

Augusta Health Insurance

WTP Charges

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

Dean Litzinger 100%

Dave Williams 100%

Gretchen England 25%

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** 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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL
Project #:

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	Unit-Cost	Amount
1.00	HEALTH INS.	11761.1000	11761.10

**** Purchase Order Total **** 11761.10

ACCOUNT PAID
CHECK # 33059
DATE 6-14-23
SIGNATURE JOE #11761.10

MASTER

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Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	05/15/2023	June 2023 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	06/01/2023	\$11,761.10

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

LITZINGER, LOWELL D L03046M002 HRAC01T1	EMP		\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals			\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

USLEAMAN, GRETCHEN M L03046M002 HRAC01T1	ECH		\$0.00	\$0.00	\$0.00	\$1,390.30
Employee Totals			\$0.00	\$0.00	\$0.00	\$1,390.30

WILLIAMS, DAVID A L03046M002 HRAC01T1	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	\$11,761.10

June 2023 Final Invoice	1					05/15/2023
Location Current Totals			\$0.00	\$0.00	\$0.00	\$11,761.10

ADJUSTMENTS						
ADJUSTED TOTALS						
Location Adjusted Totals			\$0.00	\$0.00	\$0.00	\$11,761.10

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

June 2023 Final Invoice

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** Purchase Order ***

P.O. Numb: *35089
P.O. Descr: HEALTH INS.
Vendor: 2218

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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

**** Purchase Order Total **** 10204.42

PAID
ACCOUNT Payroll
CHECK # 32808
DATE 4-19-23
SIGNATURE [Signature] 10204.42

MASTER

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Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	04/14/2023	May 2023 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	05/01/2023	\$10,204.42

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
---------------	------	----------	------------------	-----------------	---------------

Active

[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals			\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

USLEAMAN, GRETCHEN M L03046M002 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 L03046M002 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

ADJUSTMENTS

May 2023 Final Invoice	1	04/14/2023
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ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
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Previous Total Due	\$10,204.42
Total Payment Received	\$10,204.42
Unpaid Balance	\$0.00
Current Total Premium	\$10,204.42
Billing Fees	\$0.00
Adjustment Total	\$0.00

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** 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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

PAID
ACCOUNT Payroll
CHECK # 30751
DATE 3.23.23
SIGNATURE AS 10204.42

**** Purchase Order Total ****

10204.42

Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	03/14/2023	April 2023 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	04/01/2023	\$10,204.42

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	En	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	En	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Emp	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals		\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	E	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

USLEAMAN, GRETCHEN M L03046M002 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 L03046M002 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

ADJUSTMENTS

April 2023 Final Invoice	1	03/14/2023
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ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
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Previous Total Due	\$20,408.84
Total Payment Received	\$20,408.84
Unpaid Balance	\$0.00
Current Total Premium	\$10,204.42
Billing Fees	\$0.00
Adjustment Total	\$0.00

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** Purchase Order ***

P.O. Numb: *34858
P.O. Descr: HEALTH INS.
Vendor: 2218

Order Date: 02/15/2023
Date Req'd: 02/15/2023
Oper: BUC

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL
Project #:

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	Unit-Cost	Amount
1.00	HEALTH INS.	20408.8400	20408.84

**** Purchase Order Total **** 20408.84

ACCOUNT PAID
CHECK # Payroll
DATE 32053
SIGNATURE 2-15-23
20408.84

Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	02/14/2023	March 2023 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	03/01/2023	\$20,408.84

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]					
[REDACTED]					
[REDACTED]	Em				
[REDACTED]					
[REDACTED]	Em				
[REDACTED]					
[REDACTED]	Em				

LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals			\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]						
[REDACTED]						
[REDACTED]						
[REDACTED]						

USLEAMAN, GRETCHEN M L03046M002 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 L03046M002 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

ADJUSTMENTS

March 2023 Final Invoice	1	02/15/2023
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ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
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Previous Total Due	\$10,204.42
Total Payment Received	\$0.00
Unpaid Balance	\$10,204.42
Current Total Premium	\$10,204.42
Billing Fees	\$0.00
Adjustment Total	\$0.00

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** 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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL
Project #:

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

**** Purchase Order Total ****

10204.42

PAID
ACCOUNT Payroll
CHECK # 32510
DATE 12-29-22
SIGNATURE JE \$10204.42

MASTER

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Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	12/14/2022	January 2023 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	01/01/2023	\$10,204.42

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP	\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals		\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]	FAM				
Employee Totals					
[REDACTED]	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	\$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		\$0.00	\$0.00	\$0.00	\$10,204.42
Location Current Totals		\$0.00	\$0.00	\$0.00	\$10,204.42

ADJUSTMENTS

January 2023 Final Invoice 1 12/14/2022

ADJUSTED TOTALS

Location Adjusted Totals		\$0.00	\$0.00	\$0.00	\$10,204.42
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Previous Total Due	\$10,204.42
Total Payment Received	\$10,204.42
Unpaid Balance	\$0.00
Current Total Premium	\$10,204.42
Billing Fees	\$0.00
Adjustment Total	\$0.00

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** Purchase Order ***

P.O. Numb: *34460
P.O. Descr: HEALTH INS.
Vendor: 2218

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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

**** Purchase Order Total **** 10204.42

MASTER

PAID
ACCOUNT Payroll
CHECK # 32461
DATE 11-23-22
SIGNATURE JE \$10,204.42

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Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	11/15/2022	December 2022 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	12/01/2022	\$10,204.42

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
---------------	------	----------	------------------	-----------------	---------------

Active

[REDACTED]					
[REDACTED]	EMP				
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals			\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]	FAM					
Employee Totals						
[REDACTED]	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	\$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			\$0.00	\$0.00	\$0.00	\$10,204.42
Location Current Totals			\$0.00	\$0.00	\$0.00	\$10,204.42

ADJUSTMENTS

December 2022 Final Invoice	1	11/16/2022
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ADJUSTED TOTALS

Location Adjusted Totals			\$0.00	\$0.00	\$0.00	\$10,204.42
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Previous Total Due		\$10,204.42
Total Payment Received		\$10,204.42
Unpaid Balance		\$0.00
Current Total Premium		\$10,204.42
Billing Fees		\$0.00
Adjustment Total		\$0.00

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** Purchase Order ***

P.O. Numb: *34344
P.O. Descr: HEALTH INS.
Vendor: 2218

Order Date: 10/25/2022
Date Req'd: 10/25/2022
Oper: BUC

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

**** Purchase Order Total ****

10204.42

ACCOUNT ^{RAID} Payroll
CHECK# 32297
DATE 10-25-22
SIGNATURE JE 10204.42

MASTER

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** 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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL
Project #:

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

**** Purchase Order Total ****

10204.42

ACCOUNT PAID
CHECK # 32187
DATE 9-21-22
SIGNATURE [Signature] \$10,204.42

MASTER

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Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	09/14/2022	October 2022 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	10/01/2022	\$10,204.42

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]					
	EMP				
	Employee Totals				
[REDACTED]					
	FAM				
	Employee Totals				
[REDACTED]					
	EMP				
	Employee Totals				
LITZINGER, LOWELL D					
L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$778.34
	Employee Totals		\$0.00	\$0.00	\$778.34
[REDACTED]					
	FAM				
	Employee Totals				
[REDACTED]					
	EMP				
	Employee Totals				
USLEAMAN, GRETCHEN M					
L03046M002 HRACA01T1	ECH		\$0.00	\$0.00	\$1,390.30
	Employee Totals		\$0.00	\$0.00	\$1,390.30
WILLIAMS, DAVID A					
L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$778.34
	Employee Totals		\$0.00	\$0.00	\$778.34
	Active Current Total		\$0.00	\$0.00	\$10,204.42
	Location Current Totals		\$0.00	\$0.00	\$10,204.42

ADJUSTMENTS

October 2022 Final Invoice 1 09/14/2022

ADJUSTED TOTALS

Location Adjusted Totals \$0.00 \$0.00 \$0.00 \$10,204.42

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

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** 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

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL

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	Unit-Cost	Amount
1.00	HEALTH INS.	10204.4200	10204.42

**** Purchase Order Total **** 10204.42

ACCOUNT PAID
CHECK # Payroll
DATE 32073
SIGNATURE 8-23-22
BE \$10,204.42

MASTER

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Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	08/17/2022	September 2022 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	09/01/2022	\$10,204.42

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]					
[REDACTED]	EMP				
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

LITZINGER, LOWELL D L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$0.00	\$778.34
Employee Totals			\$0.00	\$0.00	\$0.00	\$778.34

[REDACTED]					
[REDACTED]	FAM				
[REDACTED]					
[REDACTED]					
[REDACTED]					

USLEAMAN, GRETCHEN M L03046M002 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 L03046M002 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

ADJUSTMENTS

September 2022 Final Invoice	1	08/18/2022
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ADJUSTED TOTALS

Location Adjusted Totals	\$0.00	\$0.00	\$0.00	\$10,204.42
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Previous Total Due	\$20,408.84
Total Payment Received	\$20,408.84
Unpaid Balance	\$0.00
Current Total Premium	\$10,204.42
Billing Fees	\$0.00
Adjustment Total	\$0.00

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

CITY OF AUGUSTA
219 MAIN STREET
P.O. BOX 85
AUGUSTA, KY 41002

*** Purchase Order ***

P.O. Numb: *33724
P.O. Descr: HEALTH INSURANCE - JULY & AUGUST
Vendor: 2218

Order Date: 07/20/2022
Date Req'd: 07/20/2022
Oper: BUC

KENTUCKY LOCAL GOVERNMENT HEAL
P.O. BOX 34021
LEXINGTON KY 40588

Ordered By:
Name:
Cat: PAYROLL
Project #:

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	Unit-Cost	Amount
1.00	HEALTH INS. JULY & AUGUST	19631.2000	19631.20

**** Purchase Order Total ****

19631.20

ACCOUNT ~~PAID~~
CHECK # 31906
DATE 7-20-22
SIGNATURE [Signature]

ACCOUNT ~~PAID~~
CHECK # _____
DATE _____
SIGNATURE _____

MASTER

Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
Gretchen England-Usleman City of Augusta 219 Main Street Augusta, KY 41002	06/23/2022	July 2022 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	07/01/2022	\$9,815.60

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]					
[REDACTED]	EMP				
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					

LITZINGER, LOWELL D L03046M001 PPO A27T1	EMP		\$0.00	\$0.00	\$0.00	\$748.88
Employee Totals			\$0.00	\$0.00	\$0.00	\$748.88

[REDACTED]					
[REDACTED]	FAM				
[REDACTED]					
[REDACTED]					
[REDACTED]					

USLEAMAN, GRETCHEN M L03046M001 PPO A27T1	ECH		\$0.00	\$0.00	\$0.00	\$1,337.28
Employee Totals			\$0.00	\$0.00	\$0.00	\$1,337.28

WILLIAMS, DAVID A L03046M001 PPO A27T1	EMP		\$0.00	\$0.00	\$0.00	\$748.88
Employee Totals			\$0.00	\$0.00	\$0.00	\$748.88

Active Current Total			\$0.00	\$0.00	\$0.00	\$9,815.60
Location Current Totals			\$0.00	\$0.00	\$0.00	\$9,815.60

ADJUSTMENTS

July 2022 Final Invoice	1	06/23/2022
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ADJUSTED TOTALS

Location Adjusted Totals			\$0.00	\$0.00	\$0.00	\$9,815.60
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Previous Total Due	\$9,396.13
Total Payment Received	\$9,396.13
Unpaid Balance	\$0.00
Current Total Premium	\$9,815.60
Billing Fees	\$0.00
Adjustment Total	\$0.00

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

Location Premium Detail for City of Augusta



Location	Prepared	Billing Period
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	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	08/01/2022	\$20,408.84

CURRENT

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
	EMP		[REDACTED]	[REDACTED]	[REDACTED]
	Employee Totals		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
	FAM		[REDACTED]	[REDACTED]	[REDACTED]
	Employee Totals		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
	EMP		[REDACTED]	[REDACTED]	[REDACTED]
	Employee Totals		[REDACTED]	[REDACTED]	[REDACTED]
LITZINGER, LOWELL D					
L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$778.34
	Employee Totals		\$0.00	\$0.00	\$778.34
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
	FAM		[REDACTED]	[REDACTED]	[REDACTED]
	Employee Totals		[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
	EMP		[REDACTED]	[REDACTED]	[REDACTED]
	Employee Totals		[REDACTED]	[REDACTED]	[REDACTED]
USLEAMAN, GRETCHEN M					
L03046M002 HRACA01T1	ECH		\$0.00	\$0.00	\$1,390.30
	Employee Totals		\$0.00	\$0.00	\$1,390.30
WILLIAMS, DAVID A					
L03046M002 HRACA01T1	EMP		\$0.00	\$0.00	\$778.34
	Employee Totals		\$0.00	\$0.00	\$778.34
	Active Current Total		\$0.00	\$0.00	\$10,204.42
	Location Current Totals		\$0.00	\$0.00	\$10,204.42

ADJUSTMENTS

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
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Active

August 2022 Final Invoice			1	07/21/2022	
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
	EMP		\$0.00	\$0.00	\$0.00

L03046M002 HRACA01T1
ADJ-DEBIT July 2022 Final Invoice

EMP	\$0.00	\$0.00	\$0.00	
Employee Totals	\$0.00	\$0.00	\$0.00	

[REDACTED]				
[REDACTED]				
[REDACTED]				

[REDACTED]	FAM			
[REDACTED]				

[REDACTED]				
[REDACTED]				

[REDACTED]	EMP			
[REDACTED]				
Employee Totals				

LITZINGER, LOWELL D

L03046M001 PPO A27T1
ADJ-CREDIT July 2022 Final Invoice

EMP	\$0.00	\$0.00	\$0.00	-\$748.88
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L03046M002 HRACA01T1
ADJ-DEBIT July 2022 Final Invoice

EMP	\$0.00	\$0.00	\$0.00	\$778.34
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Employee Totals	\$0.00	\$0.00	\$0.00	\$29.46
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[REDACTED]				
[REDACTED]				
[REDACTED]				

[REDACTED]				
[REDACTED]				

[REDACTED]				
[REDACTED]				

[REDACTED]	EMP			
[REDACTED]				
Employee Totals				

USLEAMAN, GRETCHEN M

L03046M001 PPO A27T1
ADJ-CREDIT July 2022 Final Invoice

ECH	\$0.00	\$0.00	\$0.00	-\$1,337.28
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L03046M002 HRACA01T1
ADJ-DEBIT July 2022 Final Invoice

ECH	\$0.00	\$0.00	\$0.00	\$1,390.30
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Employee Totals	\$0.00	\$0.00	\$0.00	\$53.02
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WILLIAMS, DAVID A

L03046M001 PPO A27T1
ADJ-CREDIT July 2022 Final Invoice

EMP	\$0.00	\$0.00	\$0.00	-\$748.88
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August 2022 Final Invoice

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
L03046M002 HRACA01T1 ADJ-DEBIT July 2022 Final Invoice	EMP		\$0.00	\$0.00	\$778.34
Employee Totals			\$0.00	\$0.00	\$29.46
Active Adjustment Total			\$0.00	\$0.00	\$388.82
Location Adjustment Totals			\$0.00	\$0.00	\$388.82
ADJUSTED TOTALS					
Location Adjusted Totals			\$0.00	\$0.00	\$10,593.24
Previous Total Due					\$9,815.60

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

August 2022 Final Invoice