## Augusta Health Insurance WTP Charges

• Each Employee Pays \$29.44/month for health insurance.

Dean Litzinger 100%

Dave Williams 100%

Gretchen England 25%

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*35346

P.O. Descr: HEALTH INS.

Vendor: 2218

Order Date: 06/14/2023 Date Req'd: 06/14/2023

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

Project #:

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 34021

LEXINGTON KY 40588

P.O. BOX 85

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost 11761.1000 Amount

11761.10

\*\*\*\* Purchase Order Total \*\*\*\*

11761.10

ACCOUNT CHECK # SIGNATURE

Loc	cation Premium Detail for C	ity of Augu	ısta	
i i	Location	Prepared	Billing Perio	od
	Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	05/15/2023	June 2023 Final Invoice	
Remit Payment to:	Payment Due D	ate	Current Total Prem	iums Due
Kentucky Local Government Hea Trust PO Box 34021 Lexington, KY 40588	06/01/2023		\$11,761.10	)
	CURRENT			
Employee/Plan	Tier Cove		ployee Company emium Premium	Total Premiu
Active				
<u> </u>	<u></u>			
<u></u>				
<u> </u>				
	<u> </u>			
	<u></u>			
ITZINGER, LOWELL D	•	•		
03046M002 HRAC01T1	EMP	\$0.00	\$0.00 \$0.00	\$778.
	Employee Totals	\$0.00	\$0.00 \$0.00	\$778.
SLEAMAN, GRETCHEN M				
03046M002 HRAC01T1	ECH	\$0.00	\$0.00 \$0.00	\$1,390.3
555 (518) 645 (118) 166 (118)	Employee Totals	\$0.00	\$0.00 \$0.00	\$1,390.3
ILLIAMS, DAVID A			Ψοίου	<del>+ .,000.</del>
03046M002 HRAC01T1	EMP	\$0.00	\$0.00 \$0.00	\$778.3
	Employee Totals	\$0.00	\$0.00 \$0.00	\$778.3
	Active Current Total	\$0.00	\$0.00 \$0.00	\$11,761.1
une 2023 Final Invoice		1	• • • • •	05/15/202
	Location Current Totals	\$0.00	\$0.00 \$0.00	\$11,761.1
	ADJUSTMENTS	White special states		
	X Control of the Cont	CHEROS MUSIC CONT.	Secretary and the second of th	Kralimino pri in 1915.
	ADJUSTED TOTALS		100	

Current Total Due	\$11,761.10
Location Adjustment	\$0.00
Misc Fees	\$0.00
Adjustment Total	\$0.00
Billing Fees	\$0.00
Current Total Premium	\$11,761.10
Unpaid Balance	\$0.00
Total Payment Received	\$10,204.42
Previous Total Due	\$10,204.42

June 2023 Final Invoice

2

05/15/2023

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*35089

P.O. Descr: HEALTH INS.

Order Date: 04/19/2023 Date Req'd: 04/19/2023

Oper: BUC

Vendor: 2218

Ordered By:

Name:

P.O. BOX 34021

LEXINGTON KY 40588

Cat: PAYROLL

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost

Amount 10204.42

10204.4200

\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

ACCOUNT CHECK# DATE SIGNATURE

<u>/ Lo</u>	cation Premium Detail				
<del></del>	Location	Prepared	Bil	ling Perio	d
	Gretchen England-Usle City of Augusta 219 Main Street Augusta, KY 41002	man 04/14/2023	May 2023 Final Invoice		
Remit Payment to:	Payment I	Due Date	Current To	ital Premi	ums Due
Kentucky Local Government He	ealth			•	
Trust PO Box 34021 Lexington, KY 40588	05/01/	2023	\$	10,204.42	
	CURREN	T.			
Employee/Plan	Tier			mpany <sub>T</sub>	otal Premiun
			remium Pr	emium i	
Active					
-					
TZINGER, LOWELL D					
3046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.3
	Employee Totals	\$0.00	\$0.00	\$0.00	\$778.3
	En <b>.,</b>		,		. ,
	En				
SLEAMAN, GRETCHEN M		**	00.00	- سينو	
03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.3
WILLIAM BANGS	Employee Totals	\$0. <sub>00</sub>	\$0.00	\$0.00	\$1,390.3
ILLIAMS, DAVID A	·	<b>60.00</b>	EC 00	60.00	# <b>770</b> 0
3046M002 HRACA01T1	EMP	\$0.00 \$0.00	\$0.00	\$0.00	\$778.3
	Employee Totals  Active Current Total	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$778.3
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.4
· 医腹膜性皮肤 医二种甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	ADJUSTME		φυ.υυ	\$0.00	\$10,204.4
2002 Final Inventor	ADJUSTINE	1	AND CONTRACTOR OF THE CONTRACT	· PERSON DANGERS OF	04/14/202
ay 2023 Final Invoice	ADJUSTED TO			e y sa specificação	U-11-12-UZ
。 1982年 - 1985年 - 19	Location Adjusted Totals	\$0.00	<b>\$0.00</b>	\$0.00	\$10,204.4
	Location Adjusted Totals	Previous T			\$10,204.42
		Total Payment F			\$10,204.42
		TOTAL PAYMENTS	received		
			Ralancel		ቁስ ስለ
		Unpaid	Balance		
		Unpaid Current Total F			\$0.00 \$10,204.42 \$0.00

\$0.00	Misc Fees
\$0.00	Location Adjustment
\$10,204.42	Current Total Due

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*35003

P.O. Descr: HEALTH INS.

Vendor:

2218

Order Date: 03/23/2023 Date Req'd: 03/23/2023

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

KENTUCKY LOCAL GOVERNMENT HEAL

P.O. BOX 34021

LEXINGTON KY 40588

Bill To:

CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85 AUGUSTA

KY 41002

Instructions:

Quantity Description

1.00 HEALTH INS.

Unit-Cost

Amount

10204.4200

10204.42

ACCOUNT CHECK # DATE SIGNATURE

\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

	ocation Premium Detail fo	r City of Aug	usta	<del>,</del> .	
	Location	Prepared	Billing	Period	
	Gretchen England-Uslema City of Augusta 219 Main Street Augusta, KY 41002	n 03/14/2023	April 2023 Final Invoice		
Remit Payment to:	Payment Due	Date	Current Total Premiums Due		
Kentucky Local Government F Trust PO Box 34021 Lexington, KY 40588	04/01/202	:3	\$10,204.42		
	CURRENT				
Employee/Plan	Tier		nployee Compa remium Premi	Total Premium	
Active	·			•	
	En				
	En				
	En			= =	
ITZINGER, LOWELL D					
03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00 \$778.34	
	Employee Totals	\$0.00	\$0.00	\$0.00 \$778.34	
	E				
	E				
SLEAMAN, GRETCHEN M					
03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00 \$1,390.30	
	Employee Totals	\$0.00	\$0.00	\$0.00 \$1,390.30	
VILLIAMS, DAVID A	·	** **	00.00		
03046M002 HRACA01T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 \$0.00 \$77 <b>\$0.00 \$0.00 \$77</b>		
	Active Current Total	\$0.00		\$0.00 \$778.34 \$0.00 \$10,204.42	
	Location Current Totals	\$0.00		\$0.00 \$10,204.42	
	ADJUSTMENTS				
oril 2023 Final Invoice	aaloog (1989) oo kan in taasiin ka saara Shabi ye Shaharay gaba addiin dhaasaa saasii dhaabay ka saasii saa Sh	1	Control of the contro	03/14/2023	
	ADJUSTED TOTA	LS		THE RESIDENCE	
	Location Adjusted Totals	\$0.00		\$0.00 \$10,204.42	
		Previous To		\$20,408.84	
		Total Payment R		\$20,408.84	
		Unpaid I		\$0.00	
		Current Total P		\$10,204.42 \$0.00	
		Adjustme	ng Fees nt Total	\$0.00	
		Aujustine	ni ivial	φυ.υυ	

\$0.00	Misc Fees
\$0.00	Location Adjustment
\$10,204.42	Current Total Due

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*34858

P.O. Descr: HEALTH INS.

Vendor: 2218

LEXINGTON KY 40588

Order Date: 02/15/2023

Date Req'd: 02/15/2023

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

Project #:

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

P.O. BOX 34021

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost 20408.8400 Amount

20408.84

\*\*\*\* Purchase Order Total \*\*\*\*

20408.84

ACCOUNT CHECK # DATE SIGNATURE

Parnoll 321053 2-15-23 76-620408:84

Ĺ	ocation Premium Detail fo	or City of Aug	usta	<del></del>	
	Location	Prepared	В	illing Perio	od 💮 📑
	Gretchen England-Uslema City of Augusta 219 Main Street Augusta, KY 41002	an 02/14/2023	March	2023 Final I	nvoice
Remit Payment to:	Payment Du	e Date	Current 1	otal Prem	iums Due
Kentucky Local Government I Trust PO Box 34021 Lexington, KY 40588	Health 03/01/20	23	\$20,408.84		
	CURRENT		Paristania Paristania	Name of the second	
Employee/Plan	Tier			ompany . Premium	otal Premium
Active					
JSLEAMAN, GRETCHEN M	Em  Em  EMP Employee Totals	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$778.34 <b>\$778.34</b>
.03046M002 HRACAU111	Employee Totals	\$0.00 \$0.00	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$1,390.30 \$1,390.30
VILLIAMS, DAVID A					
.03046M002 HRACA01T1	EMP Employee Totals Active Current Total	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$778.34 <b>\$778.34</b>
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.42 \$10,204.42
farch 2023 Final Invoice	ADJUSTMENT	i <b>S</b>			02/15/2023
	ADJUSTED TOT	Andrew Co. Constitution of the Co.			
	Location Adjusted Totals	\$0.00 Previous T	\$0.00 otal Due	\$0.00	\$10,204.42 \$10,204.42
		Total Payment F			\$0.00
			Balance	·	\$10,204.42
		Current Total F			\$10,204.42
			ng Fees		\$0.00
		Adjustmo	ent Total		\$0.00

\$0.00	Misc Fees
\$0.00	Location Adjustment
\$20,408.84	Current Total Due

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*34625

P.O. Descr: HEALTH INS.

Vendor: 2218

Order Date: 12/29/2022

Date Req'd: 12/29/2022 Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

Project #:

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 34021

LEXINGTON KY 40588

P.O. BOX 85

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost

Amount

10204.4200

10204.42



\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

ACCOUNT CHECK # DATE

L	Location Premium Detail for City of Augusta					
λ	Location	Prepared	B	Illing Rerio	d	
	Gretchen England-Uslema City of Augusta 219 Main Street Augusta, KY 41002	12/14/2022	Januar	January 2023 Final Invoice		
Remit Payment to:	Payment Du	e Date	Current	otal Premi	ums Due	
Kentucky Local Government Trust PO Box 34021 Lexington, KY 40588	Health 01/01/20:	23		\$10,204.42		
Employee/Plan	CURRENT			Sompany <sub>∏</sub> Premium	otal Premium	
Active	A V CAPA TO THE COMPLETE AND THE COMPLET			22 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Er Er					
	Er					
LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$778.34 <b>\$778.34</b>	
	FAM Employee Totals					
	EMP Employee Totals					
USLEAMAN, GRETCHEN M L03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.30	
	Employee Totals	\$0.00	\$0.00 \$0.00	\$0.00 <b>\$0.00</b>	\$1,390.30	
WILLIAMS, DAVID A						
L03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34	
	Employee Totals	\$0.00	\$0.00	\$0.00	\$778.34	
******	Active Current Total  Location Current Totals	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$10,204.42 \$10,204.42	
	ADJUSTMENT		wo.ou	φυ.υυ	Ψ10,204.42	
January 2023 Final Invoice	Nation 2009年 日本では、1995年 1995年 19	1	randonales estronolada (h. 1917)	ia, en 1990 a des Johnson Bristolika	12/14/2022	
	ADJUSTED TOTA	ALS				
	Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42	
		Previous T			\$10,204.42	
		Total Payment F		•••	\$10,204.42	
			Balance		\$0.00	
		Current Total			\$10,204.42 \$0.00	
			ing Fees ent Total		\$0.00	
		Adjustm	ent rotat	<del></del> .	Φυ.υυ	

\$0.00	Misc Fees
\$0.00	Location Adjustment
\$10,204.42	Current Total Due

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*34460

P.O. Descr: HEALTH INS.

Order Date: 11/17/2022 Date Req'd: 11/17/2022

Vendor: 2218

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

P.O. BOX 34021 LEXINGTON KY 40588

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85 AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS. Unit-Cost

Amount

10204.4200 10204.42

\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

ACCOUNT CHECK# SIGNATURE

Page 1 of 1

MASTER

	_ocation Premium Detail				
	Location	' Prepared	Bi	lling Perio	d
	Gretchen England-Usle City of Augusta 219 Main Street Augusta, KY 41002	eman 11/15/2022	Decembe	December 2022 Final Invoice	
Remit Payment to:	Payment	Due Date	Current T	otal Premi	ums Due
Kentucky Local Government Trust PO Box 34021 Lexington, KY 40588	Health 12/01/	2022	9	\$10,204.42	
	CURREN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.19.2. ( ) ( ) ( ) ( )	12/1/2
Employee/Plan	Tier	Coverage		ompany remium	otal Premiun
Active			·	"	
				··············	
	EMP				
	_				
					_
ITZINGER, LOWELL D					
03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.3
00040W002THVAOA0TT	Employee Totals	\$0.00	\$0.00	\$0.00	\$778.3
		<b>V</b>	,	¥-1	******
	FAM				
	Employee Totals				
	——————————————————————————————————————				
	EMP				
	Employee Totals				
SLEAMAN, GRETCHEN M					
03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.3
W	Employee Totals	\$0.00	\$0.00	\$0.00	\$1,390.3
/ILLIAMS, DAVID A 03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.3
JOUHOWIUUZ FIRACAUTT	Employee Totals	\$0.00	\$0.00	\$0.00	\$778.3
·	Active Current Total	\$0.00	\$0.00	\$0.00	\$10,204.4
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.4
	ADJUSTME				
ecember 2022 Final Invoice	The second secon	1			11/16/202
	ADJUSTED TO	OTALS			
	Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.4
		Previous <sup>-</sup>			\$10,204.42
		Total Payment			\$10,204.42
			l Balance		\$0.00
		Current Total			\$10,204.42
			ling Fees		\$0.00
		Adjustm	ent Total		\$0.00

\$0.00	Misc Fees
\$0.00	. Location Adjustment
\$10,204.42	Current Total Due

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*34344

P.O. Descr: HEALTH INS.

KENTUCKY LOCAL GOVERNMENT HEAL

Vendor:

2218

Order Date: 10/25/2022

Date Req'd: 10/25/2022

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

P.O. BOX 34021

LEXINGTON KY 40588

Bill To:

CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost

Amount

10204.4200 10204.42

\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

ACCOUNT CHECK DATE SIGNATURE

Page 1 of 1

<u> </u>	ocation Premium Detail	for City of Aug	usta		
,	Location	Prepared	В	illing Perio	d
	Gretchen England-Usie City of Augusta 219 Main Street Augusta, KY 41002	man 10/14/2022	November 2022 Final Ir		ıl Invoice
Remit Payment to:	Payment D	Due Date	Current T	otal Prem	ums Due
Kentucky Local Government H Trust PO Box 34021 Lexington, KY 40588	lealth 11/01/2				
	GURREN				
Employee/Plan	Tier			ompany Premium	otal Premium
Active					
	EMP				
ITZINGER, LOWELL D					
_03046M002 HRACA01T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$778.34 <b>\$778.3</b> 4
	FAM		=	=	
ISLEAMAN, GRETCHEN M					
.03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.30
VILLIAMS, DAVID A	Employee Totals	\$0.00	\$0.00	\$0.00	\$1,390.30
.03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34
	Employee Totals	\$0.00	\$0.00	\$0.00	\$778.34
	Active Current Total	\$0.00	\$0.00	\$0.00	\$10,204.42
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
	ADJUSTME				40/47/200
lovember 2022 Final Invoice	ADJUSTED TO	1 TAIS		NAMES OF STREET	10/17/2022
	Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
		Previous T	-	•	\$10,204.42
		Total Payment F			\$10,204.42
			Balance		\$0.00
		Current Total			\$10,204.42
			ing Fees		\$0.00
		Adjustm	ent Total		\$0.00

\$0.00	Misc Fees
\$0.00	Location Adjustment
\$10,204.42	Current Total Due

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*34172

P.O. Descr: HEALTH INS.

Vendor: 2218

Order Date: 09/21/2022 Date Req'd: 09/21/2022

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

Project #:

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

LEXINGTON KY 40588

CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

P.O. BOX 34021

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost 10204.4200

Amount 10204.42

\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

ACCOUNT CHECK# DATE SIGNATURE

Page 1 of 1

Location Premium Detail for City of Augusta						
<del></del>	Location	Prepared	В	illing Perio	d a	
	Gretchen England-Uslema City of Augusta 219 Main Street Augusta, KY 41002	09/14/2022	Octobe	r 2022 Final	Invoice	
Remit Payment to:	Payment Due	Date	Current T	otal Premi	ums Due 🖟	
Kentucky Local Government I Trust PO Box 34021 Lexington, KY 40588		10/01/2022 \$10,204.		\$10,204.42		
	CURRENT	10 To				
Employee/Plan	Tier C			ompany <sub>T</sub> Premium	otal Premium	
Active						
	EMP Employee Totals	=				
	FAM Employee Totals					
	EMP Employee Totals					
LITZINGER, LOWELL D			20.20			
L03046M002 HRACA01T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$778.34 <b>\$778.3</b> 4	
	FAM Employee Totals					
	EMP Employee Totals					
USLEAMAN, GRETCHEN M						
L03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.30	
WILLIAMS, DAVID A	Employee Totals	\$0.00	\$0.00	\$0.00	\$1,390.30	
L03046M002 HRACA01T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$778.34 <b>\$778.34</b>	
	Active Current Total	\$0.00	\$0.00	\$0.00	\$10,204.42	
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.42	
October 2022 Final Invoice	ADJUSTMENTS	1	g officer was the second of th		09/14/2022	
	ADJUSTED TOTA  Location Adjusted Totals	LS \$0.00	\$0.00	\$0.00	\$10,204.42	
	Location Adjusted Totals	Previous To			\$10,204.42	
	<del></del>	Total Payment R			10,204.42	
			Balance		\$0.00	
		Current Total F		(	10,204.42	
			ng Fees		\$0.00	
		Adjustme	ent Total		\$0.00	

Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$10,204.42

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*34005

P.O. Descr: HEALTH INS.

Vendor: 2218

Order Date: 08/23/2022

Date Req'd: 08/23/2022

Oper: BUC

Ordered By:

Name:

Cat: PAYROLL

P.O. BOX 34021 LEXINGTON KY 40588

Bill To:

KENTUCKY LOCAL GOVERNMENT HEAL

CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85

AUGUSTA

KY 41002

Ship To: CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description 1.00 HEALTH INS.

Unit-Cost 10204.4200 Amount

10204.42

\*\*\*\* Purchase Order Total \*\*\*\*

10204.42

ACCOUNT CHECK# DATE SIGNATURE

Locati	on Premium Detail fo	or City of Aug	usta		<del></del>	
0	Location	. Prepared		Billing Perio	d	
	Gretchen England-Uslem City of Augusta 219 Main Street Augusta, KY 41002	o8/17/2022			r 2022 Final Invoice	
Remit Payment to:	Payment Du	e Date	Current	Total Premi	ums Due	
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	09/01/20	9/01/2022 \$10,204.42			_	
<b>化</b> 基本 工事 基本 发生 产品	CURRENT	<ul> <li>Table part of the figure and part part part of the figure and the fi</li></ul>	ergenzika eksperi	47 李明度的		
Employee/Plan	Tier		mployee remium	Company T	otal Premium	
Active						
· · · · · · · · · · · · · · · · · · ·						
	EMP					
_ <del></del>						
	_	_		_	_	
LITZINGER, LOWELL D		<del></del>			<u> </u>	
L03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34	
	<b>Employee Totals</b>	\$0.00	\$0.00	\$0.00	\$778.34	
		· · · · ·			•	
	FAM					
JSLEAMAN, GRETCHEN M						
_03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.30	
	Employee Totals	\$0.00	\$0.00	\$0.00	\$1,390.30	
WILLIAMS, DAVID A						
_03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34	
	Employee Totals	\$0.00	\$0.00	\$0.00	\$778.34	
	Active Current Total	\$0.00	\$0.00	\$0.00	\$10,204.42	
The second control of	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.42	
	ADJUSTMENT	P. C. CANADA STORY CO. L. C.			08/18/2022	
September 2022 Final Invoice	ADJUSTED TOT	1 Ais			UGI TOIZUZZ	
And the self-self-self-self-self-self-self-self-	.ocation Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42	
	Totalon Figure (Vidio	Previous T			\$20,408.84	
		Total Payment F			\$20,408.84	
			Balance		\$0.00	
		Current Total I			\$10,204.42	
		Bill	ing Fees		\$0.00	
		Adjustm	ent Total		\$0.00	

Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$10,204.42

\*\*\* Purchase Order \*\*\*

P.O. Numb: \*33724

P.O. Descr: HEALTH INSURANCE - JULY & AUGUST

KY 41002

Order Date: 07/20/2022

Date Req'd: 07/20/2022

Oper: BUC

Vendor: 2218

Ordered By:

KENTUCKY LOCAL GOVERNMENT HEAL

P.O. BOX 34021

LEXINGTON KY 40588

Name:

Cat: PAYROLL

Project #:

Bill To:

CITY OF AUGUSTA 219 MAIN STREET P.O. BOX 85

AUGUSTA

CITY OF AUGUSTA 219 MAIN STREET

P.O. BOX 85

AUGUSTA

KY 41002

Instructions:

Quantity Description

1.00 HEALTH INS. JULY & AUGUST

Unit-Cost

Ship To:

Amount

19631.2000 19631.20

\*\*\*\* Purchase Order Total \*\*\*\*

19631.20

ACCOUNT CHECK# DATE

SIGNATURE

ACCOUNT CHECK# DATE

SIGNATUR

Page 1 of 1

MASTER

Loca	ation Premium Detail f	or City of Au	justa		
	Location	Prepared	B	illing Perio	d
	Gretchen England-Uslem City of Augusta 219 Main Street Augusta, KY 41002	o6/23/2022	July 2	2022 Final Inv	/oice
Remit Payment to:	Payment Du	ie Date	Current 1	otal Premi	ums Due
Kentucky Local Government Heal Trust PO Box 34021 Lexington, KY 40588	th 07/01/20	)22	\$9,815.60		, and a second s
Employee/Plan	CURRENT Tier:	Coverage I		ompany T	otal Premiun
Active			10.00 ( = 10.257.019)		
	EMP			=	
ITZINGER, LOWELL D					
.03046M001 PPO A27T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$748.8 <b>\$748.8</b>
	FAM				
ISLEAMAN, GRETCHEN M	FOLI	<b>\$0.00</b>	60.00	<b>60.00</b>	64 007 0
03046M001 PPO A27T1	ECH Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$1,337.28 <b>\$1,337.2</b> 8
/ILLIAMS, DAVID A			<del>+</del>	700	Ţ.,501.1 <u>2</u>
03046M001 PPO A27T1	EMP Employee Totals	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$0.00 <b>\$0.00</b>	\$748.88 <b>\$748.8</b> 8
	Active Current Total	\$0.00	\$0.00	\$0.00	\$9,815.6
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$9,815.6
	ADJUSTMENT	Γ <b>S</b>			
uly 2022 Final Invoice	www.enderpyce.cl .cd Termical and Medical	1	·	25054450A *>>.	06/23/2022
	ADJUSTED TOT	2413441391			
		\$0.00	\$0.00	\$0.00	\$9,815.60
	Location Adjusted Totals	Daniel 1	Total Division	-	<b>CO 000 45</b>
	Location Adjusted Totals	Previous T			
	Location Adjusted Totals	Total Payment l	Received		\$9,396.13
	Location Adjusted Totals	Total Payment I Unpaid	Received Balance		\$9,396.13 \$0.00
	Location Adjusted Totals	Total Payment   Unpaid Current Total	Received Balance		\$9,396.13 \$9,396.13 \$0.00 \$9,815.60 \$0.00

	Misc Fees	\$0.00
great a R	Location Adjustment	\$0.00
	Current Total Due	\$9,815.60

Loca	ation Premium Detail for				
	Location	Prepared		Billing Perio	d
	Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	07/21/2022	August 2022 Final Invoice		
Remit Payment to:	Payment Due	Date Markey.	Current	Total Premi	ums Due
Kentucky Local Government Heal Trust PO Box 34021 Lexington, KY 40588	08/01/2022		\$20,408.84		
	GURRENT			1	
Employee/Plan	Tier Co			Company Ti Premium	otal Premium
Active					
	EMP Employee Totals				
	Employee Totals				<u>_</u>
	FAM				_
	Employee Totals				
	EMP				
	Employee Totals				
.ITZINGER, LOWELL D .03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34
SSS TOWNS Z THE CONTROL TO	Employee Totals	\$0.00	\$0.00	\$0.00 \$0.00	\$778.34 \$778.34
		<u> </u>	•		
	FAM				
	Employee Totals				
		_	_		
	EMP Employee Totals				
SLEAMAN, GRETCHEN M	Employed Totals			_	
.03046M002 HRACA01T1	ECH	\$0.00	\$0.00	\$0.00	\$1,390.30
	Employee Totals	\$0.00	\$0.00	\$0.00	\$1,390.30
VILLIAMS, DAVID A	<del></del>				— <u>-</u>
.03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34
	Employee Totals  Active Current Total	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$778.34 \$10,204.42
	Location Current Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
	ADJUSTMENTS	CONTRACTOR OF STATE			3 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Employee/Plan	Tier Co			ompany. <sub>To</sub> remium	tal Premium
\ctive	out an er en	er er en			en e
august 2022 Final Invoice		1			07/21/2022
Employee/Plan	Tier Cov			ompany To	tal Premium
<ul> <li>A state of the sta</li></ul>	and the second s	a no esperar mortares espera Z (	-0311 of 102 303 1, 4032; -	15/111UIII veri 12/88	Minister of the Control

L03046M002 HRACA01T1 ADJ-DEBIT July 2022 Final Invoice	ЕМР	\$0.00	\$0.00	\$0.00	
·	Employee Totals	, \$0.00	\$0.00	\$0.00	
	**				
	-				
	FAM		_		
					. =
	-				
	EMP				
·	Employee Totals				
LITZINGER, LOWELL D				_	
L03046M001 PPO A27T1 ADJ-CREDIT July 2022 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	-\$748.88
.03046M002 HRACA01T1 ADJ-DEBIT July 2022 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$778.34
	Employee Totals	\$0.00	\$0.00	\$0.00	\$29.46
		<u> </u>			
	-				
	-				
		" <b>" "</b>		_	
	-				
	EMP				
	Employee Totals				
JSLEAMAN, GRETCHEN M				_	
03046M001 PPO A27T1 NDJ-CREDIT July 2022 Final Invoice	ECH	\$0.00	\$0.00	\$0.00	-\$1,337.28
03046M002 HRACA01T1 .DJ-DEBIT July 2022 Final Invoice	ECH	\$0.00	\$0.00	\$0.00	\$1,390.30
·	Employee Totals	\$0.00	\$0,00	\$0.00	\$53.02
VILLIAMS, DAVID A					
03046M001 PPO A27T1 DJ-CREDIT July 2022 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	-\$748.88
August 2022 Final Invoice		2		_	07/21/2022
Employee/Plan	Tier Like C	overage P		ompany To remium	tal Premium
.03046M002 HRACA01T1 NDJ-DEBIT July 2022 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$778.34
	Employee Totals	\$0.00	\$0.00	\$0.00	\$29.46
	Active Adjustment Total	\$0.00	\$0.00	\$0.00	\$388.82
(New York Street or St. ) in a 180 in a cost of the state of New Lottes (1804) in the 1807 in	Location Adjustment Totals	\$0.00	\$0.00	\$0.00	\$388.82
	ADJUSTED TOTA  Location Adjusted Totals	LS \$0.00	\$0.00	\$0.00	\$10,593.24
	Location Aujusted Totals	Previous T		Ψυ.υυ	\$9,815.60

Current Total Due	\$20,408.84
Location Adjustment	\$0.00
Misc Fees	\$0.00
Adjustment Total	\$388.82
Billing Fees	\$0.00
Current Total Premium	\$10,204.42
Unpaid Balance	\$9,815.60
Total Payment Received	\$0.00

August 2022 Final Invoice

3 07/21/2022