contract between the Policyholder and Us.

BENEFITS MAY BE REDUCED. PLEASE SEE THE SCHEDULE OF BENEFITS

IMPORTANT CANCELLATION INFORMATION – PLEASE READ "POLICY TERMINATION" PROVISION

UNDER NORTH CAROLINA GENERAL STATUTE SECTION 58-50-40, NO PERSON, EMPLOYER, PRINCIPAL, AGENT, TRUSTEE, OR THIRD PARTY ADMINISTRATOR, WHO IS RESPONSIBLE FOR THE PAYMENT OF GROUP HEALTH OR LIFE INSURANCE OR GROUP HEALTH PLAN PREMIUMS, SHALL: (1) CAUSE THE CANCELLATION OR NONRENEWAL OF GROUP HEALTH OR LIFE INSURANCE, HOSPITAL, MEDICAL, OR DENTAL SERVICE CORPORATION PLAN, MULTIPLE EMPLOYER WELFARE ARRANGEMENT, OR GROUP HEALTH PLAN COVERAGES AND THE CONSEQUENTIAL LOSS OF THE COVERAGES OF THE PERSONS INSURED, BY WILLFULLY FAILING TO PAY THOSE PREMIUMS IN ACCORDANCE WITH THE TERMS OF THE INSURANCE OR PLAN CONTRACT, AND (2) WILLFULLY FAIL TO DELIVER, AT LEAST 45 DAYS BEFORE THE TERMINATION OF THOSE COVERAGES, TO ALL PERSONS COVERED BY THE GROUP POLICY A WRITTEN NOTICE OF THE PERSON'S INTENTION TO STOP PAYMENT OF PREMIUMS. THIS WRITTEN NOTICE MUST ALSO CONTAIN A NOTICE TO ALL PERSONS COVERED BY THE GROUP POLICY OF THEIR RIGHTS TO HEALTH INSURANCE CONVERSION POLICIES UNDER ARTICLE 53 OF CHAPTER 58 OF THE GENERAL STATUTES AND THEIR RIGHTS TO PURCHASE INDIVIDUAL POLICIES UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT AND UNDER ARTICLE 68 OF CHAPTER 58 OF THE GENERAL STATUTES. VIOLATION OF THIS LAW IS A FELONY. ANY PERSON VIOLATING THIS LAW IS ALSO SUBJECT TO A COURT ORDER REQUIRING THE PERSON TO COMPENSATE PERSONS INSURED FOR EXPENSES OR LOSSES INCURRED AS A RESULT OF THE TERMINATION OF THE INSURANCE.

Texas residents:

THE INSURANCE POLICY UNDER WHICH THIS CERTIFICATEIS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

Life Insurance Company of North America

1601 Chestnut Street, Philadelphia, Pennsylvania 19192-2235

A Stock Insurance Company

GROUP ACCIDENT CERTIFICATE

THIS CERTIFICATE PROVIDES LIMITED COVERAGE.
PLEASE READ YOUR CERTIFICATE CAREFULLY.

We, the Life Insurance Company of North America, has issued a Group Policy, OK-971481 to Trustee of the Group Insurance Trust for Employers in the Transportation and Public Utilities Industry.

We certify that we insure all eligible persons who are enrolled according to the terms of the Group Policy. Your coverage will begin according to the terms set forth in the *Eligibility and Effective Date* provision.

This Certificate describes the benefits and basic provisions of Your coverage. It is not the insurance contract and does not waive or alter any terms of the Policy. If questions arise, the Policy language will govern. You may examine the Policy at the office of the Subscriber.

This Certificate replaces all prior Certificates issued to You under the Group Policy.



Scott Berlin, President

THIS CERTIFICATE IS ISSUED UNDER AN ACCIDENT ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY SICKNESS.

GA-00-CE1000.00

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SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the provisions carefully.

The *Schedule of Benefits* provides a brief outline of your coverage and benefits. Please read the *Description of Coverages and Benefits* Section for full details.

Subscriber: Essential Utilities, Inc.

Effective Date of Subscriber Participation: July 1, 2022

Certificate Effective Date: April 1, 2023

Covered Class: Class 9 - All active, full-time Union Employees represented by USW Local 12050 and Non-Union Employees of the Employer who are citizens or permanent residents of the United States classified as People's Natural Gas Employees regularly working a minimum of 40 hours per week.

SCHEDULE OF BENEFITS

This *Schedule of Benefits* shows maximums, benefit periods and any limitations applicable to benefits provided for each Covered Person unless otherwise indicated. Principal Sum, when referred to in this Schedule, means the Employee's Principal Sum in effect on the date of the Covered Accident causing the Covered Injury or Covered Loss unless otherwise specified.

Eligibility Waiting Period
The Eligibility Waiting Period is the period of time the Employee must be in a Covered Class to be eligible for coverage.

For Employees hired on or before the Policy Effective Date:	No Waiting Period
For Employees hired after the Policy Effective Date:	No Waiting Period

Time Period for Loss:

Any Covered Loss must occur within:	365 days of the Covered Accident

Maximum Age for Insurance: None

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Employee Principal Sum:	An amount equal to your group voluntary life insurance benefit in effect under Policy No. FLI-960318, underwritten by Life Insurance Company of North America.
Spouse Principal Sum:	An amount equal to the your Spouse group voluntary life insurance benefit in effect under Policy No. FLI-960318, underwritten by Life Insurance Company of North America.
Dependent Child Principal Sum:	An amount equal to the your Dependent Child group voluntary life insurance benefit in effect under Policy No. FLI-960318, underwritten by Life Insurance Company of North America.

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12th month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

Age Reductions

A Covered Person's Principal Sum will be reduced to the percentage of his Principal Sum in effect on the date preceding the first reduction, as shown below.

Age	Percentage of Benefit Amount
65 but less than 70	67%
70 or over	60%

Benefit reductions will be effective on the Covered Person’s attainment of age as specified in schedule above.

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES

Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are as shown in the S*chedule of Covered Losses* and are not paid in addition to any other Accidental Death and Dismemberment benefits.

EXPOSURE AND DISAPPEARANCE COVERAGE provides the Principal Sum multiplied by the percentage applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*.

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these *Additional Accident Benefits* shown below are paid in addition to any other Accidental Death and Dismemberment benefits payable.

COMMON CARRIER BENEFIT

Benefit	100% multiplied by the percentage of the Principal Sum applicable to the Covered Loss, as shown in the *Schedule of Covered Losses*, subject to a maximum of $500,000

SEATBELT AND AIRBAG BENEFIT

Seatbelt Benefit	10% of the Principal Sum subject to a Maximum Benefit of $25,000
Airbag Benefit	5% of the Principal Sum subject to a Maximum Benefit of $10,000
Default Benefit	$1,000

GA-00-1100.00

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. The words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service
An Employee will be considered in Active Service with the Employer on any day that is either of the following:
1. one of the Employer's scheduled work days on which the Employee is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires the Employee to travel;
2. a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, other than sick leave, only if the Employee was in Active Service on the preceding scheduled workday.

A person other than an Employee is considered in Active Service if he is none of the following:
1. an Inpatient in a Hospital or receiving Outpatient care for chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for Sickness or injury;
3. Totally Disabled.

Age
A Covered Person's Age, for purposes of initial premium calculations, is his Age attained on the date coverage becomes effective for him under this Policy. Thereafter, it is his Age attained on his last birthday.

Aircraft
A vehicle which:
1. has a valid certificate of airworthiness; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

Annual Compensation
Your annual earnings for normal work established by the Subscriber for his job classification, excluding commissions, bonuses, overtime or other extra compensation.

Changes in the Covered Person's amount of insurance resulting from a change in the Employee's amount of Annual Compensation take effect, subject to any Active Service requirement, on April 1st coinciding with or next following the change in Annual Compensation.

Covered Accident
A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:
1. occurs while the Covered Person is insured under this Policy;
2. is not contributed to by disease, Sickness, mental or bodily infirmity;
3. is not otherwise excluded under the terms of this Policy.

Covered Injury
Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Loss
A loss that is all of the following:
1. the result, directly and independently of all other causes, of a Covered Accident;
2. one of the Covered Losses specified in the *Schedule of Covered Losses*;
3. suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits*.

Covered Person
An eligible person, as defined in the *Schedule of Benefits*, for whom an enrollment form has been accepted by Us and required premium has been paid when due and for whom coverage under this Policy remains in force. The term Covered Person shall include, where this Policy provides coverage, an eligible Spouse and eligible Dependent Children.

Dependent Child(ren)
An Employee's unmarried child who meets the following requirements:
1. A child from live birth to 19 years old;
2. A child who is 19 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by the Employee;
3. A child who is 19 or more years old, primarily supported by the Employee and incapable of self-sustaining employment by reason of mental or physical handicap.

A child, for purposes of this provision, includes an Employee's:
1. natural child;
2. adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of the Employee's Spouse provided the child is living with, and is financially dependent upon the Employee;
3. stepchild who resides with the Employee and is financially dependent upon the Employee;
4. child for whom the Employee is the court-appointed legal guardian, as long as the child resides with the Employee and depends on the Employee for financial support. Financial support means that the Employee is eligible to claim the dependent for purposes of Federal and State income tax returns.

Employee
For eligibility purposes, an Employee of the Employer who is in one of the Covered Classes.

Employer
The Subscriber and any affiliates, subsidiaries or divisions shown in the Schedule of Covered Affiliates and which are covered under this Policy on the date of issue or subsequently agreed to by Us.

He, His, Him
Refers to any individual, male or female.

Hospital
An institution that meets all of the following:
1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

Inpatient
A Covered Person who is confined for at least one full day's Hospital room and board. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case, the term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day as determined by the Hospital.

Nurse
A licensed graduate Registered Nurse (R.N.), a licensed practical Nurse (L.P.N.) or a licensed vocational Nurse (L.V.N.) and who is not:
1. employed or retained by the Subscriber;
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Outpatient
A Covered Person who receives treatment, services and supplies while not an Inpatient in a Hospital.

Physician
A licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:
1. employed or retained by the Subscriber;
2. living in the Covered Person's household;
3. a parent, sibling, spouse or child of the Covered Person.

Prior Plan
The plan of insurance providing similar benefits, sponsored by the Employer in effect immediately prior to this Policy's Effective Date.

Sickness
A physical or mental illness.

Spouse
The Employee's lawful spouse.

Subscriber
Any participating organization that subscribes to the trust to which this Policy is issued.

Totally Disabled or Total Disability
Totally Disabled or Total Disability means either:
1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

We, Us, Our
Life Insurance Company of North America.

You, Your
The person to whom the certificate is issued.

GA-00-1200.00 (as modified by GA-00-4002.00)

ELIGIBILITY AND EFFECTIVE DATE PROVISIONS

Subscriber Effective Date
Accident Insurance Benefits become effective for each Subscriber in consideration of the Subscriber's application, Subscription Agreement and payment of the initial premium when due. Insurance coverage for the Subscriber becomes effective on the Effective Date of Subscriber Participation.

Eligibility
An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits.* A Spouse and Dependent Childrenof an eligible Employee become eligible for any dependent insurance provided by this Policy on the later of the date the Employee becomes eligible and the date the Spouse or Dependent Child meets the applicable definition shown in the *Definitions* section of this Policy. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time.

Effective Date for Individuals
Insurance becomes effective for an eligible Employee who applies and agrees to make required contributions within 31 days of eligibility, and subject to the *Deferred Effective Date* provision below, on the latest of the following dates:
1. the effective date of this Policy;
2. the date the Employee becomes eligible;
3. the date We receive the Employee's completed enrollment form and the required first premium, during his lifetime.

Insurance becomes effective for an Employee's eligible dependents if the Employee applies and agrees to make required contributions within 31 days of the date his dependents become eligible and, subject to the *Deferred Effective Date* provision below, on the latest of the following dates:
1. the effective date of this Policy;
2. the date the Employee becomes eligible;
3. the date the Employee's insurance becomes effective;
4. the date the dependent meets the definition of Spouse or Dependent Child, as applicable;
5. the date We receive a completed enrollment form for Spouse and Dependent Child coverage and the required first premium, during each dependent's lifetime.

Insurance becomes effective for a newborn Dependent Child automatically from the moment of the child's live birth. Insurance for that Dependent Child automatically ends 31 days later unless the Employee has a Spouse or other Dependent Children insured under this Policy or makes a request to cover the child and pays the required initial premium, during the child's lifetime.

DEFERRED EFFECTIVE DATE
Active Service
The effective date of insurance will be deferred for any Employee or any eligible Spouse or Dependent Child who is not in Active Service on the date coverage would otherwise become effective. Coverage will become effective on the later of the date he returns to Active Service and the date coverage would otherwise have become effective.

Life Status Change
A Life Status Change is an event that the Employer determines qualifies any Employee to elect or increase accident insurance benefits for himself and his Spouse and Dependent Children. Any change in benefit elections must be made within 31 days of a Life Status Change.

Any increases in benefits or added benefits elected under this Life Status Change provision will become effective on the first of the month following the Life Status Change.

The Subscriber should seek advice of its tax advisors if Employees may contribute to the cost of any insurance provided by this Policy with earnings not subject to Federal Income Tax. We cannot provide such advice nor offer any opinions on taxation or tax status of any contributions toward the cost of insurance.

Effective Date of Changes
Any increase or decrease in the amount of insurance for the Covered Person resulting from:
1. a change in benefits provided by this Policy; or
2. a change in the Employee's Covered Class will take effect on the date of such change.

Increases will take effect subject to any Active Service requirement.

TERMINATION OF INSURANCE
The insurance on a Covered Person will end on the earliest date below:
1. the date this Policy or insurance for a Covered Class is terminated;
2. the next premium due date after the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
3. the last day of the last period for which premium is paid;
4. the next premium due date after the Covered Person attains the maximum Age for insurance under this Policy;
5. with respect to a Spouse or Dependent Child, the date of the death of the covered Employee or the date of divorce from the covered Employee.

Termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

CONTINUATION OF INSURANCE
Continuation for Layoff, Leave of Absence or Family Medical Leave
Insurance for an Employee and Covered Dependents may be continued until the earliest of the following dates if: (a) an Employee is on a temporary layoff, an Employer-approved leave of absence or an Employer-approved family medical leave; and (b) required premium contributions are paid when due.
1. for a layoff: 12 weeks.
2. for an Employer-approved leave of absence: 12 weeks.
3. for an Employer-approved family medical leave: up to the later of the period of the approved FMLA leave or the leave period required by law in the state in which the Employee is employed.

GA-00-1300.00

COMMON EXCLUSIONS

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the *Description of Benefits* Section:

1. intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
    a. except as a passenger on a regularly scheduled commercial airline;
    b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
    c. being used for:
        i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
        ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
    d. designed for flight above or beyond the earth's atmosphere;
    e. an ultra-light or glider;
    f. being used for the purpose of parachuting or skydiving;
    g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
7. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
8. travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be 'controlled' by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. a Covered Accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered Accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days.
10. operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
11. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

GA-00-1403.00

CONVERSION PRIVILEGE

1. If the Covered Person's insurance or any portion of it ends for any of the following reasons:
   a. employment or membership ends;
   b. eligibility ends (except for age for the Employee or Covered Spouse);

   the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may apply for an amount of coverage that is:
   a. in $1,000 increments;
   b. not less than $25,000, regardless of the amount of insurance under the group policy; and
   c. not more than the amount of insurance he had under the group policy, except as provided above, up to a maximum amount of $250,000.

   The Covered Person must be under age 70 to get a converted policy.

   If the Covered Person's insurance or any portion of it ends for non-payment of premium, he may not convert. If the Covered Person's insurance ends for a reason described in 2. below, conversion is subject to that section.

   The converted policy or certificate will cover accidental death and dismemberment. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

   If the Covered Person has converted his group coverage and later becomes insured under the same group plan as before, he may not convert a second time unless he provides, at his own expense, proof of insurability or proof the prior converted policy is no longer in force.

   The Covered Person must apply for the individual policy within 62 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk. If the Covered Person has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

   If the Covered Person suffers a Covered Loss or dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

   The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended; or, if later, the date application is made.

   Exclusions
   The converted policy may exclude the hazards or conditions that apply to the Covered Person's group coverage at the time it ends. We will reduce payment under the converted policy by the amount of any benefits paid under the group policy if both cover the same loss.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy or, any group accident insurance issued to the Employer which the Group Policy replaced, for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
   a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
   b. $10,000.

Extension of Conversion Period
If the Covered Person is eligible to convert and is not notified of this right at least 31 days prior to the end of the 62 day conversion period, the conversion period will be extended. The Covered Person will have 31 days from the date notice is given to apply for a converted policy or certificate. In no event will the conversion period be extended beyond 105 days. Notice, for the purpose of this section, means written notice presented to the Covered Person by the Subscriber or mailed to the Covered Person's last known address as reported by the Subscriber.

If the Covered Person sustains a Covered Loss or dies during the extended conversion period, but more than 31 days after his coverage under the Group Policy terminates, benefits will not be paid under the Group Policy. If the Covered Person's application for a converted policy or certificate is received by Us and the required premium is paid, benefits may be payable under the converted policy or certificate.

GA-01-1505.00

CLAIM PROVISIONS

Notice of Claim
Written or authorized electronic/telephonic notice of claim must be given to Us within 31 days after a Covered Loss occurs or begins or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to Us at Our Home Office in Philadelphia, Pennsylvania, such other place as We may designate for the purpose, or to Our authorized agent. Notice should include the Subscriber's name and policy number and the Covered Person's name, address, policy and certificate number.

Claim Forms
We will send claim forms for filing proof of loss when We receive notice of a claim. If such forms are not sent within 15 days after We receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision
Failure of a claimant to cooperate with Us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss
Written or authorized electronic proof of loss satisfactory to Us must be given to Us at Our office, within 90 days of the loss for which claim is made. If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which We are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to the lack of legal capacity.

Time of Payment of Claims
We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

Manner of Payment of Claims
The Subscriber authorizes that any benefit payment due as a lump sum of $5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

Payment of Claims
All benefits will be paid in United States currency. Benefits for loss of life will be payable in accordance with the Beneficiary provision and these Claim Provisions. All other proceeds payable under this Policy, unless otherwise stated, will be payable to the covered Employee or to his estate.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay $1,000 to a relative by blood or marriage whom We believe is equitably entitled. Any payment made by Us in good faith pursuant to this provision will fully discharge Us to the extent of such payment and release Us from all liability.

Payment of Claims to Foreign Employees
The Subscriber may, in a fiduciary capacity, receive and hold any benefits payable to covered Employees whose place of employment is other than the United States of America.

We will not be responsible for the application or disposition by the Subscriber of any such benefits paid. Our payments to the Subscriber will constitute a full discharge of Our liability for those payments under this Policy.

Physical Examination and Autopsy
We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions
No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Beneficiary
The beneficiary is the person or persons the Employee names or changes on a form executed by him and satisfactory to Us. This form may be in writing or by any electronic means agreed upon between Us and the Subscriber. Consent of the beneficiary is not required to affect any changes, unless the beneficiary has been designated as an irrevocable beneficiary, or to make any assignment of rights or benefits permitted by this Policy.

A beneficiary designation or change will become effective on the date the Employee executes it. However, We will not be liable for any action taken or payment made before We record notice of the change at our Home Office.

If more than one person is named as beneficiary, the interests of each will be equal unless the Employee has specified otherwise. The share of any beneficiary who does not survive the Covered Person will pass equally to any surviving beneficiaries unless otherwise specified.

If there is no named beneficiary or surviving beneficiary, or if the Employee dies while benefits are payable to him, We may make direct payment to the first surviving class of the following classes of persons:
1. spouse;
2. child or children;
3. mother or father;
4. sisters or brothers;
5. estate of the Covered Person.

Recovery of Overpayment
If benefits are overpaid, We have the right to recover the amount overpaid by either of the following methods.
1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, Us may recover the overpayment from the Covered Person's estate.

GA-00-CE1600.00 (as modified by RA-GA-1000.00)

ADMINISTRATIVE PROVISIONS

Premiums
All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates set forth in the *Schedule of Benefits*, the plan and amounts of insurance in effect. If a Covered Person's insurance amounts are reduced due to age, premium will be based on the amounts of insurance in force on the day after the reduction took place.

Draft Accounts
The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

Grace Period
A Grace Period of 31 days will be granted for payment of required premiums under this Policy. Insurance under this Policy for You, Your Spouse and/or Dependent Children will remain in force during the Grace Period. We will reduce any benefits payable for any claims incurred during the grace period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

GA-00-CE1701.00 (as modified by RA-GA-1000.00)

GENERAL PROVISIONS

Misstatement of Fact
If the Covered Person has misstated any fact, all amounts payable under this Policy will be such as the premium paid would have purchased had such fact been correctly stated.

30 Day Right To Examine Certificate
If a Covered Person does not like the Certificate for any reason, it may be returned to Us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Multiple Certificates
The Covered Person may have in force only one certificate at a time under this Policy. If at any time the Covered Person has been issued more than one certificate, then only the largest shall be in effect. We will refund premiums paid for the others for any period of time that more than one certificate was issued.

Assignment
We will be bound by an assignment of a Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy and the Covered Person's certificate remains in force.

Incontestability
All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for coverage.

Reinstatement
This Policy may be reinstated if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Subscriber satisfactory to Us and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid.

Clerical Error
Insurance for You, Your Spouse and/or Dependent Children will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, We will adjust the premium fairly.

Policy Changes
We may agree with the Subscriber to modify a plan of benefits without the Covered Person's consent.

Workers' Compensation Insurance
This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation law.

GA-00-CE1800.00

DESCRIPTION OF COVERAGES AND BENEFITS

This *Description of Coverages and Benefits* Section describes the Accident Coverages and Benefits provided to You. Benefit amounts, benefit periods and any applicable aggregate and benefit maximums are shown in the *Schedule of Benefits.* Certain words capitalized in the text of these descriptions have special meanings within this Certificate **and are defined in the *General Definitions* section. Please read these and the *Common Exclusions* sections in order to understand all of the terms, conditions and limitations applicable to these coverages and benefits.**

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

Covered Loss We will pay the benefit for any one of the Covered Losses listed in the *Schedule of Benefits,* if the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident within the applicable time period specified in the *Schedule of Benefits*.

If the Covered Person sustains more than one Covered Loss as a result of the same Covered Accident, benefits will be paid for the Covered Loss for which the largest available benefit is payable. If the loss results in death, benefits will only be paid under the Loss of Life benefit provision. Any Loss of Life benefit will be reduced by any paid or payable Accidental Dismemberment benefit. However, if such Accidental Dismemberment benefit equals or exceeds the Loss of Life benefit, no additional benefit will be paid.

Definitions **Loss of a Hand or Foot** means complete Severance through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of all vision in one eye which is irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of a Thumb and Index Finger of the Same Hand or Four Fingers of the Same Hand means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Toes means complete Severance through the metatarsalphalangeal joint.

Paralysis or Paralyzed means total loss of use of a limb. A Physician must determine the loss of use to be complete and irreversible.

Quadriplegia means total Paralysis of both upper and both lower limbs.

Hemiplegia means total Paralysis of the upper and lower limbs on one side of the body.

Paraplegia means total Paralysis of both lower limbs or both upper limbs.

Uniplegia means total Paralysis of one upper or one lower limb.

Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a Covered Accident, and from which the Covered Person is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a Physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a Covered Injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that Covered Accident.

Severance means the complete and permanent separation and dismemberment of the part from the body.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* section.
GA-00-2100.00

ADDITIONAL ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGES
Accidental Death and Dismemberment benefits are provided under the following coverages. Any benefits payable under them are shown in the *Schedule of Covered Losses* and will not be paid in addition to any other Accidental Death and Dismemberment benefits payable.

EXPOSURE AND DISAPPEARANCE COVERAGE
Benefits for Accidental Death and Dismemberment, as shown in the *Schedule of Covered Losses*, will be payable if a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident.

If the Covered Person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the Covered Person was riding in the course of a trip which would otherwise be covered under this Policy, it will be presumed that the Covered Person's death resulted directly and independently of all other causes from a Covered Accident.

Exclusions The exclusions that apply to this coverage are in the *Common Exclusions* Section.
GA-00-2202.00

ADDITIONAL ACCIDENT BENEFITS
Accidental Death and Dismemberment benefits are provided under the following Additional Benefits. Any benefits payable under them will be paid in addition to any other Accidental Death and Dismemberment benefit payable.

COMMON CARRIER BENEFIT
We will pay the benefit shown in the *Schedule of Benefits* if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs while riding as a fare-paying passenger in, or being struck by, a Common Carrier. Riding includes getting into and out of the Common Carrier.

Definition For purposes of this benefit **Common Carrier** means:
1. a public conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport Aircraft operated by the Air Mobility Command or a similar air transport service of another country.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2225.00

SEATBELT AND AIRBAG BENEFIT

We will pay the benefit shown in the *Schedule of Benefits*, subject to the conditions and exclusions described below, when the Covered Person dies directly and independently of all other causes from a Covered Accident while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if the Covered Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit shown in the *Schedule of Benefits* to the Covered Person's beneficiary.

In the case of a child, seatbelt means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like Age and weight at the time of the Covered Accident.

Definitions For purposes of this benefit:

Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.

Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highway of any state, province or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.

GA-00-2251.00

LIFE INSURANCE COMPANY OF NORTH AMERICA

AMENDATORY RIDER
TRAVEL ASSISTANCE SERVICES

Policyholder: Essential Utilities, Inc.
Policy No.: OK-971481 Effective Date: July 1, 2022

This rider amends the Policy and Certificate to which it is attached. It is effective on the Effective Date shown above, and expires when the Policy expires.

Travel Assistance Services

We will pay the cost of the Covered Services described below, subject to all applicable conditions and exclusions, resulting, directly and independently of all other causes, from a Covered Medical Emergency. The Covered Medical Emergency must occur and Covered Services must be incurred during the course of travel or other activities covered by the Policy, and while the Covered Person is either more than 100 miles from his permanent residence or outside of his country of permanent residence.

To obtain services, the Covered Person must contact Us or our authorized service provider at the phone number provided by the Policyholder. All services must be provided by our authorized service provider unless authorized by Us.

Covered Services

Covered Services includes the reasonable costs for medically necessary services provided by Us or by our authorized service provider, and which are provided by our authorized service provider unless authorized by Us, for any of the following.

Emergency Medical Evacuation

Medically necessary expenses for Transportation of the Covered Person to the nearest adequate medical facility, if adequate medical care is not available at the Covered Person's location.

Cost of any medically necessary services or equipment that the Covered Person receives during transportation covered under this provision.

Cost of transporting qualified and licensed medical professional(s) or an Immediate Family Member or a Travel Companion if medically required to escort the Covered Person during transportation covered under this provision.

Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the medical needs and available transportation specific to each case.

Return Transportation

Any increase in the cost of the Covered Person's return transportation to his or her home or work location following emergency medical evacuation covered under this benefit, above the cost of the Covered Person's original scheduled return transportation.

Any increased cost of the transportation for an Immediate Family Member or Travel Companion of the Covered Person to return to his or her primary residence, if he or she accompanied the Covered Person on the trip where the emergency occurred, and was as a result not able to return to his or her primary residence when originally scheduled.

Unless it is medically necessary for another means of transportation to be provided, such return transportation costs will be covered for the same class of travel as the Covered Person's original transportation.

In the case of an Immediate Family Members who is a child under age 18, who is left without a parent, guardian or other adult to accompany the child, we will cover the reasonable cost of an escort to accompany the child to the nearest airport. If under the applicable rules of the airline, the child is too young to travel unaccompanied by an adult, we will pay the round trip economy airfare for an adult family member from the child's place of residence to the airport nearest the child.

Immediate Family Member Visit

Expenses for an Immediate Family Member or Friend of the Covered Person to visit the Covered Person during hospitalization away from the Covered Person's primary residence, if the Covered Person is hospitalized or expected to remain hospitalized for 7 or more consecutive days following emergency medical evacuation covered under this benefit. Such expenses shall be limited to one person only, and shall include round-trip economy airfare, and an allowance of $150.00 per day for up to 7 days for meals and lodging.

If a Dependent Child is evacuated, we will pay the expenses of an adult Immediate Family Member who accompanied the Dependent Child on the trip where the emergency occurred, to accompany the Dependent Child during the evacuation and during the Dependent Child's return to his or her place of residence. If the Dependent Child was not accompanied by an adult Immediate Family Member on the trip where the emergency occurred, we will pay expenses described in the preceding paragraph, without regard to the expected duration on the hospitalization.

Repatriation of Remains

If the Covered Person dies as a result of a Covered Medical Emergency, or during a Medical Evacuation covered by this Policy, the following expenses will be covered:

1. Embalming;
2. Cremation in the locality where death occurred and urn for return ashes;
3. A container appropriate for transportation of remains;
4. Autopsy if required by law;
5. Expenses of securing documentation necessary for return of remains;
6. Transportation of the body or remains to the Covered Person's place of permanent residence.

Definitions

"Covered Medical Emergency" means an injury, illness or disease diagnosed by a Physician which causes severe or acute symptoms that, if not provided with immediate care or treatment, would reasonably be expected to result in serious deterioration of the Covered Person's health or place his life in jeopardy; and which first manifests itself suddenly and unexpectedly during the travel or other hazards covered by the Policy.

"Immediate Family Member" means a spouse, parent, child, step-parent, step-child, brother or sister, step-brother or step-sister, grandparent, or Domestic Partner.

"Travel Companion" means an individual, other than an Immediate Family Member, who accompanied the Covered Person on the trip where the emergency occurred.

"Friend" means a person chosen by the Covered Person, other than an Immediate Family Member who is able to visit the Covered Person.

Limitations

Covered Expenses are secondary to, and in excess of, any expenses for medical or transportation services paid or payable under any workers' compensation law.

No payment will be made for services without authorization of those services by Us or the express written approval of Our approved vendor.

If coverage for these services is provided under more than one policy issued by the Insurance Company, we will only provide or pay for these services under one such policy.

Exclusions

The exclusions listed in the Policy's Common Exclusions section will not apply to Medical Evacuation and Repatriation Expenses, except for exclusions relating to war or acts of war, suicide or intentionally self-inflicted injury. In addition, the following exclusions apply specifically to this coverage:

1. Non-Emergency, routine or minor medical problems, tests and exams where there is no clear or significant risk of death or imminent serious Injury or harm to the Covered Person;
2. a condition which would allow for treatment at a future date convenient to the Covered Person and which does not require Emergency evacuation or repatriation;
3. expenses incurred if a purpose of the Covered Person's trip is to obtain medical treatment;
4. services provided for which no charge is normally made, in the absence of insurance;
5. transportation for the Covered Person's vehicle and/or other personal belongings;
6. Initial transport by ambulance following a Covered Medical Emergency occurring in the United States;
7. services incurred while serving in the armed forces of any country;
8. services required or obtained in any location which, due to war, insurrection, natural disaster or other reasons, is not reasonably accessible to our designated service provider, unless approved in advance by us;
9. claim payments that are illegal under applicable law;
10. expenses which are paid or payable under any workers' compensation law;
11. Medical care or services scheduled for your or your doctor's convenience which are not considered an emergency.

Except for the above this rider does not change the Policy or Certificate to which it is attached.

LIFE INSURANCE COMPANY OF NORTH AMERICA



Scott Berlin, President

GA-00-2230c.00

Life Insurance Company of North America
1601 Chestnut Street
Philadelphia, Pennsylvania 19192-2235

MODIFYING PROVISIONS AMENDMENT

Subscriber: Essential Utilities, Inc. Policy No.: OK 971481

Amendment Effective Date: July 1, 2022

This amendment is attached to and made part of the Policy specified above and the Certificates issued under it. Its provisions are intended to conform this Policy to the laws of the state in which the insured resides.

The Policy and any Certificates delivered under the Group Policy are amended as follows:

Arkansas residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *General Definitions* section, item 2 of the second paragraph of the definition of Dependent Child is replaced with the following:

   2. adopted child, or a child under the charge, care or control of the Employee, Member for whom the Employee, Member has filed a petition to adopt.

Connecticut residents:

1. The following benefit is added to the *Schedule of Benefits* section:

   AMBULANCE BENEFIT

Basic Benefit	Equal to the lesser of billed charges or rate established by the CT Dept. of Public Health

2. In the *General Definitions* section the definition of Hospital and Totally Disabled are replaced with the following:

Hospital

An institution that meets all of the following:
1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person incurs an expense.

Totally Disabled or Total Disability Totally Disabled or Total Disability means either:

1. inability of the Covered Person who is currently employed to do any type of work for which he is or may become qualified by reason of education, training or experience; or
2. inability of the Covered Person who is not currently employed to perform the normal activities of a person of like age and sex and who is under the regular care of a Physician who certifies that such person is Totally Disabled.

3. In the *Eligibility and Effective Date Provisions*, the Eligibility section is replaced with the following:

Eligibility
An Employee becomes eligible for insurance under this Policy on the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits.* A Spouse and Dependent Children of an eligible Employee become eligible for any dependent insurance provided by this Policy on the later of the date the Employee becomes eligible and the date the Spouse or Dependent Child meets the applicable definition shown in the *Definitions* section of this Policy. No person may be eligible for insurance under this Policy as both an Employee and a Spouse or Dependent Child at the same time. However, this limitation will not apply when the Employee and the Spouse are employed by the same Employer and by reason to their employment are both participating in a group insurance plan.

4. In the *General Provisions* section, the following provision is replaced:

Incontestability
1. Of This Policy or Participation Under This Policy
All statements made by the Subscriber to participate under this Policy are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy or of participation under this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the Subscriber.

After two years from the Policy Effective Date, no such statement will cause this Policy to be contested.

2. Of A Covered Person's Insurance
All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim, unless a copy of the instrument containing the statement is, or has been, furnished to the claimant.

After two years from the Covered Person’s effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for lack of eligibility for insurance.

In the event of death or incapacity, the beneficiary or representative shall be given a copy.

5. The following benefit is added to the *Description of Benefits* section:

AMBULANCE BENEFIT
We will pay the benefit shown in the *Schedule of Benefits*, subject to the following conditions and exclusions, if the Covered Person requires ambulance services due to a Covered Injury resulting directly and independently of all other causes from a Covered Accident.

The Covered Person must be transported by ambulance to a Hospital and admitted as an inpatient Any payment will be paid directly to the ambulance provider rendering such service if such provider has not received payment for such service from any other source and includes the following statement on the face of each bill: "NOTICE: This bill subject to mandatory assignment pursuant to Connecticut general statutes."

In the event any Covered Person is covered under more than one policy, the Hospital Policy will be primary and pay benefits.

Exclusions The exclusions that apply to this benefit are in the *Common Exclusions* Section.
GA-00-2212.07

6. The following Conversion Privilege section applies:

Conversion Privilege

1. If the Covered Person's insurance or any portion of it ends for a reason other than non-payment of premium, the Covered Person's Age or those reasons described in Paragraph 2 below, the Covered Person may have Us issue converted accident insurance on an individual policy or an individual certificate under a designated group policy. The Covered Person may not apply for an amount greater than his coverage under this Group Policy less the amount of any other group accident insurance for which he becomes eligible within 31 days after the date coverage under this Group Policy terminated. The policy or certificate will not contain disability or other additional benefits. The Covered Person need not show Us that he is insurable.

   The Covered Person must apply for the individual policy within 31 days after his coverage under this Group Policy ends and pay the required premium, based on Our table of rates for such policies, his Age and class of risk.

   The individual policy or certificate will take effect on the day following the date coverage under the Group Policy ended. If the Covered Person dies during this 31-day period as the result of an accident that would have been covered under this Group Policy, We will pay as a claim under this Group Policy the amount of insurance that the Covered Person was entitled to convert. It does not matter whether the Covered Person applied for the individual policy or certificate. If such policy or certificate is issued, it will be in exchange for any other benefits under this Group Policy.

2. If the Covered Person's insurance ends because this Group Policy is terminated or is amended to terminate insurance for the Covered Person's class, and he has been covered under this Group Policy for at least five years, the Covered Person may have Us issue an individual policy or certificate of accident insurance subject to the same terms, conditions and limitations listed above. However, the amount he may apply for will be limited to the lesser of the following:
   a. coverage under this Group Policy less any amount of group accident insurance for which he is eligible on the date this Group Policy is terminated or for which he became eligible within 31 days of such termination, or
   b. $10,000.

Georgia residents:

Under the *General Definitions* section, item 2 of the first paragraph of the definition of Dependent Child is replaced with the following:

2. A child shall continue to be insured up to and including age 26 so long as the coverage of the Employee continues in effect, the child remains a dependent of the insured parent or guardian, and the child, in each calendar year since reaching age 19, has been enrolled for five calendar months or more as a full-time student at a postsecondary institution of higher learning or, if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to Sickness or Injury.

Louisiana residents:

Dependent Child Benefit

The following apply when Depending Child Coverage is offered only.

a. Grandchildren of the Employee who reside with the Employee, and for which the Employee has legal custody, are eligible.
b. Children under age 21 are not required to be full time students to be eligible.
c. Children who are under age 24 and full time students are eligible.
d. Children who are under age 24, who are not able to enroll in school full time due to a mental or nervous disorder, are eligible.

Any child who would be eligible under the Policy, in the absence of the above terms, shall be eligible under the Policy.

Massachusetts residents:

Under the *Eligibility and Effective Date Provisions* section, the following is added:

Continuation of Insurance after leaving the group
If a Covered Person leaves the group covered under the Policy, insurance for such Covered Person will be continued until the earliest of the following dates:
1. 31 days from the date the Covered Person leaves the group;
2. the date the Covered Person becomes eligible for similar benefits.

Continuation of Insurance due to a Plant Closing or Partial Closing
If an Employee leaves the group due to termination of employment resulting from a Plant Closing or Partial Closing, insurance for such Employee will be continued until the earliest of the following dates:
1. 90 days from the date of the Plant Closing or Partial Closing;
2. the date the Employee becomes eligible for similar benefits.

Definitions: For purposes of this provision:

Plant Closing means a permanent cessation or reduction of business at a facility which results or will result as determined by the director in the permanent separation of at least 90% of the employees of said facility within a period of six months prior to the date of certification or with such other period as the director shall prescribe, provided that such period shall fall within the six month period prior to the date of certification.

Partial Closing means a permanent cessation of a major discrete portion of the business conducted at a facility which results in the termination of a significant number of the employees of said facility and which affects workers and communities in a manner similar to that of Plant Closings.

Missouri residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *General Definitions* section, the definition of *Totally Disabled or Total Disability* means either:
   a) the inability of the Covered Person who is currently employed to perform the material and substantial duties of the Covered Person's occupation for a period of at least twelve months. After the initial benefit period, total disability shall mean the Covered Person's inability to perform the material and substantial duties of any occupation for which the Covered Person is qualified by education, training or experience; or
   b) the inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

Montana residents:

Under the *General Definitions* section, the definition of *Sickness* is replaced with the following:

Sickness A physical or mental illness including pregnancy

New Hampshire residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. If applicable, the definition of Emergency Room Treatment is replaced with the following:

Emergency Room Treatment Emergency medical services and care given in a Hospital as an out or inpatient, for a sudden, unexpected onset of a medical condition that manifests itself by symptoms of sufficient severity that in the absence of immediate medical attention could be expected to result in any of the following:
1. serious jeopardy to the covered Employee's health;
2. serious impairment to bodily functions; or
3. serious dysfunction of any bodily organ or part.

3. The definition of Hospital is replaced with the following.

Hospital An institution that meets all of the following:
1. it is operated pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:
1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics;
3. a Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person incurs an expense.

Oregon residents:

NOTICE: MUST PROVIDE DOMESTIC PARTNER COVERAGE FOR OREGON RESIDENTS

South Carolina residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *Claim Provisions,* the following changes are made.
   a. The *Claimant Cooperation Provision* does not apply.
   b. The provision titled *Physical Examination and Autopsy* is replaced with the following:
      Physical Examination and Autopsy
      We, at Our own expense, have the right and opportunity to examine the Covered Person when and as often as We may reasonably require while a claim is pending. If an autopsy is performed, it will be in the State of South Carolina and during the period of contestability unless prohibited by law.
   c. The provision titled *Legal Actions* is replaced with the following:
      Legal Actions
      No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than six years after the time such written proof of loss must be furnished.

3. Under the *General Provisions,* the following changes are made.
   The *Multiple Certificates* provision does not apply.

South Dakota residents:

Under the *Common Exclusions* section, the following changes are not permitted:

1. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
2. the Covered Person being Intoxicated. "Intoxicated" means having a blood alcohol level of .08 or higher;
3. the Covered Person operating a motorized vehicle while under the influence of alcohol or drugs as defined according to the laws of the jurisdiction in which the Accident occurred;
4. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
5. occupational injuries for which benefits are not paid under the Workers' Compensation Law or any similar law;
6. operating any type of vehicle while under the influence of alcohol or any drug , narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Accident occurred;
7. the Covered Person was driving a Private Passenger Automobile at the time of the Covered Accident that resulted in the Covered Loss; and he was intoxicated, as that term is defined by the laws of the state in which the Covered Accident occurred.

Texas residents:

Under the *General Definitions* section, the definition of Dependent Child is replaced with the following:

Dependent Child(ren)

An Employee's unmarried child who meets the following requirements:

1. A child from live birth to 26 years old. The initial coverage period for newborn children shall continue for a period of at least 31 days.
2. A child who is 26 or more years old, chiefly dependent on the Employee for support and maintenance and incapable of self-sustaining employment by reason of mental or physical disability.

A child, for purposes of this provision, includes an Employee's:

1. natural child;
2. adopted child, including a child for whom the Employee is a party to a suit to seek the adoption of the child. It also means the adopted child of the Employee's Spouse provided the child is living with, and is financially dependent upon the Employee;
3. grandchild of the Employee who is a dependent on the Employee for federal income tax purposes at the time the application for coverage of such grandchild is made;
4. child for whom the Employee is required to provide medical support under court order;
5. stepchild who resides with the Employee and is financially dependent upon the Employee;
6. child for whom the Employee is the court-appointed legal guardian, as long as the child resides with the Employee and depends on the Employee for financial support. Financial support means that the Employee is eligible to claim the dependent for purposes of Federal and State income tax returns.

Vermont residents:

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

1. Civil Union Partner means:
   a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until: (1) the civil union is dissolved under applicable law; or (2) either the Employee or the Civil Union Partner marries another person.

2. Spouse means:
   a. "Lawful spouse" and includes a lawful spouse of the same sex.
   b. This also includes a partner to a civil union recognized under Vermont Law.

West Virginia residents:

1. Under the *General Definitions* section, the definition of Covered Accident does not include reference to an "external" event.

2. Under the *General Definitions* section, the definition of Hospital does not require that an institution be licensed as a Hospital pursuant to applicable law, but does require that an institution operate pursuant to applicable law.

3. Under the *General Definitions* section, the definition of Totally Disabled or Total Disability is replaced with the following:
   Totally Disabled or Total Disability
   Totally Disabled or Total Disability means either:
   1. inability of the Covered Person who is currently employed to perform substantially all of the material duties of his job, or any other job for which he is or may become qualified by reason of education, training or experience; or
   2. inability of the Covered Person who is not currently employed to perform all of the activities of daily living including eating, transferring, dressing, toileting, bathing, and continence, without human supervision or assistance.

Washington residents:

1. Under the ***Schedule of Benefits,*** the following changes apply:

   - The ***Time Period for Loss*** must be at least 365 days.
   - Aggregate limits are not permitted.

2. Under **Common Exclusions,** the following changes apply:

   - Terrorism exclusions are not permitted.

   - The Common Exclusion for sickness, disease, bodily or mental infirmity and other disease or illness is replaced by the following:

     Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental cut or wound or accidental ingestion of contaminated food.

   - Any exclusion regarding travel or activity outside the United States or Canada is not permitted.

3. Terrorism Coverage is not permitted.

4. War Risk coverage is not permitted.

5. Under the *General Definitions* section, the eligibility requirements for **Dependent Child** are replaced with the following:

   1. A child from live birth to 25 years old;
   2. A child who is 25 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by the Employee, Member;
   3. A child who is 25 or more years old, primarily supported by the Employee, Member and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to Us within 31 day after the date the child ceases to qualify as a Dependent Child for the reasons listed above. During the next two years, We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.

6. NOTICE: Any domestic partner of an employee who is registered as a domestic partner under Washington state law, will be deemed to be eligible on the same basis as a Spouse.

   Please refer to your Certificate of Insurance which describes the benefit provisions and limitations applicable to you as a resident of this state.

Signed for the
Life Insurance Company of North America



Scott Berlin, President

GA-00-3000.00b

SUPPLEMENTAL INFORMATION
for

Essentials Utilities, Inc. Plan ("Plan")

required by the Employee Retirement
Income Security Act of 1974

As a Plan participant in Essential Utilities, Inc.'s Plan, you are entitled to certain information, rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA).

The benefits described in your Certificate are provided under a group insurance Policy issued by the Insurance Company. The Policy is incorporated into the Plan. The Certificate, along with the following Supplemental Information, makes up the Summary Plan Description as required by ERISA.

IMPORTANT INFORMATION ABOUT THE PLAN

- The Plan is established and maintained by Essential Utilities, Inc., the Plan Sponsor.
- The Employer Identification Number (EIN) is 23-1702594.
- The Plan Number is: 502.
- The Insurance Plan is administered directly by the Plan Administrator with benefits provided, in accordance with the provisions of the group insurance contract, OK-971481 ("Policy"), issued by LIFE INSURANCE COMPANY OF NORTH AMERICA ("Insurance Company").
- The Plan Administrator is: Essential Utilities, Inc.
  762 W. Lancaster Avenue
  Bryn Mawr, PA 19010
  610-525-1400
- The Plan Administrator has authority to control and manage the operation and administration of the Plan.
- The Plan Sponsor may terminate, suspend, withdraw or amend the Plan, in whole or in part, at any time, subject to the applicable provisions of the Policy. (Your rights upon termination or amendment of the Plan are set forth in your Certificate.)
- The agent for service of legal process is the Plan Administrator.
- The Plan of benefits is financed by the Employee.
- The date of the end of the Plan Year is December 31.

YOUR RIGHTS AS SET FORTH BY ERISA

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefit Security Administration.

WHAT YOU SHOULD DO AND EXPECT IF YOU HAVE A CLAIM

The Plan Administrator designates and names the Insurance Company the named fiduciary for deciding claims and appeals for benefits under the Plan. The Insurance Company shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by the Insurance Company shall be final and binding on Participants and Beneficiaries to the full extent permitted by applicable law.

Claims for Disability Benefits (applies to all claims filed on or after April 1, 2018)

A disability "claim" is any claim which requires a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, short/long term disability, waiver of premium, etc.). A disability claim is "filed" as of the date the Insurance Company first receives, in writing (including electronically) or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking disability benefits under the Policy. The notice of claim received should provide the date of disability/loss, the claimant's name and address, and the group Policy holder's name and address. Properly filed claims will be decided with independence and impartiality.

The Insurance Company has 45 days from the date it receives a claim for disability benefits to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if necessary due to matters beyond its control. The review period may be extended for up to two additional 30 day periods. If this should happen, the Insurance Company must provide its extension notice in writing before expiration of the current decision period, explaining the circumstances requiring extension and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary;
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal;
5. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the claimant's adverse benefit decision, without regard to whether the advice was relied upon in making the benefit decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
6. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;.

7. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
8. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Appeal of Denied Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, unless ERISA provides otherwise, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 180 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 45 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and can extend the time for decision, once, by an additional 45 days. If this should happen, the Insurance Company must provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

The review will give no deference to the original claim decision. The review will not be made by the person who made the initial claim decision, or a subordinate of that person. When deciding an appeal based in whole or in part upon medical judgment, the Insurance Company will consult with a medical professional having the appropriate training and experience in the field of medicine involved in the medical judgment. Any medical or vocational experts consulted by the Insurance Company for the review will be identified and will not be the expert who was consulted during the initial claim decision or a subordinate of that expert.

During the appeal, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

Before the Insurance Company issues an adverse benefit decision on appeal, if the Insurance Company considered, relied upon, or generated any new or additional evidence in connection with the claim, and/or if the Insurance Company intends to rely on any new or additional rationale in connection with that review, then such evidence and/or rationale will be provided to the claimant, free of charge, as soon as possible and sufficiently in advance of the date that the decision on appeal is required to be made, giving the claimant a reasonable opportunity to respond.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision on appeal is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures;
5. A statement of claimant's right to bring a civil action under section 502(a) of ERISA, including a description of any applicable contractual limitations period that applies to the claimant's right to bring such an action, and the calendar date on which the contractual limitations period expires for the claim;
6. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the adverse decision, without regard to whether the advice was relied upon in making the adverse decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
7. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;
8. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Claims for Non-Disability Benefits (applies to all claims filed on or after April 1, 2018)

A non-disability "claim" is any claim which does not require a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, a death claim, an accident claim, etc.). A non-disability claim is "filed" as of the date the Insurance Company first receives, in writing or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking benefits under the Policy. The notice of claim should include the group Policy holder's name, the Policy and Certificate number and the claimant's name and address.

The Insurance Company has 90 days from the date the claim is filed to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if special circumstances exist. The review period may be extended for up to one additional 90 day period. If this should happen, the Insurance Company will provide the extension notice in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company must notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary; and
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal.

Appeal of Denied Non-Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 60 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 60 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and extend the time for decision, once, by an additional 60 days. If this should happen, the Insurance Company will provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

If the appeal decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures, and
5. A statement of the claimant's right to bring a civil action under section 502(a) of ERISA.

ER-03-2

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a New York Life Insurance company

Class 9

04/2023



Group Life Insurance Certificate

Essential Utilities, Inc.

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Delaware and will be governed by its laws. If you reside in a state other than Delaware, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

Washington Residents:

(In Accordance With WAC 284-23-610, 620, 650, 730)

The accelerated life benefit in this policy does not and is not intended to qualify as long-term care under Washington state law. Washington state law prevents this accelerated life benefit from being marketed or sold as long-term care.

If an Insured receives payment of accelerated benefits from a life insurance policy, he or she may lose the right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences for the Insured. We cannot give advice about this. The Insured may wish to obtain advice from a tax professional or an attorney before he or she decides to receive accelerated benefits under a life policy.

FOREWORD

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death.

The need for life insurance protection depends on individual circumstances and financial situations. Your Employer is offering you the opportunity to purchase this insurance to make your benefit program more comprehensive and responsive to your needs.

The following pages describe the main provisions of the group term life insurance plan available to you.

Any insurance benefit described in the following pages will apply to you only if you have elected that benefit and have authorized payroll deduction for the required premium.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235
(888) 842-4462 Dial 711 to access telecommunications relay services
A STOCK INSURANCE COMPANY

GROUP INSURANCE CERTIFICATE

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Policy, FLI-960318, to TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE TRANSPORTATION AND PUBLIC UTILITIES INDUSTRY on behalf of Essential Utilities, Inc.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Scott Berlin, President

TL-004704

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SCHEDULE OF BENEFITS

Policy Effective Date: July 1, 2022

Certificate Effective Date: April 1, 2023

Policy Anniversary Date: January 1

Policy Number: FLI-960318

Class Definition

You are eligible for insurance if you are a member of the class defined below.

All active, Full-time Union Employees represented by USW Local 12050 and Non-Union Employees of the Employer who are citizens or permanent residents of the United States classified as People's Natural Gas Employees regularly working a minimum of 40 hours per week.

Your Eligibility Waiting Period

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Policy Effective Date:
No Waiting Period

If you were hired after the Policy Effective Date:
No Waiting Period

LIFE INSURANCE BENEFITS

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first date the Insured is in Active Service on the date of the change in class.

Employee Benefits

Amount of Insurance	1, 2, 3, 4 or 5 times Annual Compensation
Guaranteed Issue Amount:	the greater of a) or b) below: a) the lesser of 3 times Annual Compensation or $300,000, or b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan
Maximum Benefit:	the lesser of 5 times Annual Compensation or $1,000,000

The Benefit Amount, Guaranteed Issue Amount and Maximum Benefit will be rounded to the next higher $1,000, if not already a multiple thereof.

Terminal Illness Benefit	You can elect up to 75% of Life Insurance Benefits in force on the date you are determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of $750,000.

Spouse Benefits

Amount of Insurance	An amount elected in units of $5,000
Guaranteed Issue Amount:	the greater of a) or b) below: a) $75,000, or b) an amount equal to the Life Insurance Benefit in effect on the termination date of the Prior Plan
Maximum Benefit:	$500,000

Your Spouse's Life Insurance Benefits cannot exceed 100% of your Life Insurance Benefits.

Terminal Illness Benefit	The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

Dependent Child Benefits

Amount of Insurance	Units of $10,000
Maximum Benefit:	$10,000 The Maximum Benefit for a Dependent Child who is less than 14 days old is $1,000. The Maximum Benefit for a Dependent Child who is at least 14 days old but less than 6 months old is $2,000.

All Dependent Child benefits are Guaranteed Issue.

Automatic Increase Feature for Life Insurance

An increase in your Life Insurance resulting from an increase in Annual Compensation will not be subject to the Insurability Requirement, even if the increase causes the Life Insurance to exceed the Guaranteed Issue Amount.

If under the Schedule of Benefits your Spouse's Life Insurance Amount is expressed as a percentage of your Life Insurance Amount, the Insurability Requirement will not apply to your Spouse.

A change in your Annual Compensation will not result in any change in your Spouse's Life Insurance, unless, under the Schedule of Benefits, your Spouse's Life Insurance is expressed as a percentage of your Insurance or as a percentage of your Annual Compensation. If a change in your Life Insurance increases the maximum Life Insurance for which your Spouse may be enrolled, any increase in your Spouse's Life Insurance shall be subject to the terms and conditions of the Policy and whether the Insurability Requirement applies.

If you are not in Active Service on the date the increase would go into effect, your benefit will not increase until you return to Active Service.

Premiums must be paid on the basis of any increased amount of Life Insurance resulting from increases in Annual Compensation.

Increases and Decreases in Coverage

If you, your Spouse and Dependent Children are currently insured under the Voluntary Life Insurance portion of this Policy, coverage may be increased or decreased, or if a person is eligible but has not previously enrolled, he or she may become insured for coverage under this Policy during an Annual Enrollment Period or within 31 days after a Life Status Change only. See *Annual Enrollment Period and Life Status Change* provision(s).

Annual Enrollment Period

For Employees
During an Annual Enrollment Period, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may increase your Voluntary Life Insurance Benefit, or if you are eligible for the Voluntary Life Insurance portion of this Policy but have not previously enrolled, you may become insured under the Policy, as long as the total Benefit does not exceed the Maximum Benefit by satisfying the Insurability Requirement. Insurance will be effective on the later of the Policy Anniversary following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure you.

For Spouses
During an Annual Enrollment Period, if you are an eligible Employee, you may elect coverage for your eligible Spouse. If your Spouse is currently insured under the Voluntary Life Insurance portion of this Policy, his or her Voluntary Life Insurance Benefit may be increased, or if your Spouse is eligible for the Voluntary Life Insurance portion of this Policy but has not previously enrolled, he or she may become insured under the Policy, as long as the total Benefit does not exceed the Maximum Benefit, by satisfying the Insurability Requirement. Insurance will be effective on the later of the Policy Anniversary following the Annual Enrollment Period or the date the Insurance Company agrees in writing to insure him or her.

A request for a Benefit reduction received during an Annual Enrollment Period will become effective on the Policy Anniversary following the Annual Enrollment Period.

TL-008025-1

Life Status Change

For Employees
Within 31 days after a Life Status Change, if you are currently insured under the Voluntary Life Insurance portion of this Policy, you may increase your Voluntary Life Insurance Benefit as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. If you are eligible for the Voluntary Life Insurance portion of this Policy but have not previously enrolled, you may become insured under the Policy as long as the total Benefit does not exceed the Guaranteed Issue Amount, without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

You may increase coverage or become insured for a Benefit in excess of amounts described above, only if you satisfy the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure you.

A request for a Benefit reduction received within 31 days after a Life Status Change will become effective on the date the Insurance Company receives the completed change form.

For Spouses
Within 31 days after an Employee's Life Status Change, a Spouse currently insured under the Voluntary Life Insurance portion of this Policy may increase his or her Voluntary Life Insurance Benefit, and a Spouse who is eligible for the Voluntary Life Insurance portion of this Policy but who has not previously enrolled may become insured under the Policy, as long as the total Benefit does not exceed the Guaranteed Issue Amount without satisfying the Insurability Requirement. Guaranteed Issue Amounts are shown above. Insurance will be effective on the first of the month following the Life Status Change.

An insured Spouse may increase coverage, and a Spouse who is eligible but has not enrolled, may become insured for a Benefit in excess of amounts described above only if he or she satisfies the Insurability Requirement. Any excess amounts will be effective on the later of the first of the month following the Life Status Change or the date the Insurance Company agrees in writing to insure the Spouse.

Insurance Benefits for a Spouse may be reduced at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.

TL-008030-1

Former Employee Benefits

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits allowable to you, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance. Any amount elected in excess of the Life Insurance Benefits in effect on the date you no longer qualify as an Employee will be effective on the date the Insurance Company agrees in writing to insure you.
Maximum Benefit Period	To Age 70.
Terminal Illness Benefit	You can elect up to 75% of Life Insurance Benefits in force on the date you are determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of $375,000.

Spouse of Former Employee Benefits

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse. Any amount elected in excess of the Life Insurance Benefits in effect on the date your employment with the Employer ends will be effective on the date we agree in writing to insure him or her.
Maximum Benefit Period	To Age 70.
Terminal Illness Benefit	The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

Former Spouse Benefits

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits available to a Spouse. Any amount elected in excess of the Life Insurance Benefits in effect on the date he or she no longer qualifies as a Spouse will be effective on the date we agree in writing to insure him or her.
Maximum Benefit Period	To Age 70
Terminal Illness Benefit	The insured can elect up to 75% of Life Insurance Benefits in force on the date the Insured is determined by the Insurance Company to be Terminally Ill.

Former Dependent Child Benefits

Amount of Insurance	Units of $25,000
Guaranteed Issue Amount:	$25,000
Maximum Benefit:	$50,000
Maximum Benefit Period	To Age 70

TL-004774

WHO IS ELIGIBLE

Classes of Eligible Persons
A person may be insured only once under the Policy as an Employee, Spouse or Dependent Child, even though he or she may be eligible under more than one class.

An Employee who is the Spouse of another Employee may not be insured for Voluntary Life Insurance as both an Employee and as a Spouse at the same time.

Any Employee, who is eligible for Voluntary Life Insurance, will not be eligible to be insured as a Dependent Child of another Employee.

If an Employee is eligible and has enrolled as the Spouse of another Employee, but ceases to be eligible to maintain the amount of insurance for which he or she has enrolled as a Spouse, that Employee may, within 31 days, enroll for coverage as an Employee, in an amount equal to the lesser of (1) the amount of Spouse Voluntary Life Insurance terminating, or (2) the maximum amount of Employee Voluntary Life Insurance for which the Employee is eligible. The Insurability Requirement does not apply. If this amount is not equal to a Voluntary Life Insurance coverage option, it will be adjusted to the next higher available Voluntary Life Insurance coverage option. This provision shall be in lieu of the Policy's provisions, if any, regarding coverage changes following Life Status Changes.

If a Spouse is eligible and has enrolled for Voluntary Life Insurance as an Employee, but ceases to be eligible to maintain the amount of insurance for which he or she has enrolled as an Employee, the Spouse may, within 31 days, instead become enrolled as a Spouse of another Employee, in an amount equal to the lesser of (1) the amount of Employee Voluntary Life Insurance terminating, or (2) the Maximum Benefit Amount of Spouse Voluntary Life Insurance for which the Spouse is eligible. The Insurability Requirement does not apply. If this amount is not equal to a Voluntary Life Insurance coverage option, it will be adjusted to the next higher available Voluntary Life Insurance coverage option.

A Dependent Child of two or more Employees may only be insured once under the Policy. If an Employee who has elected to insure Dependent Children ceases to be eligible to do so, then the Employee's Spouse may, within 31 days, elect to insure Dependent Children, provided he or she is insured as an Employee. In all cases, "Dependent Child" shall be defined with respect to the Employee who has enrolled dependent children.

In all cases, amounts of insurance referred to in these provisions shall be determined before the application of any reductions in benefits due to age.

Any amount of Voluntary Life Insurance Coverage which cannot be continued under the above provisions may be subject to the Conversion Privilege.

Employee
If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date, or the day after you complete the applicable Eligibility Waiting Period, if later.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Employee who is rehired, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period, if insurance ends because you are no longer in a Class of Eligible Employees, but continue to be employed by the Employer, and within one year you become a member of an eligible class.

Spouse
Your Spouse is eligible to be insured on the date you are eligible or the date he or she becomes your Spouse, if later. You must be insured for Voluntary Life Insurance in order to elect spouse coverage.

For eligibility purposes, your Spouse must be a lawful Spouse and not legally separated from, divorced from, or widowed by you.

Dependent Child
Your Dependent Child is eligible to be insured on the date you are eligible or the date the child becomes a Dependent Child, if later.

In no event will a Dependent Child be eligible to be insured more than once under the Policy.

TL-004710-1

WHEN COVERAGE BEGINS

If you are required to contribute to the cost of this insurance, you may elect insurance for yourself, your Spouse and Dependent Children only by authorizing payroll deduction in a form approved by the Employer and us. The effective date of this insurance depends on the date and amount of insurance elected.

If you elect coverage within 31 days after you become eligible to enroll or increase coverage, the Guaranteed Issue Amount will be effective on the latest of the following dates:
1. The Policy Effective Date.
2. The date you authorize payroll deduction for this insurance.
3. The date the Employer or Insurance Company receives the completed enrollment form.

If you or your Spouse elect insurance in an amount that exceeds the Guaranteed Issue Amount or if your enrollment form is received more than 31 days after you become eligible to elect coverage, this insurance is effective on the date we agree in writing to provide this coverage. We will require an eligible person to satisfy the Insurability Requirement before we agree to insure him or her.

If coverage for a Dependent Child is in force and another Dependent Child becomes eligible, coverage for that child is effective on the date he or she qualifies as a Dependent Child.

If you are not in Active Service on the date insurance would otherwise go into effect, it will be effective on the date you return to Active Service.

If an eligible Spouse or Dependent Child is:
1. an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or
2. confined to his or her home under the care of a Physician

on the date insurance would otherwise be effective, it will be effective on the date he or she is no longer an inpatient in these facilities or confined at home. If such Spouse or Dependent Child was covered by the Prior Plan immediately prior to the Policy Effective Date, this provision will not apply to the amount of coverage in effect as of the Policy Effective Date, but will apply to any increase in coverage. This does not apply to a Dependent Child who is age 6 months or less.

TL-004712

Takeover Provision
Special Terms Applicable to Previously Insured Employees Not in Active Service and Their Dependents

Coverage will not go into effect for you, or your Spouse and Dependent Children unless you are in Active Service on the date you would have first become eligible to be insured under this Policy.

However:
1. if you, and your Spouse or Dependent Children were insured under a Prior Plan on the date immediately prior to the date you would have first become eligible to be insured under this Policy and had satisfied the Active Service requirement, and
2. if you, your Spouse or Dependent Child die, we agree to provide a Death Benefit only equal to the lesser of:

a. the amount due under this Policy (had you satisfied the Active Service requirement), or
b. the amount that would have been due under the Prior Plan had it remained in force.

The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:
1. the date you meet the Active Service requirements;
2. the date insurance terminates for one of the reasons stated in the Termination of Insurance provision;
3. 12 months after the date you first become eligible under this Policy; or
4. the last day you, your Spouse or Dependent Children would have been covered under the Prior Plan if coverage under that plan for you, your Spouse or Dependent Children was still in force.

TL-009020-1

WHEN COVERAGE ENDS

Coverage will end on the earliest of the following dates:
1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date we terminate the Policy;
3. the date you, your Spouse or Dependent Children are no longer in an eligible class;
4. the date coinciding with the end of the last period for which required premiums are paid;
5. the date you are no longer in Active Service;
6. for an Employee, Spouse or Dependent Child, the date the Employer cancels participation under the Policy; and
7. the date your coverage ends, for any insured Spouse or Dependent Child.

TL-004714-1

WHEN COVERAGE CONTINUES

Continuation for Temporary Leave of Absence, Layoff or Family Medical Leave
If you are an Employee and your Active Service ends due to an Employer approved unpaid leave of absence, layoff or family medical leave, your insurance will continue if the required premium is paid.

In these circumstances, your insurance may continue as follows.
1. For an Employer approved unpaid leave of absence, up to 12 weeks.
2. For layoff, up to 12 weeks.
3. For an Employer approved family medical leave, up to the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed.

Continuation for Disability for Employees over Age 60
If you become Disabled and are age 60 or over, the Life Insurance Benefits shown in the Schedule of Benefits will be continued, provided premiums are paid, until the earlier of the following dates:
1. The date you are no longer Disabled.
2. The date you are Disabled for 12 consecutive months.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated.

Amount of Insurance
If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness you are unable to perform all the material duties of your Regular Occupation; or are receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Extended Death Benefit with Waiver of Premium
Extended Death Benefit
If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:
1. The date you are no longer Disabled; or
2. 12 months after the end of your Active Service.

Amount of Insurance
If you die while you are Disabled and coverage is extended under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation; or are receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Waiver of Premium
If you submit satisfactory proof that you have been continuously Disabled for 9 months, coverage will be extended up to Age 70.

Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you.

After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if you remain Disabled and submit satisfactory proof that Disability continues. Satisfactory proof must be submitted to us 3 months before the end of the 12-month period.

Amount of Insurance
If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

Termination of Waiver
Your insurance will end on the earliest of the following dates.
1. The date you are no longer Disabled;
2. The date you refuse to submit to any physical examination required by us;
3. The date you refuse to participate in a Rehabilitation Plan for which the Insurance Company determines you to be eligible;
4. The last day of the 12-month period of Disability during which you fail to submit satisfactory proof of continued Disability;
5. Age 70.

"Disability/Disabled" means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation, or are receiving disability benefits under the Employer's plan, during the initial 9 months of Disability. Thereafter, you must be unable to perform all of the material duties of any occupation which you may reasonably become qualified based on education, training or experience, or are subject to the terms of a Rehabilitation Plan approved by the Insurance Company.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Rehabilitation During a Period of Disability
If the Insurance Company determines that you are a suitable candidate for rehabilitation, the Insurance Company may require you to participate in an assessment and Rehabilitation Plan, not to exceed 18 months, at our expense. The Insurance Company has the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, your insurance under the Policy will end.

"Good Cause" means a medical reason preventing participation, in whole or in part, in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.

"Rehabilitation Plan" means a written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:
1. Rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

"Part-time" means regularly working less than the number of full time hours set by the Employer as a regular work day for Employees in an Eligible Class of Employees in the Policy.

TL-009745 as modified by TL-009745-1

Portability Options
For Employees

If your coverage under the Policy ends prior to age 70, for any of the following reasons:
a. termination of employment; or
b. termination of membership in an eligible class under the Policy;
Life Insurance Benefits may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

You must apply to the Insurance Company and pay the required premium. If you continue coverage, coverage for your Spouse or Dependent Child may also be continued by you. Your Spouse or Dependent Child must be covered under the Policy on the date coverage would otherwise end. The application must be submitted:
a. within 62 days of your termination of employment or membership in an eligible class under the Policy; or
b. during the time that you have to exercise the Conversion Privilege.
Coverage under this option may not be elected at a later date.

When applying for this option, you must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:
a. spouse;
b. child or children;
c. mother or father;
d. brothers or sisters; or
e. the executors or administrators of your estate.

When coverage is continued under this option, you become a Former Employee. Your Spouse becomes a Spouse of a Former Employee. Your Dependent Child becomes a Dependent Child of a Former Employee.

If you, as a Former Employee, later acquire a Spouse or Dependent Child, you may elect coverage for them. You must apply to the Insurance Company and pay the required premium. Coverage for your Spouse or Dependent Child will be effective on the date we agree in writing to insure them. We may require that your Spouse or Dependent Child satisfy the Insurability Requirement before we agree to insure them.

Coverage will end on the earliest of the following dates.
a. The date we cancel coverage for all Former Employees.
b. The end of the period for which premiums are paid.
c. The date an Insured reaches age 70.
d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for any Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

For Spouses

If prior to age 70, a Spouse is:
a. legally separated, divorced; or
b. widowed
from an insured Employee or Former Employee, Life Insurance Benefits may be continued. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option. The Spouse must apply to the Insurance Company and pay the required premium.

A Spouse who continues coverage may also continue coverage for a Dependent Child. The Dependent Child must be covered under the Policy on the date coverage would otherwise end. A Spouse must elect to continue insurance under this option within 62 days after coverage ends. Coverage may not be elected at a later date.

When applying for this option, a Spouse must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:
a. spouse;
b. child or children;
c. mother or father;
d. brothers or sisters; or
e. the executors or administrators of the Spouse's estate.

When coverage is continued under this option, the Spouse becomes a Former Spouse. A separate certificate of insurance will be issued to the Former Spouse. Coverage will be effective on the date after coverage as a Spouse ends if the required premium is paid.

Coverage will end on the earliest of the following dates.
a. The date we cancel coverage for all Former Spouses.
b. The end of the period for which premiums are paid.
c. The date the Former Spouse reaches age 70.
d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

Also, coverage for a Dependent Child will end on any of the dates listed above or when he or she no longer qualifies as a Dependent Child, if earlier.

For Dependent Children

If a Dependent Child is insured under the Policy and is at least 19 years of age, Life Insurance Benefits may be continued under this option. Coverage may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

The Dependent Child must apply to the Insurance Company and pay the required premium. If a Dependent Child does not elect to continue insurance within 62 days after reaching age 19; or the date he or she no longer qualifies as a Dependent Child, if later, coverage under this option may not be elected at a later date.

When applying for this option, a Dependent Child must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:

a. spouse;
b. child or children;
c. mother or father;
d. brothers or sisters; or
e. the executors or administrators of the Dependent Child's estate.

When a Dependent Child continues coverage under this option, he or she becomes a Former Dependent Child. A separate certificate of insurance will be issued to the Former Dependent Child. Coverage for a Former Dependent Child will be effective on the following dates.

a. For any Guaranteed Issue Amount, immediately following the date his or her coverage as a Dependent Child ends, provided the Insurance Company receives the required premium.
b. For any amount of insurance that exceeds the Guaranteed Issue Amount, the date the Insurance Company agrees in writing to insure him or her. The Insurance Company will require the Former Dependent Child to satisfy the Insurability Requirement before it agrees to insure him or her.

Coverage will end on the earliest of the following dates.

a. The date we cancel coverage for all Former Dependent Children.
b. The end of the period for which premiums are paid.
c. The date the Former Dependent Child is age 70.
d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

TL-004716 as modified by TL-009330

WHAT IS COVERED

LIFE INSURANCE BENEFITS

Death Benefit
If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

TL-004730

Accelerated Benefits
Any benefits payable under this and under any similar Accelerated Benefits provision accelerated under a Prior Plan will reduce the Death Benefit payable for Life Insurance. We will deduct from any Death Benefit payable under this Policy, the amount of any similar accelerated benefit paid under a Prior Plan.

Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision, unless the Insured is determined by the Insurance Company not to be eligible for Accelerated Benefits.

Terminal Illness Benefit
We will pay a Terminal Illness Benefit to an Insured who has incurred a Terminal Illness while insured under this provision.

The Terminal Illness Benefit is shown on the Schedule of Benefits.

A claim for a similar terminal illness benefit under a Prior Plan or group policy intended to replace this Policy shall be deemed payable until such time as it is finally determined not to be payable.

Determination of Terminal Illness
For the purpose of determining the existence of a Terminal Illness, we will require the Insured submit the following proof:
1. A written diagnosis and prognosis by a licensed Physician; and
2. Supportive evidence satisfactory to us, including but not limited to, radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, an examination of the Insured and a review of the documented evidence by a Physician of our choice.

Such proofs must be submitted to us within the period of time provided in the *Proof of Loss* section of the Policy. For purposes of this Benefit, the date of loss shall be the date of first prognosis of Terminal Illness.

"Terminal Illness" means that, due to an Injury or Sickness, the Insured has a prognosis of 12 months or less to live without reasonable prospect of recovery, as determined by us.

Payment of Terminal Illness Benefit
The Terminal Illness Benefit will be payable in accordance with the provisions of the *To Whom Payable* section of the Policy.

The Terminal Illness Benefit is payable only once under the Policy in an Insured's lifetime.

Conditions Applicable to Coverage

Unless the Insured qualifies for waiver of premium, premium payments must continue to be paid on the full amount of group life insurance, including during any Continuation of Insurance under the Policy, in accordance with the *Premium* section in the *Administrative Provisions*.

The amount of Life Insurance which may be converted under the *Conversion Privilege* cannot exceed the amount of the reduced death benefit payable under the Policy.

Before a Terminal Illness Benefit is paid in a Community Property state, we may require the written consent of the Insured's Spouse.

Exclusions Applicable to Terminal Illness Benefit

A Terminal Illness Benefit will not be payable:

1. when the Insured has irrevocably assigned group life insurance under this Policy;
2. when all or a portion of group life insurance benefits under this Policy are to be paid to a former spouse as part of a qualified domestic relations order;
3. for any intentionally self-inflicted Injury or Sickness, or suicide attempt;
4. if the Insured's coverage ends under the *When Coverage Ends* provision prior to the prognosis of Terminal Illness;
5. if the required premium is due and unpaid;
6. if this Policy terminates prior to the prognosis of Terminal Illness;
7. if you or the Insured is only provided coverage under the Takeover provision of the Policy (Employees Not in Active Service on the Policy Effective Date); or
8. if the date of first prognosis of Terminal Illness occurs more than 12 months before the submission of the Terminal Illness claim.

TL-004748a

Conversion Privilege for Life Insurance

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance we offer to persons of the same age in the amount applied for, except you may not:

1. choose term insurance;
2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
3. apply for more than $10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy. Conversion in these cases is only permitted if you have been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 62 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 62 days after coverage under the Policy ends:

1. submit an application to us; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by us and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

Extension of Conversion Period
If an Insured is eligible for conversion insurance and is not notified of this right at least 31 days prior to the end of the 62-day conversion period, the conversion period will be extended. The Insured will have 31 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 105 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:
1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
    a. the Insured's application for conversion insurance has been received by us; and
    b. the required premium has been paid.

Prior Conversion Limitation
If an Insured is covered under a life insurance conversion policy previously issued by us, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

TL-009740

LIFE INSURANCE EXCLUSIONS

If an Insured commits suicide, while sane or insane, within 2 years from the date the Insured's insurance under the Policy becomes effective, Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to you if you were covered under the Prior Plan for more than two years. If you were not insured for two years under the Prior Plan, credit will be given for the time you were insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under your certificate, no refund of premiums will be paid.

TL-004752

CLAIM PROVISIONS

Notice of Claim
Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Written notice, or any other electronic/telephonic means authorized by us, of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice, or any other electronic/telephonic means authorized by us, was given as soon as reasonably possible.

Claim Forms
When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision
If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data
The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss
You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof, or any other electronic/telephonic means authorized by us, of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

Time of Payment
Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

Manner of Payment of Claims
The Subscriber authorizes that any benefit payment due as a lump sum of $5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

To Whom Payable
Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. We may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at your death will, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Change of Beneficiary
You may change your beneficiary at any time by giving written notice to the Employer or to us. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or us. When this form is received, it will take effect as of the date of the form. If you die before the form is received, we will not be liable for any payment that was made before receipt of the form.

Physical Examination and Autopsy
We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions
No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

Time Limitations
If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship
You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

TL-004724

ADMINISTRATIVE PROVISIONS

Premiums
The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

Your Grace Period
If your required premium is not paid on the Premium Due Date, there is a 31 day grace period after each premium due date after the first. If the required premium is not paid during the grace period, insurance will end on the last day for which premium was paid.

Draft Accounts
The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

Reinstatement of Insurance
Your coverage may be reinstated without satisfying the Insurability Requirement, if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within 31 days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.
1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send us a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

TL-004722

GENERAL PROVISIONS

Incontestability
All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age
If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance
The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits
We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Clerical Error
A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Ownership of Records
All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Accident
The term Accident means a sudden, unforeseeable external event that causes you bodily Injury and occurs while your coverage is in force under the Policy.

Active Service
If you are an Employee, you are in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met.

1. You are actively at work. This means you are performing your regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days.

You are considered in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Annual Compensation
Annual Compensation means your annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It does not include amounts received as bonuses, commissions, overtime pay or other extra compensation. Annual Compensation is determined initially on the date you apply for coverage. A change in the amount of Annual Compensation is effective on April 1st coinciding with or next following the change, if the Employer gives us written notice of the change and the required premium is paid.

Dependent Child
An unmarried child who meets the following requirements.

1. A child from live birth but less than 19 years old;
2. A child who is 19 or more years old but less than 26 years old, enrolled in a school as a full-time student and primarily supported by you;
3. A child who is 19 or more years old, primarily supported by you and incapable of self-sustaining employment by reason of mental or physical incapacity.

The term "child" means:

a. your natural child;
b. your legally adopted child, beginning with any waiting period pending finalization of the child's adoption. It also means the legally adopted child of your Spouse provided the child is living with, and is financially dependent upon you;
c. a stepchild born to your Spouse and who is living with and financially dependent upon you;
d. a child for whom you are the court-appointed legal guardian and who resides with, and is financially dependent upon you.

Employee
For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer
The Employer who has subscribed to the Policyholder and for the benefit of whose Employees this policy has been issued. The Employer, named as the Subscriber on the front of this Policy, includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Flexible Benefits Plan
The Flexible Benefits Plan is the Employee Benefits Plan arrangement sponsored by the Employer for eligible Employees and their eligible dependents.

Full-time
Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Injury
Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurability Requirement
An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

Insurance Company
The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured
You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Life Status Change
A Life Status Change is an event recognized by the Employer's Flexible Benefits Plan as qualifying you to make changes in benefit selections at a time other than an Annual Enrollment Period.

If the Employer does not sponsor a Flexible Benefits Plan or if it is no longer in effect, the following events are Life Status Changes.
1. Marriage
2. Divorce, annulment or legal separation
3. Birth or adoption of a child
4. Death of your spouse
5. Termination of your spouse's employment
6. A change in the benefit plan available to your spouse
7. A change in employment status for you or your spouse that affects your eligibility for benefits

Physician
Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, the immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), of you or your spouse, or a person living in your household.

Policy Anniversary
A Policy Anniversary is the date stated on the policy cover and the same date that follows every 12 months for as long the Policy is in effect.

Policy Effective Date
The Policy Effective Date is the date stated on the policy cover.

Prior Plan
The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of an employer in effect on the day prior to that employer's addition to this policy.

To be covered under the Policy, required premium must be paid for all covered Employees.

Sickness
The term Sickness means a physical or mental illness.

Spouse
Your current lawful spouse.

Subscriber
Any participating organization that subscribes to the trust to which this Policy is issued, and which is insured under this Policy.

TL-004708-1

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235

STATE MODIFYING PROVISIONS AMENDMENT RIDER

Subscriber: Essential Utilities, Inc.
Policy No. FLI-960318
Amendment Effective Date: July 1, 2022

This amendment is attached to and made part of the Policy/Certificate specified above. Its provisions are intended to conform this Policy/Certificate to the laws of the state in which the insured resides.

The Policy delivered under the Group Policy are amended as follows:

APPLICABLE TO CALIFORNIA RESIDENTS:

1. **Conversion Privilege for Life Insurance**
   Insured Employees and Insured Spouses may convert to an individual policy of life insurance for an amount not greater than the Conversion Amount shown below when the Policy ends, without regard to any requirement that the person be insured under the policy for a specified period of time, if all of the following apply.

   a. The Insured became Totally Disabled while covered for the Life Benefit of the Policy. Totally Disabled means the person is unable to perform all the material duties of any occupation for which he or she may reasonably be qualified based on training, education and experience.
   b. The Insured remained Totally Disabled until the Policy ended while covered for the Life Benefit of this Policy.
   c. The Policy does not provide a Waiver of Premium, Extended Death Benefit Provision or monthly payments to Totally Disabled Insureds for the Life Benefit.
   d. The person meets all other conditions for converting the insurance.

   Conversion Amount - Insured's life insurance amount under the Policy on the date the Policy ends minus the amount for which the Insured is insured under a group policy that provides life coverage to employees of the Insured Employee's Employer covered under this Policy. The dollar limit that applies to the amount for conversion at Policy termination does not apply.

   The requirement that the Insured be covered under the Policy for the stated number of years in order to convert life insurance does not apply.

APPLICABLE TO FLORIDA RESIDENTS:

The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

APPLICABLE TO MARYLAND RESIDENTS:

The Group Insurance Policy was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

TL-01-3000

APPLICABLE TO MINNESOTA RESIDENTS:

The following Continuation of Life Insurance is available to any Employee residing in Minnesota, unless the Policy otherwise provides for continuation of all life insurance coverage for a minimum of 18 months following termination of eligibility under the Policy.

Continuation Of Life Insurance – This provision shall not apply to the extent that the Policy provides for the right of Employees to continue insurance on a direct billed basis following termination of employment (Portability).

This provision shall apply with respect to Employees whose coverage under the Policy is terminated due to: (i) voluntary or involuntary termination or layoff from employment, for any reason other than gross misconduct; or (ii) reduction in hours such that the Employee is not eligible for insurance under the Policy. This provision shall only apply to Employees who, on such date, are Minnesota residents.

This provision shall also apply with respect to Employees whose coverage under the Policy's Takeover Provision ends, for any reason other than the Employee meeting the Policy's Active Service requirement.

For those *Employees subject to* this provision, life insurance coverage may be continued under the Policy for 18 months or until the date that the Employee becomes covered under another group policy, whichever is shorter. Coverage provided under this provision will also end if the Policy is terminated.

The premium required for continued coverage shall be the premium under the Policy applicable to the Employee's class and amount of coverage. The Employer may charge an additional amount, not to exceed 2% of such premium, for collecting premium contributions from former Employees. The Employer shall notify the Employee of the right to continue and the required premium contribution. The Employee may elect to continue within 60 days of termination by paying the required premium, and may continue coverage in force by paying the required premium, without demand, on a monthly basis, as of the first of each month, to the Employer. Coverage will end at the end of any month in which the Employee has failed to pay premium to the Employer.

If continued coverage remains in force at the end of the 18 month period, or on termination of the Policy, the Employee may choose any conversion right then available under the Policy.

In the event the Employee dies during the 60 day right to elect period without having become insured under another group policy, or dies while continued coverage is in force, the death benefit will be paid to the beneficiary chosen by the Employee under the terms of the Policy.

Continued coverage will include eligible dependents who were covered on the Employee's date of termination, provided the dependent remains eligible as a dependent of the Employee. In the event that the dependent ceases to be eligible, the dependent may choose any conversion right then available under the Policy.

APPLICABLE TO MISSOURI RESIDENTS:

Applicable to Voluntary Life Insurance Benefits
If an Insured commits suicide, while sane or insane, within 1 year from the date his or her insurance under the Policy becomes effective, Voluntary Life Insurance Benefits will be limited to a refund of the premiums paid on the Insured's behalf. The suicide exclusion applies from the effective date of any additional benefits or increases in Life Insurance Benefits.

Except for any amount of benefits in excess of the Prior Plan's benefits, this exclusion will not apply to any person covered under the Prior Plan for more than one year. If a person was not insured for one year under the Prior Plan, credit will be given for the time he or she was insured.

If a Dependent Child commits suicide and is survived by other Dependent Children covered under the same certificate, no refund of premiums will be paid.

APPLICABLE TO NORTH DAKOTA RESIDENTS:

The Suicide exclusion, if any, is limited to one year from the effective date of insurance. The suicide exclusion with respect to any increase in death benefits which results from an application of the insured subsequent to the effective date, if any, is limited to one year from the effective date of the increase.

APPLICABLE TO OREGON RESIDENTS:

NOTICE: MUST PROVIDE DOMESTIC PARTNER COVERAGE FOR OREGON RESIDENTS

APPLICABLE TO VERMONT RESIDENTS:

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

1. Civil Union Partner means:
   a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until:
      (1) the civil union is dissolved under applicable law; or
      (2) either the Employee or the Civil Union Partner marries another person.

2. Spouse means:
   a. "Lawful spouse" and includes a lawful spouse of the same sex.
   b. This also includes a partner to a civil union recognized under Vermont Law.

APPLICABLE TO WASHINGTON RESIDENTS:

1. The following *Continuation of Insurance* provision is added to the Policy:

   Continuation of Life Coverage During Labor Disputes
   If an Employee's Active Service ends because of a Labor Dispute and his or her premium for Life Insurance Benefits under the Policy is paid either by the Employer, in whole or in part, or by the Employee through payroll deductions, then the Employee may continue his or her Life Insurance Benefits. The Employer will send written notice of the right to continue coverage to each insured Employee at his or her most recent address as on file with the Employer.

   To continue coverage, the Employee must pay premiums directly to the Employer, who will remit the premiums to the Insurance Company. Premiums must be paid by the date they are due, subject to the 31 day grace period. Policy coverages and premiums will stay the same during a Labor Dispute; however, the Insurance Company may make normal changes in premium rates when the Policy is renewed, under the terms set forth in the Policy.

   Coverage continued in this manner will end on the earliest of the following dates.
   a. The date the Labor Dispute has ended.
   b.. The date coverage has been continued for 6 months.

   If the Labor Dispute continues beyond 6 months, the Employee may apply for an individual insurance policy, as set forth in detail under "Conversion Privilege for Life Insurance."

   "Labor Dispute," as used here, means a strike, lockout, or other labor dispute between the Employer and its Employees, during which time the Employee is not paid by the Employer.

2. If the Policy provides coverage to dependents, benefits for a Spouse or Dependent Child are limited to 100% of the insured Employee's coverage amount . Stand-alone Spouse and Dependent Child coverage (when Employee is not insured) is not permitted.

3. The *Suicide* Exclusion, if any, does not apply.

4. To the extent the policy includes *Accelerated Benefits*, the following resolution of disputes requirements are added to the Policy.

   - For Terminal Illness – *Determination of Terminal Illness*

     In the event the Physician representing the Insurance Company disputes the existence of a Terminal Illness, and the dispute cannot be resolved, the Insured has the right to mediation and binding arbitration in accordance with Washington Administrative Code 284-23-730.

5. The *Incontestability Provision* is replaced as follows:

   Incontestability
   All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

   After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested.

6. If the term "*Accident*" is defined in the Policy, it is replaced by the following:

   Accident
   An Accident is a sudden, unforeseeable event that causes bodily Injury to an Insured while coverage is in force under the Policy.

7. Any Domestic Partner of an Employee who is registered as a Domestic Partner under Washington state law will be deemed to be eligible on the same basis as a Spouse.

   Please refer to your certificate of insurance which describes the benefit provisions and limitations applicable to you as a resident of this state.

Signed for the
Life Insurance Company of North America



Scott Berlin, President

TL-00-3000.00

SUPPLEMENTAL INFORMATION
for

Essential Utilities, Inc. Plan ("Plan")

required by the Employee Retirement
Income Security Act of 1974

As a Plan participant in Essential Utilities, Inc.'s Plan, you are entitled to certain information, rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA).

The benefits described in your Certificate are provided under a group insurance Policy issued by the Insurance Company. The Policy is incorporated into the Plan. The Certificate, along with the following Supplemental Information, makes up the Summary Plan Description as required by ERISA.

IMPORTANT INFORMATION ABOUT THE PLAN

- The Plan is established and maintained by Essential Utilities, Inc., the Plan Sponsor.
- The Employer Identification Number (EIN) is 23-1702594.
- The Plan Number is 502.
- The Insurance Plan is administered directly by the Plan Administrator with benefits provided, in accordance with the provisions of the group insurance contract, FLI-960318 ("Policy"), issued by LIFE INSURANCE COMPANY OF NORTH AMERICA ("Insurance Company").
- The Plan Administrator is: Essential Utilities, Inc.
  762 W. Lancaster Avenue
  Bryn Mawr, PA 19010
  610-525-1400
- The Plan Administrator has authority to control and manage the operation and administration of the Plan.
- The Plan Sponsor may terminate, suspend, withdraw or amend the Plan, in whole or in part, at any time, subject to the applicable provisions of the Policy. (Your rights upon termination or amendment of the Plan are set forth in your Certificate.)
- The agent for service of legal process is the Plan Administrator.
- The Plan of benefits is financed by the Employees.
- The date of the end of the Plan Year is December 31.

YOUR RIGHTS AS SET FORTH BY ERISA

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefit Security Administration.

WHAT YOU SHOULD DO AND EXPECT IF YOU HAVE A CLAIM

The Plan Administrator designates and names the Insurance Company the named fiduciary for deciding claims and appeals for benefits under the Plan. The Insurance Company shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by the Insurance Company shall be final and binding on Participants and Beneficiaries to the full extent permitted by applicable law.

Claims for Disability Benefits (applies to all claims filed on or after April 1, 2018)

A disability "claim" is any claim which requires a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, short/long term disability, waiver of premium, etc.). A disability claim is "filed" as of the date the Insurance Company first receives, in writing (including electronically) or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking disability benefits under the Policy. The notice of claim received should provide the date of disability/loss, the claimant's name and address, and the group Policy holder's name and address. Properly filed claims will be decided with independence and impartiality.

The Insurance Company has 45 days from the date it receives a claim for disability benefits to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if necessary due to matters beyond its control. The review period may be extended for up to two additional 30 day periods. If this should happen, the Insurance Company must provide its extension notice in writing before expiration of the current decision period, explaining the circumstances requiring extension and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary;
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal;
5. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the claimant's adverse benefit decision, without regard to whether the advice was relied upon in making the benefit decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
6. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;.
7. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
8. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Appeal of Denied Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, unless ERISA provides otherwise, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 180 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 45 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and can extend the time for decision, once, by an additional 45 days. If this should happen, the Insurance Company must provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

The review will give no deference to the original claim decision. The review will not be made by the person who made the initial claim decision, or a subordinate of that person. When deciding an appeal based in whole or in part upon medical judgment, the Insurance Company will consult with a medical professional having the appropriate training and experience in the field of medicine involved in the medical judgment. Any medical or vocational experts consulted by the Insurance Company for the review will be identified and will not be the expert who was consulted during the initial claim decision or a subordinate of that expert.

During the appeal, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

Before the Insurance Company issues an adverse benefit decision on appeal, if the Insurance Company considered, relied upon, or generated any new or additional evidence in connection with the claim, and/or if the Insurance Company intends to rely on any new or additional rationale in connection with that review, then such evidence and/or rationale will be provided to the claimant, free of charge, as soon as possible and sufficiently in advance of the date that the decision on appeal is required to be made, giving the claimant a reasonable opportunity to respond.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision on appeal is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures;
5. A statement of claimant's right to bring a civil action under section 502(a) of ERISA, including a description of any applicable contractual limitations period that applies to the claimant's right to bring such an action, and the calendar date on which the contractual limitations period expires for the claim;
6. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the adverse decision, without regard to whether the advice was relied upon in making the adverse decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
7. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;
8. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Claims for Non-Disability Benefits (applies to all claims filed on or after April 1, 2018)

A non-disability "claim" is any claim which does not require a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, a death claim, an accident claim, etc.). A non-disability claim is "filed" as of the date the Insurance Company first receives, in writing or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking benefits under the Policy. The notice of claim should include the group Policy holder's name, the Policy and Certificate number and the claimant's name and address.

The Insurance Company has 90 days from the date the claim is filed to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if special circumstances exist. The review period may be extended for up to one additional 90 day period. If this should happen, the Insurance Company will provide the extension notice in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company must notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary; and
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal.

Appeal of Denied Non-Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 60 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 60 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and extend the time for decision, once, by an additional 60 days. If this should happen, the Insurance Company will provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

If the appeal decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures, and
5. A statement of the claimant's right to bring a civil action under section 502(a) of ERISA.

ER-03-2

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a New York Life Insurance company

Class 9
04/2023



Group Life Insurance Certificate

Essential Utilities, Inc.

IMPORTANT NOTICES

If you reside in one of the following states, please read the important notices below:

Arizona, Florida and Maryland residents:

The group policy is issued in the state of Delaware and will be governed by its laws. If you reside in a state other than Delaware, this certificate of insurance may not provide all of the benefits and protections provided by the laws of your state. PLEASE READ YOUR CERTIFICATE CAREFULLY.

Washington Residents:

(In Accordance With WAC 284-23-610, 620, 650, 730)

The accelerated life benefit in this policy does not and is not intended to qualify as long-term care under Washington state law. Washington state law prevents this accelerated life benefit from being marketed or sold as long-term care.

If an Insured receives payment of accelerated benefits from a life insurance policy, he or she may lose the right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences for the Insured. We cannot give advice about this. The Insured may wish to obtain advice from a tax professional or an attorney before he or she decides to receive accelerated benefits under a life policy.

FOREWORD

Life insurance provides individuals and their families with financial protection. The Life Insurance Benefit described in this booklet will help secure your family's financial security in the event of your death.

The need for life insurance protection depends on individual circumstances and financial situations. This valuable coverage should add an extra dimension to your personal insurance portfolio.

In an effort to make your benefit program more comprehensive and responsive to your needs, your Employer is providing this insurance to you at no cost.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235
(888) 842-4462 Dial 711 to access telecommunications relay services
A STOCK INSURANCE COMPANY

GROUP INSURANCE CERTIFICATE

We, the LIFE INSURANCE COMPANY OF NORTH AMERICA, have issued a Group Policy, FLI-960322, to TRUSTEE OF THE GROUP INSURANCE TRUST FOR EMPLOYERS IN THE TRANSPORTATION AND PUBLIC UTILITIES INDUSTRY on behalf of Essential Utilities, Inc.

This certificate describes the benefits and basic provisions of your coverage. You should read it with care so you will understand your coverage.

This is not the insurance contract. It does not waive or alter any of the terms of the Policy. If questions arise, the Policy will govern. You may examine the Policy at the office of the Policyholder or the Administrator.

This certificate replaces any and all certificates which may have been issued to you in the past under the Policy.



Scott Berlin, President

TL-004704

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SCHEDULE OF BENEFITS

Policy Effective Date: July 1, 2022

Certificate Effective Date: April 1, 2023

Policy Anniversary Date: January 1

Policy Number: FLI-960322

Class Definition

You are eligible for insurance if you are a member of the class defined below.

All active, Full-time Union Employees represented by USW Local 12050 and Non-Union Employees of the Employer who are citizens or permanent residents of the United States regularly working a minimum of 40 hours per week, excluding Employees classified as Officers.

Your Eligibility Waiting Period

The Eligibility Waiting Period is the period of time you must be in Active Service to be eligible for coverage. It will be extended by the number of days you are not in Active Service.

If you were hired on or before the Policy Effective Date:
No Waiting Period

If you were hired after the Policy Effective Date:
No Waiting Period

LIFE INSURANCE BENEFITS

If an Insured is eligible under one Class of Eligible Employees and later becomes eligible under a different Class of Eligible Employees, changes in his or her insurance due to the class change will be effective on the first date the Insured is in Active Service on the date of the change in class.

Employee Benefits

Amount of Insurance	2 times your Annual Compensation
Guaranteed Issue Amount:	$1,000,000
Maximum Benefit:	the lesser of 2 times Annual Compensation or $1,000,000

The Benefit Amount and Maximum Benefit will be rounded to the next higher $1,000, if not already a multiple thereof.

Age Based Reductions	When you are age 65 or older, your Life Insurance Benefit will reduce to the percentage shown below: 67% of the Life Insurance Benefit at age 65 50% of the Life Insurance Benefit at age 70 Benefit reductions will be effective on the date of the change coinciding with or next following the Employee's attainment of age as specified in schedule above. The minimum benefit before age reduction is $10,000.
Terminal Illness Benefit	You can elect up to 80% of Life Insurance Benefits in force on the date you are determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of $800,000.

Automatic Increase Feature for Life Insurance

An increase in your Life Insurance resulting from an increase in Annual Compensation will not be subject to the Insurability Requirement, even if the increase causes the Life Insurance to exceed the Guaranteed Issue Amount.

If you are not in Active Service on the date the increase would go into effect, your benefit will not increase until you return to Active Service.

Premiums must be paid on the basis of any increased amount of Life Insurance resulting from increases in Annual Compensation.

Former Employee Benefits

Amount of Insurance	An amount elected subject to the Maximum Benefit amount for Life Insurance Benefits allowable to you, less any amount of conversion insurance issued under the Conversion Privilege for Life Insurance. Any amount elected in excess of the Life Insurance Benefits in effect on the date you no longer qualify as an Employee will be effective on the date the Insurance Company agrees in writing to insure you.
Maximum Benefit Period	To Age 70.
Terminal Illness Benefit	You can elect up to 75% of Life Insurance Benefits in force on the date you are determined by the Insurance Company to be Terminally Ill, subject to a Maximum Benefit of $375,000.

TL-004774

WHO IS ELIGIBLE

Classes of Eligible Persons
A person may be insured only once under the Policy as an Employee, even though he or she may be eligible under more than one class.

Employee
If you qualify under the Class Definition shown in the Schedule of Benefits, you are eligible to be insured under the Policy on the Policy Effective Date, or the day after you complete the applicable Eligibility Waiting Period, if later.

If you have previously converted your insurance under the Policy, you will not become eligible until your converted policy is surrendered. This does not apply to any amount of insurance that was previously converted under the Policy due to a reduction in your Life Insurance Benefits based on age or a change in class unless those conditions no longer affect the amount of insurance available to you.

Except as noted in the Reinstatement Provision, if you terminate coverage and later wish to reapply, or if you are a former Employee who is rehired, a new Eligibility Waiting Period must be satisfied. You are not required to satisfy a new Eligibility Waiting Period, if insurance ends because you are no longer in a Class of Eligible Employees, but continue to be employed by the Employer, and within one year you become a member of an eligible class.

TL-004710-1

WHEN COVERAGE BEGINS

You will be insured for an amount not to exceed the Guaranteed Issue Amount on the date you become eligible, if you are not required to contribute to the cost of this insurance.

If you are not in Active Service on the date insurance would otherwise go into effect, it will be effective on the date you return to Active Service.

TL-004712

Takeover Provision
Special Terms Applicable to Previously Insured Employees Not in Active Service

Coverage will not go into effect for you unless you are in Active Service on the date you would have first become eligible to be insured under this Policy.

However:
1. if you were insured under a Prior Plan on the date immediately prior to the date you would have first become eligible to be insured under this Policy and had satisfied the Active Service requirement, and
2. if you die, we agree to provide a Death Benefit only equal to the lesser of:
a. the amount due under this Policy (had you satisfied the Active Service requirement), or
b. the amount that would have been due under the Prior Plan had it remained in force.

The benefit amount will be reduced by any amount paid by the Prior Plan, or that would have been paid had this Policy not been issued and had timely filing of the claim been made under the Prior Plan.

These special terms will end on the earliest of the following dates:
1. the date you meet the Active Service requirements;
2. the date insurance terminates for one of the reasons stated in the Termination of Insurance provision;
3. 12 months after the date you first become eligible under this Policy; or
4. the last day you would have been covered under the Prior Plan if coverage under that plan for you was still in force.

TL-009020-1

WHEN COVERAGE ENDS

Coverage will end on the earliest of the following dates:
1. the date you are eligible for coverage under a plan intended to replace this coverage;
2. the date we terminate the Policy;
3. the date you are no longer in an eligible class;
4. the date coinciding with the end of the last period for which required premiums are paid;
5. the date you are no longer in Active Service; and
6. for an Employee, the date the Employer cancels participation under the Policy.

TL-004714-1

WHEN COVERAGE CONTINUES

Continuation for Temporary Leave of Absence, Layoff or Family Medical Leave
If you are an Employee and your Active Service ends due to an Employer approved unpaid leave of absence, layoff or family medical leave, your insurance will continue if the required premium is paid.

In these circumstances, your insurance may continue as follows.
1. For an Employer approved unpaid leave of absence, up to 12 weeks.
2. For layoff, up to 12 weeks.
3. For an Employer approved family medical leave, up to the later of the period of the approved FMLA leave or the leave period required by the laws of the state in which the Employee is employed.

Continuation for Disability for Employees over Age 60
If you become Disabled and are age 60 or over, the Life Insurance Benefits shown in the Schedule of Benefits will be continued, provided premiums are paid, until the earlier of the following dates:
1. The date you are no longer Disabled.
2. The date you are Disabled for 12 consecutive months.
3. The date coinciding with the end of the last period for which premiums are paid.
4. The date the Policy is terminated.

Amount of Insurance
If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while coverage is continued under this provision. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness you are unable to perform all the material duties of your Regular Occupation; or are receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Extended Death Benefit with Waiver of Premium

Extended Death Benefit

If you become Disabled and are less than age 60, the Life Insurance Benefits shown in the Schedule of Benefits will be extended without premium payment until the earlier of the following dates:

1. The date you are no longer Disabled; or
2. 12 months after the end of your Active Service.

Amount of Insurance

If you die while you are Disabled and coverage is extended under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

"Disability"/"Disabled" means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation; or are receiving disability benefits under the Employer's plan.

"Regular Occupation" means the occupation you routinely perform at the time the Disability begins. We will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Waiver of Premium

If you submit satisfactory proof that you have been continuously Disabled for 9 months, coverage will be extended up to Age 70.

Such proof must be submitted to us no later than 3 months after the date the Waiver Waiting Period ends. Premiums will be waived from the date we agree in writing to waive premiums for you.

After premiums have been waived for 12 months, they will be waived for future periods of 12 months, if you remain Disabled and submit satisfactory proof that Disability continues. Satisfactory proof must be submitted to us 3 months before the end of the 12-month period.

Amount of Insurance

If you die while you are Disabled and coverage is continued under this provision, we will pay a Death Benefit equal to the amount in effect on the date you became Disabled. However, the Life Insurance Benefit will be subject to the provisions of the Policy that reduce the coverage amount because of age, retirement, payment of an Accelerated Benefit or a change in class. Automatic increases in Life Insurance Benefits will end while premiums are waived. We will pay benefits only if due proof of your continuous Disability is received within one year of the date of the loss.

Termination of Waiver
Your insurance will end on the earliest of the following dates.
1. The date you are no longer Disabled;
2. The date you refuse to submit to any physical examination required by us;
3. The date you refuse to participate in a Rehabilitation Plan for which the Insurance Company determines you to be eligible;
4. The last day of the 12-month period of Disability during which you fail to submit satisfactory proof of continued Disability;
5. Age 70.

"Disability/Disabled" means because of Injury or Sickness you are unable to perform the material duties of your Regular Occupation, or are receiving disability benefits under the Employer's plan, during the initial 9 months of Disability. Thereafter, you must be unable to perform all of the material duties of any occupation which you may reasonably become qualified based on education, training or experience, or are subject to the terms of a Rehabilitation Plan approved by the Insurance Company.

"Regular Occupation" means the occupation the Employee routinely performs at the time the Disability begins. The Insurance Company will consider the duties of the occupation as it is normally performed in the general labor market in the national economy.

Rehabilitation During a Period of Disability
If the Insurance Company determines that you are a suitable candidate for rehabilitation, the Insurance Company may require you to participate in an assessment and Rehabilitation Plan, not to exceed 18 months, at our expense. The Insurance Company has the sole discretion to approve your participation in a Rehabilitation Plan and to approve a program as a Rehabilitation Plan. If you fail to fully cooperate in all required phases of the Rehabilitation Plan and assessment without Good Cause, your insurance under the Policy will end.

"Good Cause" means a medical reason preventing participation, in whole or in part, in the Rehabilitation Plan. Satisfactory proof of Good Cause must be provided to the Insurance Company.

"Rehabilitation Plan" means a written plan designed to enable the Employee to return to work. The Rehabilitation Plan will consist of one or more of the following phases:
1. Rehabilitation, under which the Insurance Company may provide, arrange or authorize educational, vocational or physical rehabilitation or other appropriate services;
2. Work, which may include modified work and work on a Part-time basis.

"Part-time" means regularly working less than the number of full time hours set by the Employer as a regular work day for Employees in an Eligible Class of Employees in the Policy.

TL-009745 as modified by TL-009745-1

Portability Options
For Employees

If your coverage under the Policy ends prior to age 70, for any of the following reasons:
a. termination of employment; or
b. termination of membership in an eligible class under the Policy;
Life Insurance Benefits may be continued up to the Maximum Benefit shown in the Schedule of Benefits for this option.

You must apply to the Insurance Company and pay the required premium. The application must be submitted:
a. within 62 days of your termination of employment or membership in an eligible class under the Policy; or
b. during the time that you have to exercise the Conversion Privilege.
Coverage under this option may not be elected at a later date.

When applying for this option, you must name a beneficiary. Any beneficiary named previously under the Policy is no longer in effect. If there is no named or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives:
a. spouse;
b. child or children;
c. mother or father;
d. brothers or sisters; or
e. the executors or administrators of your estate.

When coverage is continued under this option, you become a Former Employee.

Coverage will end on the earliest of the following dates.
a. The date we cancel coverage for all Former Employees.
b. The end of the period for which premiums are paid.
c. The date an Insured reaches age 70.
d. The date the Maximum Benefit Period shown in the Schedule of Benefits for this option ends.

TL-004716 as modified by TL-009330

WHAT IS COVERED

LIFE INSURANCE BENEFITS

Death Benefit
If an Insured dies, we will pay the Life Insurance Benefit in force for that Insured on the date of his or her death.

TL-004730

Accelerated Benefits
Any benefits payable under this and under any similar Accelerated Benefits provision accelerated under a Prior Plan will reduce the Death Benefit payable for Life Insurance. We will deduct from any Death Benefit payable under this Policy, the amount of any similar accelerated benefit paid under a Prior Plan.

Any automatic increases in Life Insurance Benefits will end when benefits are payable under this provision, unless the Insured is determined by the Insurance Company not to be eligible for Accelerated Benefits.

Terminal Illness Benefit

We will pay a Terminal Illness Benefit to an Insured who has incurred a Terminal Illness while insured under this provision.

The Terminal Illness Benefit is shown on the Schedule of Benefits.

A claim for a similar terminal illness benefit under a Prior Plan or group policy intended to replace this Policy shall be deemed payable until such time as it is finally determined not to be payable.

Determination of Terminal Illness

For the purpose of determining the existence of a Terminal Illness, we will require the Insured submit the following proof:

1. A written diagnosis and prognosis by a licensed Physician; and
2. Supportive evidence satisfactory to us, including but not limited to, radiological, histological or laboratory reports documenting the Terminal Illness.

We may require, at our expense, an examination of the Insured and a review of the documented evidence by a Physician of our choice.

Such proofs must be submitted to us within the period of time provided in the *Proof of Loss* section of the Policy. For purposes of this Benefit, the date of loss shall be the date of first prognosis of Terminal Illness.

"Terminal Illness" means that, due to an Injury or Sickness, the Insured has a prognosis of 12 months or less to live without reasonable prospect of recovery, as determined by us.

Payment of Terminal Illness Benefit

The Terminal Illness Benefit will be payable in accordance with the provisions of the *To Whom Payable* section of the Policy.

The Terminal Illness Benefit is payable only once under the Policy in an Insured's lifetime.

Conditions Applicable to Coverage

Unless the Insured qualifies for waiver of premium, premium payments must continue to be paid on the full amount of group life insurance, including during any Continuation of Insurance under the Policy, in accordance with the *Premium* section in the *Administrative Provisions*.

The amount of Life Insurance which may be converted under the *Conversion Privilege* cannot exceed the amount of the reduced death benefit payable under the Policy.

Before a Terminal Illness Benefit is paid in a Community Property state, we may require the written consent of the Insured’s Spouse.

Exclusions Applicable to Terminal Illness Benefit

A Terminal Illness Benefit will not be payable:

1. when the Insured has irrevocably assigned group life insurance under this Policy;
2. when all or a portion of group life insurance benefits under this Policy are to be paid to a former spouse as part of a qualified domestic relations order;
3. for any intentionally self-inflicted Injury or Sickness, or suicide attempt;
4. if the Insured's coverage ends under the *When Coverage Ends* provision prior to the prognosis of Terminal Illness;
5. if the required premium is due and unpaid;
6. if this Policy terminates prior to the prognosis of Terminal Illness;
7. if you or the Insured is only provided coverage under the Takeover provision of the Policy (Employees Not in Active Service on the Policy Effective Date); or
8. if the date of first prognosis of Terminal Illness occurs more than 12 months before the submission of the Terminal Illness claim.

TL-004748a

Conversion Privilege for Life Insurance

Each Insured may convert all or any portion of his or her Life Insurance that would end under the Policy due to:

1. termination of employment;
2. termination of membership in an eligible class under the Policy;
3. termination of the Policy.

The Insured may apply for any type of life insurance we offer to persons of the same age in the amount applied for, except you may not:

1. choose term insurance;
2. apply for an amount of insurance greater than the coverage amount terminating under the Policy (also, the conversion policy will not provide accident, disability or other benefits); or
3. apply for more than $10,000 of insurance if the Policy is terminated or amended to terminate the insurance for any class of Insureds, or the Employer cancels participation under the Policy. Conversion in these cases is only permitted if you have been covered by the Policy or, any group life insurance policy issued to the Employer which the Policy replaced, for at least 3 years.

If the Insured becomes eligible for coverage under any group life policy within 62 days of termination of coverage under this Policy, the Insured may not convert an amount of insurance greater than the amount of coverage terminating under the Policy less the amount for which he or she may be covered under the other policy.

To apply for conversion insurance, the Insured must, within 62 days after coverage under the Policy ends:

1. submit an application to us; and
2. pay the required premium.

Evidence of insurability is not required.

Premium for the conversion insurance will be based on the age and class of risk of the Insured and the type and amount of coverage issued.

If the Insured has assigned ownership of his group coverage, the owner/assignee must apply for the individual policy.

Conversion insurance will become effective on the 31st day after the date coverage under the Policy ends provided the application is received by us and the required premium has been paid.

If the Insured dies during the 31-day conversion period, the Life Insurance benefits will be paid under the Policy regardless of whether he or she applied for conversion insurance. If a conversion policy is issued, it will be in exchange for any further benefits for that type and amount of insurance from this Policy.

Extension of Conversion Period
If an Insured is eligible for conversion insurance and is not notified of this right at least 31 days prior to the end of the 62-day conversion period, the conversion period will be extended. The Insured will have 31 days from the date notice is given to apply for conversion insurance. In no event will the conversion period be extended beyond 105 days. Notice, for the purpose of this section, means written notice presented to the Insured by the Employer or mailed to the Insured's last known address as reported by the Employer.

If the Insured dies during the extended conversion period, but more than 31 days after his or her coverage under the Policy terminates, Life Insurance benefits:
1. will not be paid under the Policy; and
2. will be payable under the conversion insurance; provided:
   a. the Insured's application for conversion insurance has been received by us; and
   b. the required premium has been paid.

Prior Conversion Limitation
If an Insured is covered under a life insurance conversion policy previously issued by us, he or she will not be eligible for this Conversion Privilege unless the prior coverage has ended.

TL-009740

CLAIM PROVISIONS

Notice of Claim
Written notice of claim, or notice by any other electronic/telephonic means authorized by us, must be given to us within 31 days after a covered loss occurs or begins or as soon as reasonably possible. If written notice, or notice by any other electronic/telephonic means authorized by us, is not given in that time, the claim will not be invalidated or reduced if it is shown that notice was given as soon as was reasonably possible. Notice can be given at our home office in Philadelphia, Pennsylvania or to our agent. Notice should include the Employer's name, the Policy Number and the claimant's name and address.

Written notice, or any other electronic/telephonic means authorized by us, of a diagnosis of a Terminal Illness on which claim is based must be given to us within 60 days after the diagnosis. If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice, or any other electronic/telephonic means authorized by us, was given as soon as reasonably possible.

Claim Forms
When we receive notice of claim, we will send claim forms for filing proof of loss. If we do not send claim forms within 15 days after notice is received by us, the proof requirements will be met by submitting, within the time required under the "Proof of Loss" section, written proof, or proof by any other electronic/telephonic means authorized by us, of the nature and extent of the loss.

Claimant Cooperation Provision
If you fail to cooperate with us in our administration of your claim, we may terminate the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Insurance Data
The Employer is required to cooperate with us in the review of claims and applications for coverage. Any information we provide to the Employer in these areas is confidential and may not be used or released by the Employer if not permitted by applicable privacy laws.

Proof of Loss
You must provide written proof of loss to us, or proof by any other electronic/telephonic means authorized by us, within 90 days after the date of the loss for which a claim is made. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is not given in that 90 day period, the claim will not be invalidated nor reduced if it is shown that it was given as soon as was reasonably possible. In any case, written proof of loss, or proof by any other electronic/telephonic means authorized by us, must be given not more than one year after the 90 day period. If written proof of loss, or proof by any other electronic/telephonic means authorized by us, is provided outside of these time limits, the claim will be denied. These time limits will not apply due to lack of legal capacity.

Written proof, or any other electronic/telephonic means authorized by us, of loss for Accelerated Benefits must be furnished 90 days after the date of diagnosis. This proof must describe the occurrence, character and diagnosis for which claim is made.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If it is not reasonably possible to submit proof of loss within these time periods, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

Time of Payment
Benefits due under the Policy for a loss, other than a loss for which the Policy provides installment payments, will be paid immediately upon receipt of due written proof of such loss.

Subject to the receipt of satisfactory written proof of loss, all accrued benefits for loss for which the Policy provides installment payments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof, unless otherwise stated in the Description of Benefits.

Manner of Payment of Claims
The Subscriber authorizes that any benefit payment due as a lump sum of $5,000 or more shall be credited to a draft account with the Insurance Company, in the name of the beneficiary. The beneficiary may withdraw the entire proceeds at any time by issuing one or more drafts, or may withdraw lesser amounts, subject to a minimum account balance set by the Insurance Company from time to time. Interest shall be credited to such account at rates as determined from time to time by the Insurance Company.

To Whom Payable
Death Benefits will be paid to the Insured's named beneficiary, if any, on file at the time of payment or to the certificate owner if alive. If there is no named beneficiary or surviving beneficiary, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child or children; mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate. We may reduce the amount payable by any indebtedness due.

All benefits payable under the Accelerated Benefits section are payable to the Insured, if living. If the Insured dies prior to the payment of an eligible claim for an Accelerated Benefit, benefits will be paid in accordance with the provisions applicable to the payment of Life Insurance proceeds, unless the Insured has directed us otherwise in writing. However, any payment made by us prior to notice of the Insured's death shall discharge us of any benefit that was paid.

All other benefits unless otherwise stated in the Policy, will be payable to the Insured or the certificate owner if other than the Insured.

Any other accrued benefits which are unpaid at your death will, at our option, be paid either to your beneficiary or to the executor or administrator of your estate.

If we pay benefits to the executor or administrator of your estate or to a person who is incapable of giving a valid release, we may pay up to $1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Change of Beneficiary
You may change your beneficiary at any time by giving written notice to the Employer or to us. The beneficiary's consent is not required for this or any other change which you may make unless your designation of beneficiary is irrevocable.

No change in beneficiary will take effect until the form is received by the Employer or us. When this form is received, it will take effect as of the date of the form. If you die before the form is received, we will not be liable for any payment that was made before receipt of the form.

Physical Examination and Autopsy
We may, at our expense, exercise the right to examine any person for whom a claim is pending as often as we may reasonably require. Also, we may, at our expense, require an autopsy unless prohibited by law.

Legal Actions
No action at law or in equity may be brought to recover benefits under the Policy less than 60 days after written proof of loss, or proof by any other electronic/telephonic means authorized by us, has been furnished as required by the Policy. No such action shall be brought more than 3 years after the time satisfactory proof of loss is required to be furnished.

Time Limitations
If any time limit stated in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity, is less than that permitted by the law of the state in which you live when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

Physician/Patient Relationship
You have the right to choose any Physician who is practicing legally. We will in no way disturb the Physician/patient relationship.

ADMINISTRATIVE PROVISIONS

Premiums
The premiums for this Policy will be based on the rates currently in force, the plan and the amount of insurance in effect.

If an Insured's coverage amount is reduced due to acceleration of a Death Benefit, premium will be based on the amount of coverage in force on the day before the reduction took place. If the Insured's coverage amount is reduced due to his or her attained age, premium will be based on the amount of coverage in force on the day after the reduction took place.

Draft Accounts
The Insurance Company shall be entitled to retain, as part of its compensation, any earnings on draft accounts created in connection with benefit claims, in excess of interest credited under the terms of the policy.

Reinstatement of Insurance
Your coverage may be reinstated without satisfying the Insurability Requirement, if your insurance ends because you are on an unpaid leave of absence and you apply for Reinstatement within 31 days of your return to Active Service.

After your insurance ends, it may be reinstated at any date prior to five years after the date of termination if the following conditions are met.
1. The Policy is still in force.
2. You are eligible under the Policy.
3. You send us a written request for reinstatement and a new enrollment form.
4. The required premium is paid.
5. The Insurability Requirement, if applicable, is satisfied.

TL-004722

GENERAL PROVISIONS

Incontestability
All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested except for fraud or eligibility for insurance.

Misstatement of Age
If an Insured's age has been misstated, we will adjust all benefits to the amounts that would have been purchased for the correct age.

Workers' Compensation Insurance
The Policy is not in lieu of and does not affect any requirements for insurance under any Workers' Compensation Insurance Law.

Assignment of Benefits
We will not be affected by the assignment of your certificate until the original assignment or a certified copy of the assignment is filed with us. We will not be responsible for the validity or sufficiency of an assignment. An assignment of benefits will operate so long as the assignment remains in force provided insurance under the Policy is in effect. This insurance may not be levied on, attached, garnisheed, or otherwise taken for a person's debts. This prohibition does not apply where contrary to law.

Clerical Error
A person's insurance will not be affected by error or delay in keeping records of insurance under the Policy. If such an error is found, the premium will be adjusted fairly.

Ownership of Records
All records maintained by the Insurance Company are, and shall remain, the property of the Insurance Company.

TL-004728

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout this document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

Accident
The term Accident means a sudden, unforeseeable external event that causes you bodily Injury and occurs while your coverage is in force under the Policy.

Active Service
If you are an Employee, you are in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met.
1. You are actively at work. This means you are performing your regular occupation for the Employer on a Full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel.
2. The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days.

You are considered in Active Service on a day which is not one of the Employer's scheduled work days only if you were in Active Service on the preceding scheduled work day.

Annual Compensation
Annual Compensation means your annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It includes earnings received as commissions and bonuses, but not overtime pay or any other extra compensation. Annual Compensation is determined initially on the date you apply for coverage. A change in the amount of Annual Compensation is effective on April 1st coinciding with or next following the change, if the Employer gives us written notice of the change and the required premium is paid.

Commissions and bonuses will be averaged for the 12 months just prior to the date the covered loss occurs, or the months employed, if less than 12 months.

Employee
For eligibility purposes, you are an Employee if you work for the Employer and are in one of the "Classes of Eligible Employees." Otherwise, you are an Employee if you are an employee of the Employer who is insured under the Policy.

Employer
The Employer who has subscribed to the Policyholder and for the benefit of whose Employees this policy has been issued. The Employer, named as the Subscriber on the front of this Policy, includes any affiliates or subsidiaries covered under the Policy. The Employer is acting as your agent for transactions relating to this insurance. You shall not consider any actions of the Employer as actions of the Insurance Company.

Full-time
Full-time means the number of hours set by the Employer as a regular work day for Employees in your eligibility class.

Injury
Any accidental loss or bodily harm that results directly and independently from all other causes from an Accident.

Insurability Requirement
An eligible person satisfies the Insurability Requirement for an amount of coverage on the day we agree in writing to accept you as insured for that amount. To determine a person's acceptability for coverage, we will require you to provide evidence of good health and may require it be provided at your expense.

Insurance Company
The Insurance Company underwriting the Policy is named on your certificate cover page. References to the Insurance Company have been changed to "we", "our", "ours", and "us" throughout the certificate.

Insured
You are an Insured if you are eligible for insurance under the Policy, insurance is elected for you, the required premium is paid and your coverage is in force under the Policy.

Physician
Physician means a licensed doctor practicing within the scope of his or her license and rendering care and treatment to an Insured that is appropriate for the condition and locality. The term does not include you, your spouse, the immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), of you or your spouse, or a person living in your household.

Policy Anniversary
A Policy Anniversary is the date stated on the policy cover and the same date that follows every 12 months for as long the Policy is in effect.

Policy Effective Date
The Policy Effective Date is the date stated on the policy cover.

Prior Plan
The Prior Plan refers to the plan of insurance providing similar benefits to you, sponsored by the Employer and in effect directly prior to the Policy Effective Date. A Prior Plan will include the plan of an employer in effect on the day prior to that employer’s addition to this policy.

To be covered under the Policy, required premium must be paid for all covered Employees.

Sickness
The term Sickness means a physical or mental illness.

Subscriber
Any participating organization that subscribes to the trust to which this Policy is issued, and which is insured under this Policy.

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 CHESTNUT STREET
PHILADELPHIA, PA 19192-2235

STATE MODIFYING PROVISIONS AMENDMENT RIDER

Subscriber: Essential Utilities, Inc.
Policy No. FLI-960322
Amendment Effective Date: July 1, 2022

This amendment is attached to and made part of the Policy/Certificate specified above. Its provisions are intended to conform this Policy/Certificate to the laws of the state in which the insured resides.

The Policy delivered under the Group Policy are amended as follows:

APPLICABLE TO CALIFORNIA RESIDENTS:

1. **Conversion Privilege for Life Insurance**
   Insured Employees and Insured Spouses may convert to an individual policy of life insurance for an amount not greater than the Conversion Amount shown below when the Policy ends, without regard to any requirement that the person be insured under the policy for a specified period of time, if all of the following apply.

   a. The Insured became Totally Disabled while covered for the Life Benefit of the Policy. Totally Disabled means the person is unable to perform all the material duties of any occupation for which he or she may reasonably be qualified based on training, education and experience.
   b. The Insured remained Totally Disabled until the Policy ended while covered for the Life Benefit of this Policy.
   c. The Policy does not provide a Waiver of Premium, Extended Death Benefit Provision or monthly payments to Totally Disabled Insureds for the Life Benefit.
   d. The person meets all other conditions for converting the insurance.

   Conversion Amount - Insured's life insurance amount under the Policy on the date the Policy ends minus the amount for which the Insured is insured under a group policy that provides life coverage to employees of the Insured Employee's Employer covered under this Policy. The dollar limit that applies to the amount for conversion at Policy termination does not apply.

   The requirement that the Insured be covered under the Policy for the stated number of years in order to convert life insurance does not apply.

APPLICABLE TO FLORIDA RESIDENTS:

The benefits of the policy providing your coverage are governed primarily by the law of a state other than Florida.

APPLICABLE TO MARYLAND RESIDENTS:

The Group Insurance Policy was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

APPLICABLE TO MINNESOTA RESIDENTS:

The following Continuation of Life Insurance is available to any Employee residing in Minnesota, unless the Policy otherwise provides for continuation of all life insurance coverage for a minimum of 18 months following termination of eligibility under the Policy.

Continuation Of Life Insurance – This provision shall not apply to the extent that the Policy provides for the right of Employees to continue insurance on a direct billed basis following termination of employment (Portability).

This provision shall apply with respect to Employees whose coverage under the Policy is terminated due to: (i) voluntary or involuntary termination or layoff from employment, for any reason other than gross misconduct; or (ii) reduction in hours such that the Employee is not eligible for insurance under the Policy. This provision shall only apply to Employees who, on such date, are Minnesota residents.

This provision shall also apply with respect to Employees whose coverage under the Policy's Takeover Provision ends, for any reason other than the Employee meeting the Policy's Active Service requirement.

For those *Employees subject to* this provision, life insurance coverage may be continued under the Policy for 18 months or until the date that the Employee becomes covered under another group policy, whichever is shorter. Coverage provided under this provision will also end if the Policy is terminated.

The premium required for continued coverage shall be the premium under the Policy applicable to the Employee's class and amount of coverage. The Employer may charge an additional amount, not to exceed 2% of such premium, for collecting premium contributions from former Employees. The Employer shall notify the Employee of the right to continue and the required premium contribution. The Employee may elect to continue within 60 days of termination by paying the required premium, and may continue coverage in force by paying the required premium, without demand, on a monthly basis, as of the first of each month, to the Employer. Coverage will end at the end of any month in which the Employee has failed to pay premium to the Employer.

If continued coverage remains in force at the end of the 18 month period, or on termination of the Policy, the Employee may choose any conversion right then available under the Policy.

In the event the Employee dies during the 60 day right to elect period without having become insured under another group policy, or dies while continued coverage is in force, the death benefit will be paid to the beneficiary chosen by the Employee under the terms of the Policy.

Continued coverage will include eligible dependents who were covered on the Employee's date of termination, provided the dependent remains eligible as a dependent of the Employee. In the event that the dependent ceases to be eligible, the dependent may choose any conversion right then available under the Policy.

APPLICABLE TO NORTH DAKOTA RESIDENTS:

The Suicide exclusion, if any, is limited to one year from the effective date of insurance. The suicide exclusion with respect to any increase in death benefits which results from an application of the insured subsequent to the effective date, if any, is limited to one year from the effective date of the increase.

APPLICABLE TO VERMONT RESIDENTS:

To the extent the Policy provides insurance coverage to a spouse, the identical consideration must be applied to same sex marriages and civil unions. The language is as follows:

1. Civil Union Partner means:
   a. A person with whom the Employee has a registered civil union under Vermont law which imposes obligations on the parties substantially similar to marriage. Such person will continue to be recognized as a Civil Union Partner unless and until:
      (1) the civil union is dissolved under applicable law; or
      (2) either the Employee or the Civil Union Partner marries another person.

2. Spouse means:
   a. "Lawful spouse" and includes a lawful spouse of the same sex.
   b. This also includes a partner to a civil union recognized under Vermont Law.

APPLICABLE TO WASHINGTON RESIDENTS:

1. The following *Continuation of Insurance* provision is added to the Policy:

   Continuation of Life Coverage During Labor Disputes
   If an Employee's Active Service ends because of a Labor Dispute and his or her premium for Life Insurance Benefits under the Policy is paid either by the Employer, in whole or in part, or by the Employee through payroll deductions, then the Employee may continue his or her Life Insurance Benefits. The Employer will send written notice of the right to continue coverage to each insured Employee at his or her most recent address as on file with the Employer.

   To continue coverage, the Employee must pay premiums directly to the Employer, who will remit the premiums to the Insurance Company. Premiums must be paid by the date they are due, subject to the 31 day grace period. Policy coverages and premiums will stay the same during a Labor Dispute; however, the Insurance Company may make normal changes in premium rates when the Policy is renewed, under the terms set forth in the Policy.

   Coverage continued in this manner will end on the earliest of the following dates.
   a. The date the Labor Dispute has ended.
   b.. The date coverage has been continued for 6 months.

   If the Labor Dispute continues beyond 6 months, the Employee may apply for an individual insurance policy, as set forth in detail under "Conversion Privilege for Life Insurance."

   "Labor Dispute," as used here, means a strike, lockout, or other labor dispute between the Employer and its Employees, during which time the Employee is not paid by the Employer.

2. To the extent the policy includes *Accelerated Benefits,* the following resolution of disputes requirements are added to the Policy.

   • For Terminal Illness – *Determination of Terminal Illness*

     In the event the Physician representing the Insurance Company disputes the existence of a Terminal Illness, and the dispute cannot be resolved, the Insured has the right to mediation and binding arbitration in accordance with Washington Administrative Code 284-23-730.

3. The *Incontestability Provision* is replaced as follows:

Incontestability
All statements made by the Employer or by an Insured are representations not warranties. No statement will be used to deny or reduce benefits or as a defense to a claim, unless a copy of the instrument containing the statement has been furnished to the claimant. In the event of death or legal incapacity, the beneficiary or representative must receive the copy.

After two years from an Insured's effective date of insurance, or from the effective date of any added or increased benefits, no such statement will cause insurance to be contested.

4. If the term "*Accident*" is defined in the Policy, it is replaced by the following:

Accident
An Accident is a sudden, unforeseeable event that causes bodily Injury to an Insured while coverage is in force under the Policy.

Signed for the
Life Insurance Company of North America



Scott Berlin, President

TL-00-3000.00

SUPPLEMENTAL INFORMATION
for

Aqua America, Inc. Plan ("Plan")

required by the Employee Retirement
Income Security Act of 1974

As a Plan participant in Aqua America, Inc.'s Plan, you are entitled to certain information, rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA).

The benefits described in your Certificate are provided under a group insurance Policy issued by the Insurance Company. The Policy is incorporated into the Plan. The Certificate, along with the following Supplemental Information, makes up the Summary Plan Description as required by ERISA.

IMPORTANT INFORMATION ABOUT THE PLAN

- The Plan is established and maintained by Aqua America, Inc., the Plan Sponsor.
- The Employer Identification Number (EIN) is 23-1702594.
- The Plan Number is 502.
- The Insurance Plan is administered directly by the Plan Administrator with benefits provided, in accordance with the provisions of the group insurance contract, FLI-960322 ("Policy"), issued by LIFE INSURANCE COMPANY OF NORTH AMERICA ("Insurance Company").
- The Plan Administrator is: Aqua America, Inc.
  762 W. Lancaster Avenue
  Bryn Mawr, PA 19010
  610-525-1400
- The Plan Administrator has authority to control and manage the operation and administration of the Plan.
- The Plan Sponsor may terminate, suspend, withdraw or amend the Plan, in whole or in part, at any time, subject to the applicable provisions of the Policy. (Your rights upon termination or amendment of the Plan are set forth in your Certificate.)
- The agent for service of legal process is the Plan Administrator.
- The Plan of benefits is financed by the Employer.
- The date of the end of the Plan Year is December 31.

YOUR RIGHTS AS SET FORTH BY ERISA

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefit Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefit Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefit Security Administration.

WHAT YOU SHOULD DO AND EXPECT IF YOU HAVE A CLAIM

The Plan Administrator designates and names the Insurance Company the named fiduciary for deciding claims and appeals for benefits under the Plan. The Insurance Company shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by the Insurance Company shall be final and binding on Participants and Beneficiaries to the full extent permitted by applicable law.

Claims for Disability Benefits (applies to all claims filed on or after April 1, 2018)

A disability "claim" is any claim which requires a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, short/long term disability, waiver of premium, etc.). A disability claim is "filed" as of the date the Insurance Company first receives, in writing (including electronically) or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking disability benefits under the Policy. The notice of claim received should provide the date of disability/loss, the claimant's name and address, and the group Policy holder's name and address. Properly filed claims will be decided with independence and impartiality.

The Insurance Company has 45 days from the date it receives a claim for disability benefits to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if necessary due to matters beyond its control. The review period may be extended for up to two additional 30 day periods. If this should happen, the Insurance Company must provide its extension notice in writing before expiration of the current decision period, explaining the circumstances requiring extension and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary;
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal;
5. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the claimant's adverse benefit decision, without regard to whether the advice was relied upon in making the benefit decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
6. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;.
7. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
8. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Appeal of Denied Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, unless ERISA provides otherwise, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 180 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 45 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and can extend the time for decision, once, by an additional 45 days. If this should happen, the Insurance Company must provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected. If the extension is made because additional information must be furnished, the claimant has 45 days within which to provide the requested information and the time for the Insurance Company's decision shall be tolled (stopped) from the date on which the notification of the extension was sent until the date the Insurance Company receives the claimant's response or upon the date the requested information is required to be furnished expires, whichever is sooner.

The review will give no deference to the original claim decision. The review will not be made by the person who made the initial claim decision, or a subordinate of that person. When deciding an appeal based in whole or in part upon medical judgment, the Insurance Company will consult with a medical professional having the appropriate training and experience in the field of medicine involved in the medical judgment. Any medical or vocational experts consulted by the Insurance Company for the review will be identified and will not be the expert who was consulted during the initial claim decision or a subordinate of that expert.

During the appeal, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company will notify the claimant, in writing, stating what information is needed and why it is needed.

Before the Insurance Company issues an adverse benefit decision on appeal, if the Insurance Company considered, relied upon, or generated any new or additional evidence in connection with the claim, and/or if the Insurance Company intends to rely on any new or additional rationale in connection with that review, then such evidence and/or rationale will be provided to the claimant, free of charge, as soon as possible and sufficiently in advance of the date that the decision on appeal is required to be made, giving the claimant a reasonable opportunity to respond.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision on appeal is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures;
5. A statement of claimant's right to bring a civil action under section 502(a) of ERISA, including a description of any applicable contractual limitations period that applies to the claimant's right to bring such an action, and the calendar date on which the contractual limitations period expires for the claim;
6. A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by the claimant to the Insurance Company of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Insurance Company in connection with the adverse decision, without regard to whether the advice was relied upon in making the adverse decision; and (iii) a disability decision regarding the claimant presented by the claimant to the Insurance Company made by the Social Security Administration;
7. Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Insurance Company relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;
8. If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
9. A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

Claims for Non-Disability Benefits (applies to all claims filed on or after April 1, 2018)

A non-disability "claim" is any claim which does not require a determination of disability by the Insurance Company regardless of the type of policy under which it arises (for example, a death claim, an accident claim, etc.). A non-disability claim is "filed" as of the date the Insurance Company first receives, in writing or by telephone (through the Insurance Company's intake department), notice that a claimant is seeking benefits under the Policy. The notice of claim should include the group Policy holder's name, the Policy and Certificate number and the claimant's name and address.

The Insurance Company has 90 days from the date the claim is filed to determine whether or not benefits are payable in accordance with the terms of the Policy. The Insurance Company may require more time to review the claim if special circumstances exist. The review period may be extended for up to one additional 90 day period. If this should happen, the Insurance Company will provide the extension notice in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

During the review period, the Insurance Company may require a medical examination of the claimant, at its own expense, or additional information regarding the claim. If a medical examination is required, the Insurance Company will notify the claimant of the date and time of the examination and the physician's name and location. If additional information is required, the Insurance Company must notify the claimant, in writing, stating what information is needed and why it is needed.

If the claim is approved, the Insurance Company will pay the appropriate benefit. If the claim decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice which will include the following information:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A description of any additional information required to perfect the claim, and the reason this information is necessary; and
4. A description of the review procedures and the time limits applicable to those procedures, including a statement of the claimant's right to bring a civil action under section 502(a) of ERISA after the claimant appeals and after the claimant receives an adverse decision on appeal.

Appeal of Denied Non-Disability Claims (applies to all claims filed on or after April 1, 2018)

Whenever a claim decision is fully or partially adverse, the claimant must appeal once to the Insurance Company. As part of the claimant's appeal, the claimant may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits, and the claimant may submit to the Insurance Company, written comments, documents, records, and other information relating to the claim. The review will take into account all comments, documents, records and other information the claimant submits related to the claim, without regard to whether such information was submitted or considered in the initial claim decision. Once an appeal request has been received by the Insurance Company, a full and fair review of the claim appeal will take place.

A written request for appeal must be received by the Insurance Company within 60 days from the date the claimant received the adverse decision. If an appeal request is not received within that time, the right to appeal will have been waived. The Insurance Company has 60 days from the date it receives a request for appeal to provide its decision. Under special circumstances, the Insurance Company may require more time to review the claim and extend the time for decision, once, by an additional 60 days. If this should happen, the Insurance Company will provide the extension notice, in writing, before expiration of the initial decision period, indicating the special circumstances and the date a decision is expected.

If the appeal decision is adverse, in whole or in part, the Insurance Company will provide written or electronic notice that includes:

1. The specific reason(s) for the claim decision;
2. Specific reference to the Policy provision(s) on which the decision was based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A statement describing any voluntary appeal procedures offered, and the claimant's right to obtain the information about those procedures, and
5. A statement of the claimant's right to bring a civil action under section 502(a) of ERISA.

ER-03-2

UNDERWRITTEN BY:
LIFE INSURANCE COMPANY OF NORTH AMERICA
a New York Life Insurance company

Class 1
04/2023



Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

46. Provide a listing of all retirement plans available to corporate officers individually and to groups defined as Directors, Managers, Supervisors, Exempt, Non-Exempt, Union, and Non-Union Hourly employees. Include the associated employee contribution rates, if any, and employer contribution rates of the total cost for each plan category.

Response:

See attached.

Retirement Plans	Employee Contribution Rates	Company Contribution Rates
401(k) Savings Plan. Available to all employee groups	Employee needs to defer wages to receive matching contribution	The Company will make a matching contribution equal to $1.00 for each $1.00 an employee contributes as an elective deferral contribution up to the first 6% of compensation. In addition, the Company makes a 3% non-elective contribution
		Two legacy Peoples KY non-union employees have a 401(k) Plan with 125% match on 5% of pay & 3% non-matching employer contribution
Essential Utilities, Inc. Pension Plan Part E (Formerly the Delta Natural Gas Company, Inc. Defined Benefit Retirement Plan). Eligible if hired prior to 5/9/2008	No cost to the employee	The Company makes contributions which are based upon the employee's age, years of service and eligible pay prior to 5/1/2021, the Plan's freeze date.
Essential Utilities, Inc. Executive Deferral Plan. Available to Company Executives	Employee chooses contribution rate	No Company contributions

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

47. Concerning employee fringe benefits:

a. Provide a detailed list of all fringe benefits available to Delta's employees. Indicate any fringe benefits that are limited to management employees.

b. For gas operations, provide comparative cost information for the 12 months preceding the base period and the base period. Explain any changes in fringe benefits occurring over this 24-month period.

Response:

a. Delta offers the same fringe benefits to all employee groups, with the exception of Executive Salary Deferrals, which is a benefit available to eligible corporate officers and directors. See Delta's responses to Questions 41, 43, 44, 45, and 46 for detailed explanations and listings of Delta's fringe benefits.

b. See Delta's response to Question 41 for comparative cost information. The offering of fringe benefits did not change from the 12 months preceding the base period to the base period.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

48. State whether Delta, through an outside consultant or otherwise, performed a study or survey to compare its wages, salaries, benefits, and other compensation to those of other utilities in the region, or to other local or regional enterprises.

a. If comparisons were performed, provide the results of the study or survey, including all workpapers and discuss the results of such comparisons. State whether any adjustments to wages, salaries, benefits, and other compensation in the rate application are consistent with the results of such comparisons.

b. If comparisons were not performed, explain why such comparisons were not performed.

Response:

We pull salary data from the below surveys each year. Listed below is the survey vendor along with the specific salary surveys that we utilize from them.

- American Water Works Association – AWWA Compensation Survey
- Salary.com – Comp Analyst US Salary
- Willis Towers Watson – American Gas Association Compensation Survey, Energy Services Executive Compensation Survey, General Industry MMPS Compensation Survey, Energy Services MMPS Compensation Survey

For further discussion, see response to PSC 1-49.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

Case No. 2024-00346

FIRST PSC DATA REQUEST

DATED NOVEMBER 8, 2024

49. Regarding Delta's employee compensation policy:

a. Provide Delta's written compensation policy as approved by the board of directors.

b. Provide a narrative description of the compensation policy, including the reasons for establishing the policy and Delta's objectives for the policy.

c. Explain whether the compensation policy was developed with the assistance of an outside consultant. If the compensation policy was developed or reviewed by a consultant, provide any study or report provided by the consultant.

d. Explain when Delta's compensation policy was last reviewed or given consideration by the board of directors.

e. Explain whether Delta's expenses for wages, salaries, benefits, and other compensation included in the base period and any adjustments to the base period, are compliant with the board of director's compensation policy.

Response:

a. Refer to the attached Compensation Policy/Program for Non-Represented Employees.

b. Refer to the attached Compensation Policy/Program for Non-Represented Employees.

c. Refer to the attached Compensation Policy/Program for Non-Represented Employees.

d. Refer to the attached Compensation Policy/Program for Non-Represented Employees.

e. Refer to the attached Compensation Policy/Program for Non-Represented Employees.

The attached Compensation Policy/Program for Non-Represented Employees reflects how compensation and benefits are set for employees not represented by a collective bargaining agent. Compensation and benefits for employees represented by a collective bargaining agent are set through the collective bargaining process. In August/September 2022, certain operation and maintenance employees of Delta Natural Gas selected the Utility Workers Union of America ("UWUA") as their collective bargaining agent. Collective bargaining for a collective bargaining agreement began in February 2023. The UWUA and Delta reached agreement on a collective bargaining agreement ("CBA") which became effective on November 1, 2023.

This CBA establishes the pay rates, pay increases, and benefits for approximately 98 operation and maintenance employees of Delta from November 1, 2023 through April 30, 2027. The maximum pay rate for each position set forth in the CBA are closely aligned with the market median for the position as determined by the market compensation survey process described in the attached Compensation Policy/Program for Non-Represented Employees. The CBA provides a wage progression for employees covered by the CBA which ensures that they reach the market median wage rate once they become fully qualified for the position they hold. The newly developed/implemented wage progression program will bolster Delta's ability to hire and retain the highly skill workers that it requires to safely and efficiently operate and maintain its natural gas transmission, storage, distribution systems. The 2023-2027 CBA between UWUA and Delta is provided in response to Question No. 37. The CBA is confidential and provided under seal pursuant to a Petition for Confidential Protection.

Introduction;

Mission/Vision

Essential Utilities is dedicated to providing safe and reliable water, wastewater and natural gas services that families and businesses rely on in their everyday lives. Our mission is to be the best provider of essential resources by serving the needs and expectations of our customers, employees and the communities we serve both today and for future generations.

We recognize our employees are our greatest asset in delivering life's most essential resources. We are committed to providing professional opportunities for career growth, competitive benefits and market-based compensation packages.

Executive Compensation Program

Essential Utilities believes in being transparent about our compensation philosophy with our employees, customers and investors. Our goal is to embed a pay-for-performance culture throughout our company. As communicated in our proxy, our compensation program for named executive officers is designed to:

Provide compensation that is competitive with our industry peers and appropriately correlates incentive compensation to the achievement of the company's short- and long- term goals.

Providing a total compensation package that is aligned with industry standards enhances our ability to:

- Motivate and reward our named executive officers for contributions to our financial success
- Attract and retain talented and experienced named executive officers; and
- Ensure a significant portion of pay is performance based to better align pay with the successful achievement of our business objectives.

We reward our named executive officers for leadership excellence and contribution to the organization's success. We maintain an important focus on environmental, customer service, and safety areas while building shareholder value.

The Compensation Committee of the Board of Directors takes an active role in reviewing and approving all elements of Essential's executive compensation programs on an annual basis. The Committee meets several times a year to plan and discuss the organization's compensation programs. Some activities outlined in their charter include:

- Overseeing the development of an internally consistent and externally competitive executive compensation program
- Making recommendations to the Board of Directors with respect to short-term and long-term incentive compensation plans and equity-based compensation plans and any changes thereto.
- Reviewing and approving compensation for named executive officers and awards under the Company's long-term incentive compensation plans.

They are assisted in their program assessments by an independent Executive Compensation Consulting, Pay Governance firm.

The Company's compensation program is annually voted on by shareholders in a "Say on Pay" approval. Since our 2020 redesign the executive compensation program, following an extensive study of industry best practices, shareholders have issued a high rate of a approval for a compensation program with approval votes over 90% for the last four years.

Independent Compensation Consultant

Essential Utilities uses various services of an independent compensation consulting firm, Pay Governance, to determine the competitiveness of the packages for our Chief Executive Officer, Named Executive Officers, and Officers of the holding company.

For all other employees, we use a combination of surveys and market compensation information including, the Willis Towers Watson Energy Services Survey, The Willis Towers Watson General Industry Survey, CompAnalyst reported data through Salary.com, and the American Gas Association survey by Willis Towers Watson to benchmark our base pay and incentive levels. Our philosophy is to pay our employees at the market median.

The acquisition of Peoples Natural Gas closed on March 16, 2020. After the close, Essential Utilities spent the remainder of 2020 and first quarter of 2021 on aligning the Peoples Natural Gas and Delta Natural Gas compensation and benefit programs to the Essential Utilities program. Specifically, how the compensation program could support Essential Utilities focus on growing our customer base through acquisitions, prudently investing capital to renew our aging infrastructure, and creating efficiencies across the organization.

One efficiency that the compensation and benefits programs specifically focused on is ensuring that our total rewards package rewards all employees on working together in the best interest of our shareholders, customers, and each other. We work best together under a single compensation and benefits program designed to reward employees similarly who have an equivalent impact on company results. We also believe in treating employees acquired through acquisitions in a fair and equitable manner, therefore we focused on harmonizing the Peoples Natural Gas and Delta Natural gas packages as employees migrated to the Essential program.

This Compensation Realignment project used a phased in approach to harmonize the pay between the three organizations. Peoples Natural Gas assimilated into the Essential Program on 1/1/2021 while Delta Natural Gas employees were harmonized effective 5/1/2021.

In conducting the assessment for Delta, we found that the benefits and compensation programs were tightly interwoven. Our focus is to bring our legacy companies together with comparable compensation programs for 2021 and beyond. A key benefits decision was to align the Delta retirement benefits with the majority of employees who participate in the Essential retirement program. Effective May 1, 2021, the company froze Part E of the Pension Plan (formerly known as the Delta Natural Gas Company, Inc. Defined Benefit Retirement Plan). This meant that active participants of the plan will no longer accrue benefits under the Pension Plan after April 30, 2021. Their compensation and years of service determined through April 30,2021 will be used to calculate the benefit payable when the employee becomes eligible for Early or Normal Retirement. Our commitment to help prepare employees for retirement is unchanged. Beginning May 1, we committed to contributing up to 6% of the employee's

		Position In Salary Range/Compa-Ratio					
Performance Rating	Peoples' Performance Distribution %	<.85	.85 - .925	.926-1.00	1.01-1.075	1.076-1.25	> 1.25 Lump Sum Amounts Only
1	10%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2		2.0%	1.5%	1.25%	1.0%	0.0%	0.0%
3	70.0%	3.25%	3.25%	3.0%	2.5%	2.0%	1.0%
4	20%	4.5%	4.5%	4.0%	3.5%	3.0%	1.5%
5		5.0%	5.0%	4.5%	4.0%	3.5%	2.0%

eligible compensation in the Savings Plan matching program and introduced a new 3% non-elective company contribution to the Savings Plan Account.

At the same time, we announced the integration of the compensation programs. Essential Utilities used three key principles to drive the changes:

- Paying market competitive wages targeting pay around the industry market median in the locations in which we operate.
- Individual performance matters. Our goal is to attract, motivate and retain high performing employees at all levels with the highest rewards provided to the top performing employees.
- Organizational performance is a key component of the variable pay programs such as the Achievement Awards, Short Term Incentives (STI) and Long Term Incentives (LTI).

One of the key aspects of integrating the gas operations was benchmarking the roles between Peoples and Delta including aligning the titles of the positions. We worked closely with the business leadership team throughout the project.

This resulted in introducing individualized compensation ranges for each position as well as aligning base pay and incentive levels appropriately.

In 2024, The Essential merit increase budget was set at 3.25% based on data from various salary budget surveys.

Essential uses a merit matrix, as well as a performance distribution to ensure that merit dollars are distributed based on our philosophy of paying for performance. Performance rating categories go from (1) Does Not Meet to (5) Outstanding. Managers must also meet their budgetary allocations. Note that we do prohibit future salary increases once an employee's base salary exceeds a compa-ratio of 1.25.

Competitive market position:

Essential believes in paying our employees competitively. That philosophy translates into salary ranges with a 30% spread (15% above and below the market median). Annually, we review the pay levels for each position against the market data returned by the surveys.

Competitive Pay Mix:

Essential uses the market data to determine the appropriate mix of pay between base salaries, short term incentives and long-term incentives.

Company: Delta Natural Gas Company, Inc.

Witness: Packer, Jr., William

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50. To the extent not provided in the responses above, provide all wage, compensation, or employee benefits studies, analyses, or surveys conducted since Delta's last rate case or that are currently utilized by Delta.

Response:

All information has been provided in the application filing requirements and the responses to this request for information.

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

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51. For gas operations, provide the average number of customers on Delta's system (actual and projected), by rate schedule, for the base period and the three most recent calendar years.

Response:

See attached.

Number of Customers	2021	2022	2023	Base Period
Residential - Legacy System	31,200	31,306	31,408	31,408
Commercial	4,245	4,341	4,249	4,249
Industrial	908	910	914	914
Residential - Pikeville/FarmTap	2,953	3,179	2,874	2,874
Total	39,307	39,736	39,445	39,445

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

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52. In the formats provided in Schedule L1 and L2, provide schedules of gas operations per MCF sold, per company books for the base period and the three calendar years preceding the base period.

Response:

See attached.

Schedule L

Delta Natural Gas Company, Inc.
Case No. 2024-00346

Net Income per MCF Sold
For the Calendar Years 2021 through 2023
And for the Base Period

Line No.	Item (a)	12 Months Ended 2021	12 Months Ended 2022	12 Months Ended 2023	Base Period 12 mos.ended 02/28/25
1	Operating Income				
2	Operating Revenues	$ 15.22	$ 21.26	$ 19.66	$ 15.59
3	Operating Income Deductions				
4	Operating and Maintenance Expenses	$ 9.23	$ 12.35	$ 11.87	$ 9.58
5	Power Production Expenses (Purchased Gas)				
6	Purchased Power Expenses (Other Gas Supply Expense)				
7	Transmission Expenses				
8	Distribution Expenses				
9	Customer Accounts Expenses				
10	Customer Service & Informational Expenses				
11	Sales Expenses				
12	Administrative and General Expenses				
13	Total O & M (L4 through L12)	$ 9.23	$ 12.35	$ 11.87	$ 9.58
14	Depreciation Expenses	$ 2.41	$ 2.85	$ 3.37	$ 3.09
15	Amortization of Expenses	$ 0.13	$ 0.10	$ 0.10	$ -
16	Taxes Other Than Income Taxes	$ 1.04	$ 1.16	$ 1.09	$ 1.04
17	Income Taxes - Federal	$ 0.07	$ 0.50	$ 0.63	$ 0.43
18	Income Taxes - Other	$ -	$ -	$ 0.14	$ -
19	Provision for Deferred income Taxes	$ 0.04	$ 0.24	$ (0.38)	$ (0.06)
20	Investment Tax Credit Adjustment Net	$ -	$ -	$ -	$ -
21	Total Utility Operating Expenses (L14 through L20)	$ 3.70	$ 4.86	$ 4.95	$ 4.50
22	Net Utility Operating Income (L2-L13-L21)	$ 2.29	$ 4.06	$ 2.84	$ 1.50
23	Other Income and Deductions				
24	Other Income:				
25	Non Utility Operating Income	$ 0.02	$ 0.00	$ 0.01	$ 0.00
26	Equity in Earnings of Subsidiary Company				
27	Interest & Dividend Income				
28	Allowance Funds Used During Construction	$ 0.00	$ -	$ -	$ -
29	Miscellaneous Non-Operating Income	$ 0.00	$ 0.00	$ (0.00)	$ (0.00)
30	Gain on Disposition of Property				
31	Total Other Income				
32	Other Income Deductions:				
33	Loss on Disposition of Property				
34	Miscellaneous Income Deductions	$ 0.00	$ 0.05	$ 0.02	$ (0.00)
35	Taxes Applicable to Other Income & Deductions:				
36	Income Taxes & Investment Tax Credits				
37	Taxes Other Than Income Taxes	$ -	$ -	$ -	
38	Total Taxes on Other Inc and Deductions				
39	Net Other Income and Deductions	$ 0.02	$ (0.04)	$ (0.01)	$ (0.00)
40	Interest Charges				
41	Interest on Long Term Debt	$ 0.64	$ 0.77	$ 0.63	$ 0.69
42	Interest on Short-Term Debt				
43	Amortization of Debt Expense	$ 0.06	$ 0.06	$ 0.06	$ 0.03
44	Other Interest Expense	$ (0.00)	$ 0.00	$ 0.00	$ (0.00)
45	Total Interest Charges	$ 0.70	$ 0.83	$ 0.70	$ 0.72
46	Net Income	$ 1.62	$ 3.18	$ 2.13	$ 0.78
47	Mcf Sold	3,287,812	3,066,064	3,034,970	3,491,223

Company: Delta Natural Gas Company, Inc.

Witness: Odusanya, Abdul-Azeez **Title:** Controller III

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DATED NOVEMBER 8, 2024

53. Provide, in the formats provided in Schedules M1 and M2, comparative operating statistics for gas operations.

Response:

See attached.

DELTA NATURAL GAS COMPANY,INC.
CASE NUMBER 2024-00346
COMPARATIVE OPERATING STATISTICS
For Calendar Years 2021-2023

		Calendar Years Prior to Test Year					
		12/31/2021		12/31/2022		12/31/2023	
LINE		COST	% Increase	COST	% Increase	COST	% Increase
NO.	Item (a)	(h)	(i)	(h)	(i)	(h)	(i)
1	COST PER MCF OF PURCHASED GAS	4.45	19	6.88	55	4.20	(39)
2	COST OF PROPANE GAS PER MCF EQUIVALENT FOR PEAK SHAVING	0.00	0	0.00	0	0.00	0
3	COST PER MCF OF GAS SOLD	4.61	(68)	6.34	37	7.22	14
4	MAINTENANCE COST PER TRANSMISSION MILE (1)	(1)		(1)		(1)	
5	MAINTENANCE COST PER DISTRIBUTION MILE	2.97	(95)	83.62	2,712	76.93	(8)
6	SALES PROMOTION EXPENSES PER CUSTOMER	0.00	(100)	0.00	0	0.00	0
7	ADMINISTRATION AND GENERAL EXPENSE PER CUSTOMER	181.59	10	145.25	(20)	208.37	43
8	**WAGES AND SALARIES - CHARGED EXPENSE:**						
	PER EMPLOYEE	55,780.75	8	46,348.39	(17)	52,617.91	14
9	**DEPRECIATION EXPENSE:**						
10	PER $100 OF AVERAGE GROSS DEPRECIABLE PLANT IN SERVICE	3.10	(2)	2.90	(6)	3.22	11
11	**RENTS:**						
12	RENTS PER $100 OF AVERAGE GROSS PLANT IN SERVICE	0.00	(100)	0.00	0	0.00	0
13	**PROPERTY TAXES:**						
14	PER $100 OF AVERAGE NET PLANT IN SERVICE	6.82	358	6.37	(7)	6.21	(3)
15	**PAYROLL TAXES:**						
16	PER AVERAGE EMPLOYEE WHOSE SALARY IS CHARGED TO EXPENSE	3,537.97	(16)	3,293.49	(7)	3,617.61	10
17	**INTEREST EXPENSE:**						
18	PER $100 AVE DEBT OUTSTANDING	3.67	(27)	3.75	2	3.30	(12)
19	PER $100 AVE PLANT INVESTMENT	1.42	(27)	1.47	3	1.17	(20)
20	PER MCF SOLD	0.71	(21)	0.71	(0)	0.86	22
21	Meter Reading Expense per Meter (information not segregated)						
22	(1) Line 5 is maintenance cost per Transmission and Distribution Main Mile. Approx 92% of Delta's mains are Distribution.						

Company: Delta Natural Gas Company, Inc.

Witness: Wernert, Jeff

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54. To the extent not already provided, provide a copy of each cost of service study, billing analysis, and all exhibits and schedules that were prepared in Delta's rate application in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response:

See attached in Excel spreadsheet format. Certain attachments are entirely confidential and are being filed pursuant to a petition for confidential protection. The tab numbers on the spreadsheets correspond to the tabs filed with Delta's application.

Company: Delta Natural Gas Company, Inc.

Witness: Brown, John **Title:** State President

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DATED NOVEMBER 8, 2024

55. To the extent not already provided, provide all workpapers, calculations, and assumptions Delta used to develop its forecasted test period financial information in Excel spreadsheet format with all formulas, columns, and rows unprotected and fully accessible.

Response:

See the response to Question No. 54, Tab 16 of the Filing Requirements, and the direct testimonies of Delta's witnesses for the assumptions used to develop the forecasted test period financial information.