

**ATTACHMENT AG 1-61(a)**  
**Dental**



# CONSOLIDATED INVOICE

**Client Name:** SOUTH KENTUCKY RECC ACTIVE

**Invoice No.:** CNS0001337719

**Client No.:** 917860

**Invoice Date:** 09/01/2023

**Billing Period:** 09/01/2023 Thru 09/30/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	40	Premium	RIS0005172040	1,827.38	1,827.38
917860	2004	SOUTH KENTUCKY RECC RET	0.00	11	Premium	RIS0005172041	314.95	314.95
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	88	Premium	RIS0005172042	5,046.70	5,046.70
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	65	Premium	RIS0005172043	2,892.34	2,892.34
<b>Total:</b>			<b>\$0.00</b>	<b>204</b>			<b>\$10,081.37</b>	<b>\$10,081.37</b>

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

Changes made after 8/21/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



**Invoice No.:** CNS0001337719

**Invoice Date:** 09/01/2023

**PO Number:**

**Client No.:** 917860

**Due Date:** 09/05/2023

**Billing Period:** 09/01/2023 Thru 09/30/2023

**AMOUNT DUE:** \$10,081.37

**SOUTH KENTUCKY RECC ACTIVE**  
**ATTN: Missy Johnson**  
**PO Box 910**  
**Somerset, KY 42502-0910**

**Amount Remitted:**

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



# CONSOLIDATED INVOICE

Client Name: SOUTH KENTUCKY RECC ACTIVE

Invoice No.: CNS0001373201

Client No.: 917860

Invoice Date: 11/01/2023

Billing Period: 11/01/2023 Thru 11/30/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	1,827.38	40	Premium	RIS0005262149	1,899.44	3,726.82
917860	2004	SOUTH KENTUCKY RECC RET	355.21	11	Premium	RIS0005262150	355.21	710.42
917860	4001	SOUTH KENTUCKY RURAL AC	5,008.64	87	Premium	RIS0005262151	4,917.07	9,925.71
917860	4004	SOUTH KENTUCKY RURAL RE	2,937.28	65	Premium	RIS0005262152	2,914.81	5,852.09
<b>Total:</b>			<b>\$10,128.51</b>	<b>203</b>			<b>\$10,086.53</b>	<b>\$20,215.04</b>

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

Changes made after 10/16/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



Invoice No.: CNS0001373201

Invoice Date: 11/01/2023

PO Number:

Client No: 917860

Due Date: 11/05/2023

Billing Period: 11/01/2023 Thru 11/30/2023

AMOUNT DUE: \$20,215.04

SOUTH KENTUCKY RECC ACTIVE  
ATTN: Missy Johnson  
PO Box 910  
Somerset, KY 42502-0910

Amount Remitted:

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



# CONSOLIDATED INVOICE

**Client Name:** SOUTH KENTUCKY RECC ACTIVE

**Invoice No.:** CNS0001405072

**Client No.:** 917860

**Invoice Date:** 12/01/2023

**Billing Period:** 12/01/2023 Thru 12/31/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	46	Premium	RIS0005360273	2,318.16	2,318.16
917860	2004	SOUTH KENTUCKY RECC RET	0.00	11	Premium	RIS0005360274	355.21	355.21
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	85	Premium	RIS0005360275	4,451.05	4,451.05
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	64	Premium	RIS0005360276	2,856.51	2,856.51
<b>Total:</b>			<b>\$0.00</b>	<b>206</b>			<b>\$9,980.93</b>	<b>\$9,980.93</b>

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

Changes made after 11/15/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



**Invoice No.:** CNS0001405072

**Invoice Date:** 12/01/2023

**PO Number:**

**Client No:** 917860

**Due Date:** 12/05/2023

**Billing Period:** 12/01/2023 Thru 12/31/2023

**AMOUNT DUE:** \$9,980.93

**Amount Remitted:**

**SOUTH KENTUCKY RECC ACTIVE**  
**ATTN: Missy Johnson**  
**PO Box 910**  
**Somerset, KY 42502-0910**

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

South Kentucky RECC  
Delta Dental - 917860  
January 2024

	Premier	PPO	Totals Adj	PAYABLE
S	\$1,591.72	\$477.40	\$158.69	\$2,227.81
E/C	\$1,076.76	\$530.42	\$0.00	\$1,607.18
E/S	\$3,035.20	\$549.51	\$0.00	\$3,584.71
F	\$2,545.29	\$1,059.24	\$0.00	\$3,604.53
TOTALS	\$8,248.97	\$2,616.57	\$158.69	\$11,024.23

(\$0.00)

**AMOUNT PAYABLE**

\$11,024.23



# CONSOLIDATED INVOICE

Client Name: SOUTH KENTUCKY RECC ACTIVE

Invoice No.: CNS0001461301

Client No.: 917860

Invoice Date: 02/01/2024

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

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	2,334.98	47	Premium	RIS0005501661	2,116.15	4,451.13
917860	2004	SOUTH KENTUCKY RECC RET	372.97	11	Premium	RIS0005501662	372.97	745.94
917860	4001	SOUTH KENTUCKY RURAL AC	4,897.55	80	Premium	RIS0005501663	4,587.50	9,485.05
917860	4004	SOUTH KENTUCKY RURAL RE	3,418.73	72	Premium	RIS0005501664	3,472.93	6,891.66
<b>Total:</b>			<b>\$11,024.23</b>	<b>210</b>			<b>\$10,549.55</b>	<b>\$21,573.78</b>

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

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

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



Invoice No.: CNS0001461301  
 Invoice Date: 02/01/2024  
 PO Number:  
 Client No.: 917860  
 Due Date: 02/05/2024  
 Billing Period: 02/01/2024 Thru 02/29/2024  
 AMOUNT DUE: \$21,573.78

SOUTH KENTUCKY RECC ACTIVE  
 ATTN: Missy Johnson  
 PO Box 910  
 Somerset, KY 42502-0910

Amount Remitted:

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



# CONSOLIDATED INVOICE

Client Name: SOUTH KENTUCKY RECC ACTIVE

Invoice No.: CNS0001482807

Client No.: 917860

Invoice Date: 03/01/2024

Billing Period: 03/01/2024 Thru 03/31/2024

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	47	Premium	RIS0005568840	2,191.81	2,191.81
917860	2004	SOUTH KENTUCKY RECC RET	0.00	11	Premium	RIS0005568841	372.97	372.97
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	81	Premium	RIS0005568842	4,712.38	4,712.38
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	72	Premium	RIS0005568843	3,472.93	3,472.93
<b>Total:</b>			<b>\$0.00</b>	<b>211</b>			<b>\$10,750.09</b>	<b>\$10,750.09</b>

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

Changes made after 2/15/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



Invoice No.: CNS0001482807  
 Invoice Date: 03/01/2024  
 PO Number:  
 Client No.: 917860  
 Due Date: 03/05/2024  
 Billing Period: 03/01/2024 Thru 03/31/2024  
 AMOUNT DUE: \$10,750.09

SOUTH KENTUCKY RECC ACTIVE  
 ATTN: Missy Johnson  
 PO Box 910  
 Somerset, KY 42502-0910

Amount Remitted:

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



# CONSOLIDATED INVOICE

**Client Name:** SOUTH KENTUCKY RECC ACTIVE

**Invoice No.:** CNS0001511810

**Client No.:** 917860

**Invoice Date:** 04/01/2024

**Billing Period:** 04/01/2024 Thru 04/30/2024

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	48	Premium	RIS0005635778	2,215.68	2,215.68
917860	2004	SOUTH KENTUCKY RECC RET	0.00	11	Premium	RIS0005635779	372.97	372.97
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	81	Premium	RIS0005635780	4,611.00	4,611.00
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	73	Premium	RIS0005635781	3,635.53	3,635.53
<b>Total:</b>			<b>\$0.00</b>	<b>213</b>			<b>\$10,835.18</b>	<b>\$10,835.18</b>

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

Changes made after 3/17/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



**Invoice No.:** CNS0001511810

**Invoice Date:** 04/01/2024

**PO Number:**

**Client No:** 917860

**Due Date:** 04/05/2024

**Billing Period:** 04/01/2024 Thru 04/30/2024

**AMOUNT DUE:** \$10,835.18

**Amount Remitted:**

**SOUTH KENTUCKY RECC ACTIVE**  
**ATTN: Missy Johnson**  
**PO Box 910**  
**Somerset, KY 42502-0910**

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





# CONSOLIDATED INVOICE

**Client Name:** SOUTH KENTUCKY RECC ACTIVE

**Invoice No.:** CNS0001524048

**Client No.:** 917860

**Invoice Date:** 05/01/2024

**Billing Period:** 05/01/2024 Thru 05/31/2024

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	50	Premium	RIS0005675812	2,263.42	2,263.42
917860	2004	SOUTH KENTUCKY RECC RET	0.00	11	Premium	RIS0005675813	372.97	372.97
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	82	Premium	RIS0005675814	4,750.01	4,750.01
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	73	Premium	RIS0005675815	3,527.13	3,527.13
<b>Total:</b>			<b>\$0.00</b>	<b>216</b>			<b>\$10,913.53</b>	<b>\$10,913.53</b>

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

Changes made after 4/15/2024 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



**Invoice No.:** CNS0001524048

**Invoice Date:** 05/01/2024

**PO Number:**

**Client No:** 917860

**Due Date:** 05/05/2024

**Billing Period:** 05/01/2024 Thru 05/31/2024

**AMOUNT DUE:** \$10,913.53

**Amount Remitted:**

**SOUTH KENTUCKY RECC ACTIVE**  
**ATTN: Missy Johnson**  
**PO Box 910**  
**Somerset, KY 42502-0910**

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



# CONSOLIDATED INVOICE

Client Name: SOUTH KENTUCKY RECC ACTIVE

Invoice No.: CNS0001250491

Client No.: 917860

Invoice Date: 06/01/2023

Billing Period: 06/01/2023 Thru 06/30/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	40	Premium	RIS0004938221	1,948.77	1,948.77
917860	2004	SOUTH KENTUCKY RECC RET	0.00	12	Premium	RIS0004938222	395.47	395.47
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	87	Premium	RIS0004938223	5,033.70	5,033.70
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	64	Premium	RIS0004938224	2,804.89	2,804.89
<b>Total:</b>			<b>\$0.00</b>	<b>203</b>			<b>\$10,182.83</b>	<b>\$10,182.83</b>

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

Changes made after 5/15/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



Invoice No.: CNS0001250491

Invoice Date: 06/01/2023

PO Number:

Client No: 917860

Due Date: 06/05/2023

Billing Period: 06/01/2023 Thru 06/30/2023

AMOUNT DUE: \$10,182.83

Amount Remitted:

SOUTH KENTUCKY RECC ACTIVE  
 ATTN: Missy Johnson  
 PO Box 910  
 Somerset, KY 42502-0910

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



# CONSOLIDATED INVOICE

Client Name: SOUTH KENTUCKY RECC ACTIVE

Invoice No.: CNS0001283944

Client No.: 917860

Invoice Date: 07/01/2023

Billing Period: 07/01/2023 Thru 07/31/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	41	Premium	RIS0005036858	1,994.23	1,994.23
917860	2004	SOUTH KENTUCKY RECC RET	0.00	12	Premium	RIS0005036859	395.47	395.47
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	87	Premium	RIS0005036860	5,048.49	5,048.49
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	64	Premium	RIS0005036861	2,863.19	2,863.19
<b>Total:</b>			<b>\$0.00</b>	<b>204</b>			<b>\$10,301.38</b>	<b>\$10,301.38</b>

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

Changes made after 6/15/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



Invoice No.: CNS0001283944

Invoice Date: 07/01/2023

PO Number:

Client No: 917860

Due Date: 07/05/2023

Billing Period: 07/01/2023 Thru 07/31/2023

AMOUNT DUE: \$10,301.38

Amount Remitted:

SOUTH KENTUCKY RECC ACTIVE  
ATTN: Missy Johnson  
PO Box 910  
Somerset, KY 42502-0910

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



# CONSOLIDATED INVOICE

Client Name: SOUTH KENTUCKY RECC ACTIVE

Invoice No.: CNS0001309577

Client No.: 917860

Invoice Date: 08/01/2023

Billing Period: 08/01/2023 Thru 08/31/2023

Client	Subclient	Subclient Name	BalanceForward	Sub Count	Description	Invoice No	Current Due	Amount Due
917860	2001	SOUTH KENTUCKY RECC ACT	0.00	41	Premium	RIS0005106542	1,971.50	1,971.50
917860	2004	SOUTH KENTUCKY RECC RET	0.00	12	Premium	RIS0005106543	395.47	395.47
917860	4001	SOUTH KENTUCKY RURAL AC	0.00	87	Premium	RIS0005106544	5,066.15	5,066.15
917860	4004	SOUTH KENTUCKY RURAL RE	0.00	65	Premium	RIS0005106545	2,921.49	2,921.49
<b>Total:</b>			<b>\$0.00</b>	<b>205</b>			<b>\$10,354.61</b>	<b>\$10,354.61</b>

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

Changes made after 7/16/2023 will be reflected in the next billing cycle.

PLEASE RETURN BOTTOM PORTION WITH PAYMENT

7547

## REMITTANCE



Invoice No.: CNS0001309577

Invoice Date: 08/01/2023

PO Number:

Client No: 917860

Due Date: 08/05/2023

Billing Period: 08/01/2023 Thru 08/31/2023

AMOUNT DUE: \$10,354.61

Amount Remitted:

SOUTH KENTUCKY RECC ACTIVE  
 ATTN: Missy Johnson  
 PO Box 910  
 Somerset, KY 42502-0910

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

**ATTACHMENT AG 1-61**  
**EKPC**

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: **May 1, 2024**

PPO (90/10 Coinsurance)

Head Count  
Total fees

123
\$ 127,644.06

Contribution for Funding:	2024 Base Rate	2024 Fixed Cost	2024 Base Claims Funding	Surcharge Assessment 20%	2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29	49	\$ 24,073.21
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.67	\$ 238.94	\$ 1,433.61	19	\$ 27,238.59
Employee & Child(ren)	\$ 1,490.42	\$ 211.75	\$ 1,065.56	\$ 213.11	\$ 1,278.67	25	\$ 31,966.75
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.22	\$ 340.05	\$ 2,040.27	18	\$ 36,724.86
Spouse only	\$ 1,089.72	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.97	10	\$ 8,779.70
Child(ren) only	\$ 934.80	\$ 211.75	\$ 602.54	\$ 120.51	\$ 723.05	2	\$ 1,446.10
Spouse and Child(ren)	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 929.03	\$ 211.75	\$ 597.73	\$ 119.55	\$ 717.28		
Non-Medicare Retiree**	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		
Non-Medicare Children**	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06		
Non-Medicare Spouse and Children**	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		
<b>COBRA (not including 2% administrative fee)</b>							
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.68	\$ 238.94	\$ 1,433.61		
Employee & Child(ren)	\$ 1,490.43	\$ 211.75	\$ 1,065.57	\$ 213.11	\$ 1,278.68		
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.23	\$ 340.05	\$ 2,040.27		
Spouse/Ex-Spouse only	\$ 1,089.71	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.96		
Children only	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06		
Child only	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		
Ex-Spouse & Child(ren) only	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

F. Blevins - credit for Feb overpay

R. Edwards - credit for Mar/Apr overpay

J. Mize - credit for Apr overpay

D. Scruggs - credit for Apr overpay

TOTAL MONTHLY CONTRIBUTION

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

(491.29)
(982.58)
(555.64)
(555.64)
<b>\$ 127,644.06</b>

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

**Due Date: May 1, 2024**

HDHP

Head Count  
Total fees

42
\$ 43,881.52

Contribution for Funding:	2024 Base Rate	2024 Fixed Cost	2024		2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
			Base Claims Funding	Surcharge Assessment 20%			
<b>Active/Retired/Disabled*</b>							
Employee	\$ 624.42	\$ 211.75	\$ 343.89	\$ 68.78	\$ 412.67	14	\$ 5,777.38
Employee & Spouse	\$ 1,459.00	\$ 211.75	\$ 1,039.38	\$ 207.87	\$ 1,247.25	6	\$ 7,483.50
Employee & Child(ren)	\$ 1,324.18	\$ 211.75	\$ 927.02	\$ 185.41	\$ 1,112.43	13	\$ 14,461.59
Employee & Family	\$ 2,007.20	\$ 211.75	\$ 1,496.21	\$ 299.24	\$ 1,795.45	9	\$ 16,169.05
Spouse only	\$ 966.79	\$ 211.75	\$ 629.20	\$ 125.84	\$ 755.04		\$ -
Child(ren) only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		\$ -
Spouse and Child(ren)	\$ 1,503.39	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.64		\$ -
<b>COBRA (not including 2% administrative fee)</b>							
Employee	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		\$ -
Employee & Spouse	\$ 1,458.99	\$ 211.75	\$ 1,039.37	\$ 207.87	\$ 1,247.24		\$ -
Employee & Child(ren)	\$ 1,324.19	\$ 211.75	\$ 927.03	\$ 185.41	\$ 1,112.44		\$ -
Employee & Family	\$ 2,007.19	\$ 211.75	\$ 1,496.20	\$ 299.24	\$ 1,795.44		\$ -
Spouse/Ex-Spouse only	\$ 966.80	\$ 211.75	\$ 629.21	\$ 125.84	\$ 755.05		\$ -
Children only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		\$ -
Child only	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		\$ -
Ex-Spouse & Child(ren) only	\$ 1,503.40	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.65		\$ -

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

\$ 43,881.52
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TOTAL MONTHLY CONTRIBUTION





**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: April 1, 2024  
PPO (90/10 Coinsurance)

Head Count: 121  
Total fees: \$ 129,596.31

Contribution for Funding:	2024	2024	2024	2024	Surcharge Assessment 20%	2024	2024	# Plan Participants	2024	MONTHLY TOTAL
	Base Rate	Fixed Cost	Base Funding	Claims Funding		Total Claims Funding	Total Claims Funding			
<b>Active/Retired/Disabled*</b>										
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29	47	\$ 23,090.63			
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.67	\$ 238.94	\$ 1,433.61	21	\$ 30,105.81			
Employee & Child(ren)	\$ 1,490.42	\$ 211.75	\$ 1,065.56	\$ 213.11	\$ 1,278.67	26	\$ 33,245.42			
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.22	\$ 340.05	\$ 2,040.27	17	\$ 34,684.59			
Spouse only	\$ 1,089.72	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.97	8	\$ 7,023.76			
Child(ren) only	\$ 934.80	\$ 211.75	\$ 602.54	\$ 120.51	\$ 723.05	2	\$ 1,446.10			
Spouse and Child(ren)	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65					
<b>Medicare Retired/Disabled*</b>										
Non-Medicare Spouse**	\$ 929.03	\$ 211.75	\$ 597.73	\$ 119.55	\$ 717.28					
Non Medicare Retiree**	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29					
Non Medicare Children**	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06					
Non Medicare Spouse and Children**	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65					
<b>COBRA (not including 2% administrative fee)</b>										
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29					
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.68	\$ 238.94	\$ 1,433.61					
Employee & Child(ren)	\$ 1,490.43	\$ 211.75	\$ 1,065.57	\$ 213.11	\$ 1,278.68					
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.23	\$ 340.05	\$ 2,040.27					
Spouse/Ex-Spouse only	\$ 1,089.71	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.96					
Children only	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06					
Child only	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29					
Ex-Spouse & Child(ren) only	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65					

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

TOTAL MONTHLY CONTRIBUTION

\$ 129,596.31

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: April 1, 2024

HDHP

Head Count  
Total fees

42
\$ 43,881.52

Contribution for Funding:	2024 Base Rate	2024 Fixed Cost	2024		2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
			Base Claims Funding	Surcharge Assessment 20%			
<b>Active/Retired/Disabled*</b>							
Employee	\$ 624.42	\$ 211.75	\$ 343.89	\$ 68.78	\$ 412.67	14	\$ 5,777.38
Employee & Spouse	\$ 1,459.00	\$ 211.75	\$ 1,039.38	\$ 207.87	\$ 1,247.25	6	\$ 7,483.50
Employee & Child(ren)	\$ 1,324.18	\$ 211.75	\$ 927.02	\$ 185.41	\$ 1,112.43	13	\$ 14,461.59
Employee & Family	\$ 2,007.20	\$ 211.75	\$ 1,496.21	\$ 299.24	\$ 1,795.45	9	\$ 16,159.05
Spouse only	\$ 966.79	\$ 211.75	\$ 629.20	\$ 125.84	\$ 755.04		
Child(ren) only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		
Spouse and Child(ren)	\$ 1,503.39	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.64		
<b>COBRA (not including 2% administrative fee)</b>							
Employee	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		
Employee & Spouse	\$ 1,458.99	\$ 211.75	\$ 1,039.37	\$ 207.87	\$ 1,247.24		
Employee & Child(ren)	\$ 1,324.19	\$ 211.75	\$ 927.03	\$ 185.41	\$ 1,112.44		
Employee & Family	\$ 2,007.19	\$ 211.75	\$ 1,496.20	\$ 299.24	\$ 1,795.44		
Spouse/Ex-Spouse only	\$ 966.80	\$ 211.75	\$ 629.21	\$ 125.84	\$ 755.05		
Children only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		
Child only	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		
Ex-Spouse & Child(ren) only	\$ 1,503.40	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.65		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

TOTAL MONTHLY CONTRIBUTION

\$ 43,881.52
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**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

**Due Date: March 1, 2024**  
PPO (90/10 Coinsurance)

Head Count  
Total fees

120  
\$ 129,982.99

Contribution for Funding:	2024		2024		2024		2024		MONTHLY TOTAL
	Base Rate	Fixed Cost	Base Claims Funding	Surcharge Assessment 20%	Total Claims Funding	# Plan Participants	Total Claims Funding	# Plan Participants	
<b>Active/Retired/Disabled*</b>									
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29	46	\$ 491.29		\$ 22,599.34
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.67	\$ 238.94	\$ 1,433.61	20	\$ 1,433.61		\$ 28,672.20
Employee & Child(ren)	\$ 1,490.42	\$ 211.75	\$ 1,065.56	\$ 213.11	\$ 1,278.67	26	\$ 1,278.67		\$ 33,245.42
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.22	\$ 340.05	\$ 2,040.27	17	\$ 2,040.27		\$ 34,684.59
Spouse only	\$ 1,089.72	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.97	9	\$ 877.97		\$ 7,901.73
Child(ren) only	\$ 934.80	\$ 211.75	\$ 602.54	\$ 120.51	\$ 723.05	2	\$ 723.05		\$ 1,446.10
Spouse and Child(ren)	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		\$ 1,484.65		
<b>Medicare Retired/Disabled*</b>									
Non-Medicare Spouse**	\$ 929.03	\$ 211.75	\$ 597.73	\$ 119.55	\$ 717.28		\$ 717.28		
Non Medicare Retiree**	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		\$ 491.29		
Non Medicare Children**	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06		\$ 723.06		
Non Medicare Spouse and Children**	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		\$ 1,484.65		
<b>COBRA (not including 2% administrative fee)</b>									
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		\$ 491.29		
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.68	\$ 238.94	\$ 1,433.61		\$ 1,433.61		
Employee & Child(ren)	\$ 1,490.43	\$ 211.75	\$ 1,065.57	\$ 213.11	\$ 1,278.68		\$ 1,278.68		
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.23	\$ 340.05	\$ 2,040.27		\$ 2,040.27		
Spouse/Ex-Spouse only	\$ 1,089.71	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.96		\$ 877.96		
Children only	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06		\$ 723.06		
Child only	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		\$ 491.29		
Ex-Spouse & Child(ren) only	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		\$ 1,484.65		

\* Retiree and Disabled are interchangeable  
\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan  
02/24 - retro pay H. Singleton (new enrollment single)  
02/24 - retro pay J. Flynn (changed from single to emp/sp)

**TOTAL MONTHLY CONTRIBUTION**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

491.29  
942.32  
**\$ 129,982.99**

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT**

**South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

**Due Date: March 1, 2024**  
HDHP

Head Count  
Total fees

41	42,634.27
\$	

Contribution for Funding:	2024		2024		2024		2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	Fixed Cost	Base Claims Funding	Surcharge Assessment 20%	Total Claims Funding				
<b>Active/Retired/Disabled*</b>									
Employee	\$ 624.42	\$ 211.75	\$ 343.89	\$ 68.78	\$ 412.67	14	\$ 5,777.38		
Employee & Spouse	\$ 1,459.00	\$ 211.75	\$ 1,039.38	\$ 207.87	\$ 1,247.25	5	\$ 6,236.25		
Employee & Child(ren)	\$ 1,324.18	\$ 211.75	\$ 927.02	\$ 185.41	\$ 1,112.43	13	\$ 14,461.59		
Employee & Family	\$ 2,007.20	\$ 211.75	\$ 1,496.21	\$ 299.24	\$ 1,795.45	9	\$ 16,159.05		
Spouse only	\$ 966.79	\$ 211.75	\$ 629.20	\$ 125.84	\$ 755.04		\$ -		
Child(ren) only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		\$ -		
Spouse and Child(ren)	\$ 1,503.39	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.64		\$ -		
<b>COBRA (not including 2% administrative fee)</b>									
Employee	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		\$ -		
Employee & Spouse	\$ 1,458.99	\$ 211.75	\$ 1,039.37	\$ 207.87	\$ 1,247.24		\$ -		
Employee & Child(ren)	\$ 1,324.19	\$ 211.75	\$ 927.03	\$ 185.41	\$ 1,112.44		\$ -		
Employee & Family	\$ 2,007.19	\$ 211.75	\$ 1,496.20	\$ 299.24	\$ 1,795.44		\$ -		
Spouse/Ex-Spouse only	\$ 966.80	\$ 211.75	\$ 629.21	\$ 125.84	\$ 755.05		\$ -		
Children only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		\$ -		
Child only	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		\$ -		
Ex-Spouse & Child(ren) only	\$ 1,503.40	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.65		\$ -		

\* Retiree and Disabled are interchangeable

TOTAL MONTHLY CONTRIBUTION

\$ **42,634.27**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: February 1, 2024  
[IDHP]

Head Count	41
Total fees	\$ 43,334.03

Contribution for Funding:	2024	2024	2024	2024	2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	Fixed Cost	Base Claims Funding	Surcharge Assessment 20%			
<b>Active/Retired/Disabled*</b>							
Employee	\$ 624.42	\$ 211.75	\$ 343.89	\$ 68.78	\$ 412.67	13	\$ 5,364.71
Employee & Spouse	\$ 1,459.00	\$ 211.75	\$ 1,039.38	\$ 207.87	\$ 1,247.25	5	\$ 6,236.25
Employee & Child(ren)	\$ 1,324.18	\$ 211.75	\$ 927.02	\$ 185.41	\$ 1,112.43	14	\$ 15,574.02
Employee & Family	\$ 2,007.20	\$ 211.75	\$ 1,496.21	\$ 299.24	\$ 1,795.45	9	\$ 16,159.05
Spouse only	\$ 966.79	\$ 211.75	\$ 629.20	\$ 125.84	\$ 755.04		\$ -
Child(ren) only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		\$ -
Spouse and Child(ren)	\$ 1,503.39	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.64		\$ -
<b>COBRA (not including 2% administrative fee)</b>							
Employee	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		
Employee & Spouse	\$ 1,458.99	\$ 211.75	\$ 1,039.37	\$ 207.87	\$ 1,247.24		
Employee & Child(ren)	\$ 1,324.19	\$ 211.75	\$ 927.03	\$ 185.41	\$ 1,112.44		
Employee & Family	\$ 2,007.19	\$ 211.75	\$ 1,496.20	\$ 299.24	\$ 1,795.44		
Spouse/Ex-Spouse only	\$ 966.80	\$ 211.75	\$ 629.21	\$ 125.84	\$ 755.05		
Children only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		
Child only	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		
Ex-Spouse & Child(ren) only	\$ 1,503.40	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.65		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

TOTAL MONTHLY CONTRIBUTION

	\$ 43,334.03
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**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Head Count  
Total fees

120
\$ 129,105.02

Due Date: February 1, 2024  
PPO (90/10 Coinsurance)

Contribution for Funding:	2024	2024	2024	2024	2024	2024	2024	MONTHLY
	Base Rate	Fixed Cost	Base Claims Funding	Surcharge Assessment 20%	Total Claims Funding			
<b>Active/Retired/Disabled*</b>								
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29	46	\$ 22,599.34	
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.67	\$ 238.94	\$ 1,433.61	21	\$ 30,105.81	
Employee & Child(ren)	\$ 1,490.42	\$ 211.75	\$ 1,065.56	\$ 213.11	\$ 1,278.67	26	\$ 33,245.42	
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.22	\$ 340.05	\$ 2,040.27	17	\$ 34,684.59	
Spouse only	\$ 1,089.72	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.97	8	\$ 7,023.76	
Child(ren) only	\$ 934.80	\$ 211.75	\$ 602.54	\$ 120.51	\$ 723.05	2	\$ 1,446.10	
Spouse and Child(ren)	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65			
<b>Medicare Retired/Disabled*</b>								
Non-Medicare Spouse**	\$ 929.03	\$ 211.75	\$ 597.73	\$ 119.55	\$ 717.28			
Non Medicare Retiree**	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29			
Non Medicare Children**	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06			
Non Medicare Spouse and Children**	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65			
<b>COBRA (not including 2% administrative fee)</b>								
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29			
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.68	\$ 238.94	\$ 1,433.61			
Employee & Child(ren)	\$ 1,490.43	\$ 211.75	\$ 1,065.57	\$ 213.11	\$ 1,278.68			
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.23	\$ 340.05	\$ 2,040.27			
Spouse/Ex-Spouse only	\$ 1,089.71	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.96			
Children only	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06			
Child only	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29			
Ex-Spouse & Child(ren) only	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65			

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

\* Retiree and Disabled are interchangeable  
\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

**TOTAL MONTHLY CONTRIBUTION**

**\$ 129,105.02**





**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

**Due Date: January 1, 2024**  
**HDHP**

Head Count  
Total fees

41
\$ 43,334.03

Contribution for Funding:	2024 Base Rate	2024 Fixed Cost	2024		2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
			Base Claims Funding	Surcharge Assessment 20%			
<b>Active/Retired/Disabled*</b>							
Employee	\$ 624.42	\$ 211.75	\$ 343.89	\$ 68.78	\$ 412.67	13	\$ 5,364.71
Employee & Spouse	\$ 1,459.00	\$ 211.75	\$ 1,039.38	\$ 207.87	\$ 1,247.25	5	\$ 6,236.25
Employee & Child(ren)	\$ 1,324.18	\$ 211.75	\$ 927.02	\$ 185.41	\$ 1,112.43	14	\$ 15,574.02
Employee & Family	\$ 2,007.20	\$ 211.75	\$ 1,496.21	\$ 299.24	\$ 1,795.45	9	\$ 16,159.05
Spouse only	\$ 966.79	\$ 211.75	\$ 629.20	\$ 125.84	\$ 755.04		\$ -
Child(ren) only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		\$ -
Spouse and Child(ren)	\$ 1,503.39	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.64		\$ -
<b>COBRA (not including 2% administrative fee)</b>							
Employee	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		
Employee & Spouse	\$ 1,458.99	\$ 211.75	\$ 1,039.37	\$ 207.87	\$ 1,247.24		
Employee & Child(ren)	\$ 1,324.19	\$ 211.75	\$ 927.03	\$ 185.41	\$ 1,112.44		
Employee & Family	\$ 2,007.19	\$ 211.75	\$ 1,496.20	\$ 299.24	\$ 1,795.44		
Spouse/Ex-Spouse only	\$ 966.80	\$ 211.75	\$ 629.21	\$ 125.84	\$ 755.05		
Children only	\$ 833.58	\$ 211.75	\$ 518.19	\$ 103.64	\$ 621.83		
Child only	\$ 624.43	\$ 211.75	\$ 343.90	\$ 68.78	\$ 412.68		
Ex-Spouse & Child(ren) only	\$ 1,503.40	\$ 211.75	\$ 1,076.37	\$ 215.27	\$ 1,291.65		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

TOTAL MONTHLY CONTRIBUTION

\$ <b>43,334.03</b>
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**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT**

**South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

**Due Date: January 1, 2024**  
**PPO (90/10 Coinsurance)**

Head Count  
Total fees

120
\$ 127,708.76

Contribution for Funding:	2024 Base Rate	2024 Fixed Cost	2024		2024 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
			Base Claims Funding	Surcharge Assessment 20%			
<b>Active/Retired/Disabled*</b>							
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29	46	\$ 22,599.34
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.67	\$ 238.94	\$ 1,433.61	21	\$ 30,105.81
Employee & Child(ren)	\$ 1,490.42	\$ 211.75	\$ 1,065.56	\$ 213.11	\$ 1,278.67	26	\$ 33,245.42
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.22	\$ 340.05	\$ 2,040.27	17	\$ 34,684.59
Spouse only	\$ 1,089.72	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.97	8	\$ 7,023.76
Child(ren) only	\$ 934.80	\$ 211.75	\$ 602.54	\$ 120.51	\$ 723.05	2	\$ 1,446.10
Spouse and Child(ren)	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 929.03	\$ 211.75	\$ 597.73	\$ 119.55	\$ 717.28		
Non-Medicare Retiree**	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		
Non-Medicare Children**	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06		
Non-Medicare Spouse and Children**	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		
<b>COBRA (not including 2% administrative fee)</b>							
Employee	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		
Employee & Spouse	\$ 1,645.36	\$ 211.75	\$ 1,194.68	\$ 238.94	\$ 1,433.61		
Employee & Child(ren)	\$ 1,490.43	\$ 211.75	\$ 1,065.57	\$ 213.11	\$ 1,278.68		
Employee & Family	\$ 2,252.02	\$ 211.75	\$ 1,700.23	\$ 340.05	\$ 2,040.27		
Spouse/Ex-Spouse only	\$ 1,089.71	\$ 211.75	\$ 731.64	\$ 146.33	\$ 877.96		
Children only	\$ 934.81	\$ 211.75	\$ 602.55	\$ 120.51	\$ 723.06		
Child only	\$ 703.04	\$ 211.75	\$ 409.41	\$ 81.88	\$ 491.29		
Ex-Spouse & Child(ren) only	\$ 1,696.40	\$ 211.75	\$ 1,237.21	\$ 247.44	\$ 1,484.65		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan Effective 11/23 changed J. Thompson to emp/ch - credit \$1,523.20

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

<b>(1,396.26)</b>
<b>\$ 127,708.76</b>

**TOTAL MONTHLY CONTRIBUTION**



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: December 1, 2023

PPO

Head Count  
Total fees

122
\$ 123,235.62

Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35	47	\$ 21,166.45
Employee & Spouse	\$ 1,522.65	\$ 208.50	\$ 1,194.68	\$ 119.47	\$ 1,314.15	21	\$ 27,597.15
Employee & Child(ren)	\$ 1,380.62	\$ 208.50	\$ 1,065.56	\$ 106.56	\$ 1,172.12	24	\$ 28,130.88
Employee & Family	\$ 2,078.75	\$ 208.50	\$ 1,700.23	\$ 170.02	\$ 1,870.25	20	\$ 37,405.00
Spouse only	\$ 1,013.30	\$ 208.50	\$ 731.64	\$ 73.16	\$ 804.80	8	\$ 6,438.40
Child(ren) only	\$ 871.31	\$ 208.50	\$ 602.55	\$ 60.26	\$ 662.81	2	\$ 1,325.62
Spouse and Child(ren)	\$ 1,569.43	\$ 208.50	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 866.01	\$ 208.50	\$ 597.73	\$ 59.77	\$ 657.51		
Non Medicare Retiree**	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35		
Non Medicare Children**	\$ 871.30	\$ 208.50	\$ 602.55	\$ 60.25	\$ 662.80		
Non Medicare Spouse and Children**	\$ 1,569.43	\$ 208.50	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>							
<i>(not including 2% administrative fee)</i>							
Employee	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,522.64	\$ 208.50	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,380.62	\$ 208.50	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,078.75	\$ 208.50	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,013.30	\$ 208.50	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 871.30	\$ 208.50	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,569.43	\$ 208.50	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

Effective 11/01/23 - add W. Kilby - family PPO

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

1,172.12

TOTAL MONTHLY CONTRIBUTION

\$ 123,235.62

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: December 1, 2023

HDHP

Head Count  
Total fees

42
\$ 39,336.19

Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 586.79	\$ 208.50	\$ 343.90	\$ 34.39	\$ 378.29	15	\$ 5,674.35
Employee & Spouse	\$ 1,351.81	\$ 208.50	\$ 1,039.37	\$ 103.94	\$ 1,143.31	4	\$ 4,573.24
Employee & Child(ren)	\$ 1,228.24	\$ 208.50	\$ 927.03	\$ 92.70	\$ 1,019.73	14	\$ 14,276.22
Employee & Family	\$ 1,854.32	\$ 208.50	\$ 1,496.20	\$ 149.62	\$ 1,645.82	9	\$ 14,812.38
Spouse only	\$ 900.62	\$ 208.50	\$ 629.20	\$ 62.92	\$ 692.12		
Child(ren) only	\$ 778.51	\$ 208.50	\$ 518.19	\$ 51.82	\$ 570.01		
Spouse and Child(ren)	\$ 1,392.51	\$ 208.50	\$ 1,076.37	\$ 107.64	\$ 1,184.01		
<b>COBRA</b>							
<i>(not including 2% administrative fee)</i>							
Employee	\$ 586.79	\$ 208.50	\$ 343.90	\$ 34.39	\$ 378.29		
Employee & Spouse	\$ 1,351.81	\$ 208.50	\$ 1,039.37	\$ 103.94	\$ 1,143.31		
Employee & Child(ren)	\$ 1,228.24	\$ 208.50	\$ 927.03	\$ 92.70	\$ 1,019.74		
Employee & Family	\$ 1,854.32	\$ 208.50	\$ 1,496.20	\$ 149.62	\$ 1,645.82		
Spouse/Ex-Spouse only	\$ 900.63	\$ 208.50	\$ 629.21	\$ 62.92	\$ 692.13		
Children only	\$ 778.51	\$ 208.50	\$ 518.19	\$ 51.82	\$ 570.01		
Child only	\$ 586.79	\$ 208.50	\$ 343.90	\$ 34.39	\$ 378.29		
Ex-Spouse & Child(ren) only	\$ 1,392.51	\$ 208.50	\$ 1,076.37	\$ 107.64	\$ 1,184.01		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY

TOTAL MONTHLY CONTRIBUTION

**\$39,336.19**



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Head Count  
Total fees

39  
\$ 36,933.79

Due Date: November 1, 2023  
HDHP

Contribution for Funding:	2023	2023	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	2023 Base Rate						
<b>Active/Retired/Disabled*</b>								
Employee	\$ 586.79	\$ 586.79	208.50	\$ 343.90	\$ 34.39	\$ 378.29	13	\$ 4,917.77
Employee & Spouse	\$ 1,351.81	\$ 1,351.81	208.50	\$ 1,039.37	\$ 103.94	\$ 1,143.31	4	\$ 4,573.24
Employee & Child(ren)	\$ 1,228.23	\$ 1,228.23	208.50	\$ 927.03	\$ 92.70	\$ 1,019.73	14	\$ 14,276.22
Employee & Family	\$ 1,854.32	\$ 1,854.32	208.50	\$ 1,496.20	\$ 149.62	\$ 1,645.82	8	\$ 13,166.56
Spouse only	\$ 900.62	\$ 900.62	208.50	\$ 629.20	\$ 62.92	\$ 692.12		
Child(ren) only	\$ 778.51	\$ 778.51	208.50	\$ 518.19	\$ 51.82	\$ 570.01		
Spouse and Child(ren)	\$ 1,392.51	\$ 1,392.51	208.50	\$ 1,076.37	\$ 107.64	\$ 1,184.01		
<b>COBRA</b>								
<i>(not including 2% administrative fee)</i>								
Employee	\$ 586.79	\$ 586.79	208.50	\$ 343.90	\$ 34.39	\$ 378.29		
Employee & Spouse	\$ 1,351.81	\$ 1,351.81	208.50	\$ 1,039.37	\$ 103.94	\$ 1,143.31		
Employee & Child(ren)	\$ 1,228.24	\$ 1,228.24	208.50	\$ 927.03	\$ 92.70	\$ 1,019.74		
Employee & Family	\$ 1,854.32	\$ 1,854.32	208.50	\$ 1,496.20	\$ 149.62	\$ 1,645.82		
Spouse/Ex-Spouse only	\$ 900.63	\$ 900.63	208.50	\$ 629.21	\$ 62.92	\$ 692.13		
Children only	\$ 778.51	\$ 778.51	208.50	\$ 518.19	\$ 51.82	\$ 570.01		
Child only	\$ 586.79	\$ 586.79	208.50	\$ 343.90	\$ 34.39	\$ 378.29		
Ex-Spouse & Child(ren) only	\$ 1,392.51	\$ 1,392.51	208.50	\$ 1,076.37	\$ 107.64	\$ 1,184.01		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY

TOTAL MONTHLY CONTRIBUTION

**\$36,933.79**



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: November 1, 2023  
PPO

Head Count  
Total fees

119
\$ 119,115.49

Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY
							TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35	44	\$ 19,815.40
Employee & Spouse	\$ 1,522.65	\$ 208.50	\$ 1,194.68	\$ 119.47	\$ 1,314.15	23	\$ 30,225.45
Employee & Child(ren)	\$ 1,380.62	\$ 208.50	\$ 1,065.56	\$ 106.56	\$ 1,172.12	22	\$ 25,786.64
Employee & Family	\$ 2,078.75	\$ 208.50	\$ 1,700.23	\$ 170.02	\$ 1,870.25	21	\$ 39,275.25
Spouse only	\$ 1,013.30	\$ 208.50	\$ 731.64	\$ 73.16	\$ 804.80	7	\$ 5,633.60
Child(ren) only	\$ 871.31	\$ 208.50	\$ 602.55	\$ 60.26	\$ 662.81	2	\$ 1,325.62
Spouse and Child(ren)	\$ 1,569.43	\$ 208.50	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 866.01	\$ 208.50	\$ 597.73	\$ 59.77	\$ 657.51		
Non Medicare Retiree**	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35		
Non Medicare Children**	\$ 871.30	\$ 208.50	\$ 602.55	\$ 60.25	\$ 662.80		
Non Medicare Spouse and Children**	\$ 1,569.43	\$ 208.50	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>							
<b>(not including 2% administrative fee)</b>							
Employee	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,522.64	\$ 208.50	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,380.62	\$ 208.50	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,078.75	\$ 208.50	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,013.30	\$ 208.50	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 871.30	\$ 208.50	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 658.85	\$ 208.50	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,569.43	\$ 208.50	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

J. Milby credit

M. Ping Sept retro

C. Sullivan Oct credit

R. Parrett credit for coverage change in October

D. Watters credit for coverage in October

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

(721.77)
1,314.15
(1,870.25)
(863.80)
(804.80)

TOTAL MONTHLY CONTRIBUTION

\$ 119,115.49



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: October 1, 2023

HDHP

Head Count  
Total fees

Head Count	40
Total fees	\$ 38,077.10

Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29	13	\$ 4,917.77
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31	5	\$ 5,716.55
Employee & Child(ren)	\$ 1,224.06	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.73	14	\$ 14,276.22
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82	8	\$ 13,166.56
Spouse only	\$ 896.45	\$ 204.33	\$ 629.20	\$ 62.92	\$ 692.12		
Child(ren) only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01		
Spouse and Child(ren)	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01		
<b>COBRA</b>							
<b>(not including 2% administrative fee)</b>							
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29		
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31		
Employee & Child(ren)	\$ 1,224.07	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.74		
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82		
Spouse/Ex-Spouse only	\$ 896.46	\$ 204.33	\$ 629.21	\$ 62.92	\$ 692.13		
Children only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01		
Child only	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29		
Ex-Spouse & Child(ren) only	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY

TOTAL MONTHLY CONTRIBUTION

**\$38,077.10**

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: October 1, 2023

PPO

Head Count  
Total fees

120
\$ 124,345.66

Contribution for Funding:	2023	2023	2023	2023	Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	Fixed Cost	Base Claims Funding	Surcharge Assessment 10%			
<b>Active/Retired/Disabled*</b>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35	42	\$ 18,914.70
Employee & Spouse	\$ 1,518.48	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.15	24	\$ 31,539.60
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.56	\$ 106.56	\$ 1,172.12	22	\$ 25,786.64
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25	23	\$ 43,015.75
Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80	7	\$ 5,633.60
Child(ren) only	\$ 867.14	\$ 204.33	\$ 602.55	\$ 60.26	\$ 662.81	2	\$ 1,325.62
Spouse and Child(ren)	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 861.84	\$ 204.33	\$ 597.73	\$ 59.77	\$ 657.51		
Non Medicare Retiree**	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Non Medicare Children**	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Non Medicare Spouse and Children**	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>							
<b>(not including 2% administrative fee)</b>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,518.47	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

J. Rowe - credit \$1870.25 - termmed coverage 09/01/2023

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

(1,870.25)

TOTAL MONTHLY CONTRIBUTION

\$ 124,345.66



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: **September 1, 2023**

PPO

Head Count  
Total fees

119
\$ 122,204.61

Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35	43	\$ 19,365.05
Employee & Spouse	\$ 1,518.48	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.15	22	\$ 28,911.30
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.56	\$ 106.56	\$ 1,172.12	23	\$ 26,958.76
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25	22	\$ 41,145.50
Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80	7	\$ 5,633.60
Child(ren) only	\$ 867.14	\$ 204.33	\$ 602.55	\$ 60.26	\$ 662.81	2	\$ 1,325.62
Spouse and Child(ren)	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 861.84	\$ 204.33	\$ 597.73	\$ 59.77	\$ 657.51		
Non Medicare Retiree**	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Non Medicare Children**	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Non Medicare Spouse and Children**	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>							
<b>(not including 2% administrative fee)</b>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,518.47	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

S. Burns - credit \$721.77 - changed from emp/ch to single effective 08/01/2023

S. Marlar - reiro \$450.35 - new enrollment effective 08/01/2023

J. Willis - credit \$863.80 - changed from emp/sp to single effective 08/01/2023

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

(721.77)
450.35
(863.80)

**TOTAL MONTHLY CONTRIBUTION**

**\$ 122,204.61**

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: **September 1, 2023**  
**HDHP**

Head Count  
Total fees

40
\$ 38,077.10

Contribution for Funding:	2023	2023	2023	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	Fixed Cost	Total					
<b>Active/Retired/Disabled*</b>								
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 343.90	\$ 34.39	\$ 378.29	13	\$ 4,917.77
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 1,039.37	\$ 103.94	\$ 1,143.31	5	\$ 5,716.55
Employee & Child(ren)	\$ 1,224.06	\$ 204.33	\$ 927.03	\$ 927.03	\$ 92.70	\$ 1,019.73	14	\$ 14,276.22
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 1,496.20	\$ 149.62	\$ 1,645.82	8	\$ 13,166.56
Spouse only	\$ 896.45	\$ 204.33	\$ 629.20	\$ 629.20	\$ 62.92	\$ 692.12		
Child(ren) only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 518.19	\$ 51.82	\$ 570.01		
Spouse and Child(ren)	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 1,076.37	\$ 107.64	\$ 1,184.01		
<b>COBRA</b>								
<i>(not including 2% administrative fee)</i>								
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 343.90	\$ 34.39	\$ 378.29		
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 1,039.37	\$ 103.94	\$ 1,143.31		
Employee & Child(ren)	\$ 1,224.07	\$ 204.33	\$ 927.03	\$ 927.03	\$ 92.70	\$ 1,019.74		
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 1,496.20	\$ 149.62	\$ 1,645.82		
Spouse/Ex-Spouse only	\$ 896.46	\$ 204.33	\$ 629.21	\$ 629.21	\$ 62.92	\$ 692.13		
Children only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 518.19	\$ 51.82	\$ 570.01		
Child only	\$ 582.62	\$ 204.33	\$ 343.90	\$ 343.90	\$ 34.39	\$ 378.29		
Ex-Spouse & Child(ren) only	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 1,076.37	\$ 107.64	\$ 1,184.01		

\* Retiree and Disabled are interchangeable

**TOTAL MONTHLY CONTRIBUTION**

**\$38,077.10**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY





**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Head Count	123
Total fees	\$ 128,359.12

Due Date: August 1, 2023  
PPO

Contribution for Funding:	2023	2023	2023	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	Fixed Cost	2023 Surchage					
<b>Active/Retired/Disabled*</b>								
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 409.41	\$ 40.94	\$ 450.35	41	\$ 18,464.35
Employee & Spouse	\$ 1,518.48	\$ 204.33	\$ 1,194.68	\$ 1,194.68	\$ 119.47	\$ 1,314.15	24	\$ 31,539.60
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.56	\$ 1,065.56	\$ 106.56	\$ 1,172.12	25	\$ 29,303.00
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 1,700.23	\$ 170.02	\$ 1,870.25	23	\$ 43,015.75
Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 731.64	\$ 73.16	\$ 804.80	8	\$ 6,438.40
Child(ren) only	\$ 867.14	\$ 204.33	\$ 602.55	\$ 602.55	\$ 60.26	\$ 662.81	2	\$ 1,325.62
Spouse and Child(ren)	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>								
Non-Medicare Spouse**	\$ 861.84	\$ 204.33	\$ 597.73	\$ 597.73	\$ 59.77	\$ 657.51		
Non Medicare Retiree**	\$ 654.68	\$ 204.33	\$ 409.41	\$ 409.41	\$ 40.94	\$ 450.35		
Non Medicare Children**	\$ 867.13	\$ 204.33	\$ 602.55	\$ 602.55	\$ 60.25	\$ 662.80		
Non Medicare Spouse and Children**	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>								
<b>(not including 2% administrative fee )</b>								
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,518.47	\$ 204.33	\$ 1,194.68	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.57	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 867.13	\$ 204.33	\$ 602.55	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 654.68	\$ 204.33	\$ 409.41	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

R. Mounce - credit for June/July (chg from emp/sp to single)

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

\$ (1,727.60)

TOTAL MONTHLY CONTRIBUTION

\$ 128,359.12

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Head Count	40
Total fees	\$ 38,077.10

Head Count  
Total fees

Due Date: August 1, 2023
HDHP

Contribution for Funding:	2023	2023	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	2023 Fixed Cost						
<b>Active/Retired/Disabled*</b>								
Employee	\$ 582.62	\$ 204.33	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29	13	\$ 4,917.77
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31	5	\$ 5,716.55
Employee & Child(ren)	\$ 1,224.06	\$ 204.33	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.73	14	\$ 14,276.22
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82	8	\$ 13,166.56
Spouse only	\$ 896.45	\$ 204.33	\$ 204.33	\$ 629.20	\$ 62.92	\$ 692.12		
Child(ren) only	\$ 774.34	\$ 204.33	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01		
Spouse and Child(ren)	\$ 1,388.34	\$ 204.33	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01		
<b>COBRA</b>								
<i>(not including 2% administrative fee)</i>								
Employee	\$ 582.62	\$ 204.33	\$ 204.33	\$ 343.90	\$ -	\$ 378.29		
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31		
Employee & Child(ren)	\$ 1,224.07	\$ 204.33	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.74		
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82		
Spouse/Ex-Spouse only	\$ 896.46	\$ 204.33	\$ 204.33	\$ 629.21	\$ 62.92	\$ 692.13		
Children only	\$ 774.34	\$ 204.33	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01		
Child only	\$ 582.62	\$ 204.33	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29		
Ex-Spouse & Child(ren) only	\$ 1,388.34	\$ 204.33	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY

Total Monthly Contribution	<b>\$38,077.10</b>
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TOTAL MONTHLY CONTRIBUTION



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: July 1, 2023

PPO

Head Count  
Total fees

124
\$ 137,379.86

Contribution for Funding:	2023	2023	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	Fixed Cost					
<b>Active/Retired/Disabled*</b>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35	40	\$ 18,014.00
Employee & Spouse	\$ 1,518.48	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.15	25	\$ 32,853.75
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.56	\$ 106.56	\$ 1,172.12	25	\$ 29,303.00
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25	24	\$ 44,886.00
Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80	8	\$ 6,438.40
Child(ren) only	\$ 867.14	\$ 204.33	\$ 602.55	\$ 60.26	\$ 662.81	2	\$ 1,325.62
Spouse and Child(ren)	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 861.84	\$ 204.33	\$ 597.73	\$ 59.77	\$ 657.51		
Non Medicare Retiree**	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Non Medicare Children**	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Non Medicare Spouse and Children**	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>							
<i>(not including 2% administrative fee)</i>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,518.47	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable

\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

J. Purcell - retro pay for June 2023 \$1,172.12

J. Lasley - retro pay \$450.35

T. Mofield - retro pay \$1,172.12

A. Salmans - retro pay \$450.35

S. Whittis - retro pay \$1,314.15

**TOTAL MONTHLY CONTRIBUTION**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

\$ 1,172.12
450.35
1,172.12
450.35
1314.15
<b>\$ 137,379.86</b>

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: July 1, 2023  
HDHP

Head Count  
Total fees

40
\$ 38,077.10

Contribution for Funding:	2023	2023	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
	Base Rate	2023 Fixed Cost			
<b>Active/Retired/Disabled*</b>					
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31
Employee & Child(ren)	\$ 1,224.06	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.73
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82
Spouse only	\$ 896.45	\$ 204.33	\$ 629.20	\$ 62.92	\$ 692.12
Child(ren) only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01
Spouse and Child(ren)	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01
<b>COBRA</b>					
(not including 2% administrative fee)					
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ -	\$ 378.29
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31
Employee & Child(ren)	\$ 1,224.07	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.74
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82
Spouse/Ex-Spouse only	\$ 896.46	\$ 204.33	\$ 629.21	\$ 62.92	\$ 692.13
Children only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01
Child only	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29
Ex-Spouse & Child(ren) only	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY

TOTAL MONTHLY CONTRIBUTION

**\$38,077.10**



**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Head Count  
Total fees

41  
\$ 39,096.83

Due Date: June 1, 2023  
HDHP

Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29	13	\$ 4,917.77
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31	5	\$ 5,716.55
Employee & Child(ren)	\$ 1,224.06	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.73	15	\$ 15,295.95
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82	8	\$ 13,166.56
Spouse only	\$ 896.45	\$ 204.33	\$ 629.20	\$ 62.92	\$ 692.12		
Child(ren) only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01		
Spouse and Child(ren)	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01		
<b>COBRA</b>							
<i>(not including 2% administrative fee)</i>							
Employee	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29		
Employee & Spouse	\$ 1,347.64	\$ 204.33	\$ 1,039.37	\$ 103.94	\$ 1,143.31		
Employee & Child(ren)	\$ 1,224.07	\$ 204.33	\$ 927.03	\$ 92.70	\$ 1,019.74		
Employee & Family	\$ 1,850.15	\$ 204.33	\$ 1,496.20	\$ 149.62	\$ 1,645.82		
Spouse/Ex-Spouse only	\$ 896.46	\$ 204.33	\$ 629.21	\$ 62.92	\$ 692.13		
Children only	\$ 774.34	\$ 204.33	\$ 518.19	\$ 51.82	\$ 570.01		
Child only	\$ 582.62	\$ 204.33	\$ 343.90	\$ 34.39	\$ 378.29		
Ex-Spouse & Child(ren) only	\$ 1,388.34	\$ 204.33	\$ 1,076.37	\$ 107.64	\$ 1,184.01		

\* Retiree and Disabled are interchangeable

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

TOTAL MONTHLY CONTRIBUTION

**\$39,096.83**

**KENTUCKY RURAL ELECTRIC COOPERATIVE EMPLOYERS BENEFIT PLAN  
SELF-FUNDED CONTRIBUTION STATEMENT  
South Kentucky RECC**

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY  
40392-0707

Due Date: June 1, 2023  
PPO

Head Count  
Total fees

120	\$ 130,108.78
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Contribution for Funding:	2023 Base Rate	2023 Fixed Cost	2023 Base Claims Funding	Surcharge Assessment 10%	2023 Total Claims Funding	# Plan Participants	MONTHLY TOTAL
<b>Active/Retired/Disabled*</b>							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35	37	\$ 16,662.95
Employee & Spouse	\$ 1,518.48	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.15	25	\$ 32,853.75
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.56	\$ 106.56	\$ 1,172.12	28	\$ 30,475.12
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25	23	\$ 43,015.75
Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80	8	\$ 6,438.40
Child(ren) only	\$ 867.14	\$ 204.33	\$ 602.55	\$ 60.26	\$ 662.81	1	\$ 662.81
Spouse and Child(ren)	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>Medicare Retired/Disabled*</b>							
Non-Medicare Spouse**	\$ 861.84	\$ 204.33	\$ 597.73	\$ 59.77	\$ 657.51		
Non-Medicare Retiree**	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Non-Medicare Children**	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Non-Medicare Spouse and Children**	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		
<b>COBRA</b>							
(not including 2% administrative fee)							
Employee	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Employee & Spouse	\$ 1,518.47	\$ 204.33	\$ 1,194.68	\$ 119.47	\$ 1,314.14		
Employee & Child(ren)	\$ 1,376.45	\$ 204.33	\$ 1,065.57	\$ 106.56	\$ 1,172.12		
Employee & Family	\$ 2,074.58	\$ 204.33	\$ 1,700.23	\$ 170.02	\$ 1,870.25		
Spouse/Ex-Spouse only	\$ 1,009.13	\$ 204.33	\$ 731.64	\$ 73.16	\$ 804.80		
Children only	\$ 867.13	\$ 204.33	\$ 602.55	\$ 60.25	\$ 662.80		
Child only	\$ 654.68	\$ 204.33	\$ 409.41	\$ 40.94	\$ 450.35		
Ex-Spouse & Child(ren) only	\$ 1,565.26	\$ 204.33	\$ 1,237.21	\$ 123.72	\$ 1,360.93		

\* Retiree and Disabled are interchangeable  
\*\*Where Spouse or Retiree is moved to the coop's Medicare Advantage Plan

Payable to: EKPC  
Attn: Medical Plan  
PO Box 707  
Winchester, KY

TOTAL MONTHLY CONTRIBUTION

\$ 130,108.78





**ATTACHMENT AG 1-61(a)**  
**AmeriBen**



**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

5/6/2024

<b>Total Net Funding</b>		<b>\$33,909.41</b>
<b>Premium Fees</b>		<b>\$33,880.00</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	May 2024 Admin Fees	\$1,520.00
<b>Anthem</b>		
	May 2024 Admin Fees	\$4,880.00
<b>AmeriBen</b>		
	May 2024 Admin Fees	\$4,590.40
<b>Symetra</b>		
	May 2024 Admin Fees	\$22,889.60
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
May 2024 Bank Admin Fee		\$29.41

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[Distribution List](#)



**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

4/4/2024

<b>Total Net Funding</b>		<b>\$34,756.41</b>
<b>Premium Fees</b>		<b>\$34,727.00</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	April 2024 Admin Fees	\$1,558.00
<b>Anthem</b>		
	April 2024 Admin Fees	\$5,002.00
<b>AmeriBen</b>		
	April 2024 Admin Fees	\$4,705.16
<b>Symetra</b>		
	April 2024 Admin Fees	\$23,461.84
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
April 2024 Bank Admin Fee		\$29.41

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**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

3/15/2024

<b>Total Net Funding</b>		<b>\$33,705.08</b>
<b>Premium Fees</b>		<b>\$33,675.67</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	March 2024 Admin Fees	\$1,511.50
<b>Anthem</b>		
	March 2024 Admin Fees	\$4,851.75
<b>AmeriBen</b>		
	March 2024 Admin Fees	\$4,561.71
<b>Symetra</b>		
	March 2024 Admin Fees	\$22,750.71
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
March 2024 Bank Admin Fee		\$29.41

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[Distribution List](#)



# AmeriBen

## South Kentucky - East Kentucky Power Co-Op

### Funding Notification

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

3/6/2024

<b>Total Net Funding</b>		<b>\$34,332.91</b>
<b>Premium Fees</b>		<b>\$34,303.50</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	February 2024 Admin Fees	\$1,539.00
<b>Anthem</b>		
	February 2024 Admin Fees	\$4,941.00
<b>AmeriBen</b>		
	February 2024 Admin Fees	\$4,647.78
<b>Symetra</b>		
	February 2024 Admin Fees	\$23,175.72
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
	February 2024 Bank Admin Fee	\$29.41

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# AmeriBen

## South Kentucky - East Kentucky Power Co-Op

### Funding Notification

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

3/5/2024

<b>Total Net Funding</b>	<b>\$35,583.91</b>
<b>Premium Fees</b>	<b>\$35,554.50</b>
<b>Description</b>	<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>	
January 2024 Admin Fees	\$1,590.00
<b>Anthem</b>	
January 2024 Admin Fees	\$5,110.50
<b>AmeriBen</b>	
January 2024 Admin Fees	\$4,819.92
<b>Symetra</b>	
January 2024 Admin Fees	\$24,034.08
<b>Fixed cost and Miscellaneous Invoices:</b>	<b>\$29.41</b>
January 2024 Bank Admin Fee	\$29.41

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**Southern Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

12/1/2023

**Total Net Funding**      **\$32,768.08**

**Premium Fees**      **\$32,738.67**

Description	Total Amount
-------------	--------------

**Brown & Brown Insurance**

December 2023 Admin Fees	\$1,334.50
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**Anthem**

December 2023 Admin Fees	\$4,435.25
--------------------------	------------

**AmeriBen**

December 2023 Admin Fees	\$4,504.33
--------------------------	------------

**Symetra**

December 2023 Admin Fees	\$22,464.59
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**Fixed cost and Miscellaneous Invoices:**      **\$29.41**

December 2023 Bank Admin Fee	\$29.41
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**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

11/1/2023

<b>Total Net Funding</b>		<b>\$671.37</b>
<b>Premium Fees</b>		<b>\$641.96</b>
<b>Description</b>		<b>Total Amount</b>
<b>Amount Already Funded</b>		<b>\$(32,926.54)</b>
<b>Brown &amp; Brown Insurance</b>		
	November 2023 Admin Fees	\$1,368.50
<b>Anthem</b>		
	November 2023 Admin Fees	\$4,548.25
<b>AmeriBen</b>		
	November 2023 Admin Fees	\$4,619.09
<b>Symetra</b>		
	November 2023 Admin Fees	\$23,032.66
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
<b>November 2023 Bank Admin Fee</b>		<b>\$29.41</b>

CONFIDENTIALITY NOTICE: This notification, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender at the following email and destroy all copies of this notification.



**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

10/1/2023

<b>Total Net Funding</b>		<b>\$32,109.22</b>
<b>Premium Fees</b>		<b>\$32,079.81</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	October 2023 Admin Fees	\$1,334.50
<b>Anthem</b>		
	October 2023 Admin Fees	\$4,435.25
<b>AmeriBen</b>		
	October 2023 Admin Fees	\$4,504.33
<b>Symetra</b>		
	October 2023 Admin Fees	\$21,805.73
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
October 2023 Bank Admin Fee		\$29.41

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184.22 - 8.7150 - 29.41  
 186.06 - 8.9200 24,110.94  
 228.30 - 0.9200 7,968.87



**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

9/7/2023

<b>Total Net Funding</b>		<b>\$33,130.87</b>
<b>Premium Fees</b>		<b>\$33,101.46</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
September 2023 Admin Fees		\$1,377.00
<b>Anthem</b>		
September 2023 Admin Fees		\$4,576.50
<b>AmeriBen</b>		
September 2023 Admin Fees		\$4,647.78
<b>Symetra</b>		
September 2023 Admin Fees		\$22,500.18
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
September 2023 Bank Admin Fee		\$29.41

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184.22 - 0 - 7150 - 29.41  
 186.06 - 0 - 9200 - 24723.93  
 228.30 - 0 - 9200 - 8377.53  
 \* 33,130.87





**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

7/1/2023

<b>Total Net Funding</b>		<b>\$34,152.52</b>
<b>Premium Fees</b>		<b>\$34,123.11</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	July 2023 Admin Fees	\$1,419.50
<b>Anthem</b>		
	July 2023 Admin Fees	\$4,717.75
<b>AmeriBen</b>		
	July 2023 Admin Fees	\$4,791.23
<b>Symetra</b>		
	July 2023 Admin Fees	\$23,194.63
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
	July 2023 Bank Admin Fee	\$29.41

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184.22 - 0.7150. \$29.41  
 186.08 - 0.9200. \$25,949.91  
 228.30 - 8.9200. \$8,173.20  
 -----  
 34,152.52



# AmeriBen

## PREMIUM/FEEES DETAIL

### KENTUCKY RURAL ELECTRIC CO-OP - Billed 7/1/2023

CARRIER	ACTIVE OR COBRA	DIVISION	BENEFIT	ADJUSTMENT DATE	PER UNIT	BILLED COUNT	Volume x1000s	BILLED AMOUNT
BROWN & BROWN INSURANCE	ACTIVE					167	0	\$1,419.50
ANTHEM	ACTIVE					167	0	\$1,419.50
AMERIBEN	ACTIVE					167	0	\$4,717.75
SYMETRA	ACTIVE					334	0	\$4,791.23
TOTALS:	ACTIVE					167	0	\$23,194.63
						835	0	\$34,123.11



**South Kentucky - East Kentucky Power Co-Op**

**Funding Notification**

Pulling Funds: Funds to cover these payments will be withdrawn from your account within 48 hours.

6/1/2023

**Total Net Funding** \$33,130.87

<b>Premium Fees</b>		<b>\$33,101.46</b>
<b>Description</b>		<b>Total Amount</b>
<b>Brown &amp; Brown Insurance</b>		
	June 2023 Admin Fees	\$1,377.00
<b>Anthem</b>		
	June 2023 Admin Fees	\$4,576.50
<b>AmeriBen</b>		
	June 2023 Admin Fees	\$4,647.78
<b>Symetra</b>		
	June 2023 Admin Fees	\$22,500.18
<b>Fixed cost and Miscellaneous Invoices:</b>		<b>\$29.41</b>
	June 2023 Bank Admin Fee	\$29.41

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**PREMIUM/FEE DETAIL**  
**KENTUCKY RURAL ELECTRIC CO-OP - Billed 6/1/2023**

CARRIER	ACTIVE OR COBRA	DIVISION	BENEFIT	ADJUSTMENT DATE	PER UNIT	BILLED COUNT	VOLUME x1000s	BILLED AMOUNT
<b>ACTIVE</b>						<b>162</b>	<b>0</b>	<b>\$1,377.00</b>
		<b>Q01 - SO KY ALL ACTIVE EMPLOYEES</b>						
		FA ADM FEE		5/1/2023		125	0	\$1,062.50
				6/1/2023	(\$8.50)	-1	0	-8.5
		<b>Q07 - SO KY SURVIVOR UNDER 65</b>				126	0	1071
		FA ADM FEE			\$8.50	1	0	\$8.50
				6/1/2023	\$8.50	1	0	8.5
		<b>Q09 - SO KY RETIREE UNDER 65</b>				27	0	\$229.50
		FA ADM FEE			\$8.50	27	0	\$229.50
				6/1/2023	\$8.50	27	0	229.5
		<b>Q10 - SO KY RET DEP &gt;65 PL PRIM ACT</b>				9	0	\$76.50
		FA ADM FEE			\$8.50	9	0	\$76.50
				6/1/2023	\$8.50	9	0	76.5
<b>ACTIVE</b>						<b>162</b>	<b>0</b>	<b>\$4,576.50</b>
		<b>Q01 - SO KY ALL ACTIVE EMPLOYEES</b>						
		P1 PPO FEE EE/MO		5/1/2023		125	0	\$3,531.25
				6/1/2023	(\$28.25)	-1	0	-28.25
		<b>Q07 - SO KY SURVIVOR UNDER 65</b>				126	0	3559.5
		P1 PPO FEE EE/MO			\$28.25	1	0	\$28.25
				6/1/2023	\$28.25	1	0	28.25
		<b>Q09 - SO KY RETIREE UNDER 65</b>				27	0	\$762.75
		P1 PPO FEE EE/MO			\$28.25	27	0	\$762.75
				6/1/2023	\$28.25	27	0	762.75
		<b>Q10 - SO KY RET DEP &gt;65 PL PRIM ACT</b>				9	0	\$254.25
		P1 PPO FEE EE/MO			\$28.25	9	0	\$254.25
				6/1/2023	\$28.25	9	0	254.25
<b>ACTIVE</b>						<b>324</b>	<b>0</b>	<b>\$4,647.78</b>
		<b>Q01 - SO KY ALL ACTIVE EMPLOYEES</b>						
		FE MEDICAL ADM FEE		5/1/2023		250	0	\$3,586.25
				6/1/2023	(\$23.69)	-1	0	-23.69
		UR UR FEE			\$23.69	126	0	2984.94
				5/1/2023	(\$5.00)	-1	0	-5
				6/1/2023	\$5.00	126	0	630
		<b>Q07 - SO KY SURVIVOR UNDER 65</b>				2	0	\$28.69
		FE MEDICAL ADM FEE				1	0	\$23.69





**ATTACHMENT AG 1-61(a)**  
**Humana**



# Invoice

For coverage in May 2024

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date

694700559 - April 14, 2024

Billing Representative

TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due

May 1, 2024

MB 02 000007 97268 H 3 A



SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET KY 42502

000007 1/5

## Invoice Summary

Amount due from last invoice	\$74,491.96
Total payments received	-\$37,245.98
Amount past due	\$37,245.98
Premiums this period	\$37,771.06
Member adjustments	\$262.54
Fees and other adjustments	\$0.00
Please pay total amount due	\$75,279.58

~~37,771.06~~  
~~262.54~~     *off Mizg*  
38,033.60

*Sent to Aaron for payment 4/23/24*

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID:



Payment due date:

May 1, 2024

Invoice number:

694700559

Amount due:

\$75,279.58

Amount enclosed:

694700510 001 0007527958 05012024 23404 6

HBSG10LETHBSG173A0415202401210002253

SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:



HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

**Payments**

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

- 1. Write your Billing ID on your check.
- 2. Fill out all information on the remittance stub.
- 3. Put your check and remittance stub in the envelope provided.

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.



33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700559	228.30		\$26,967.85
		Billing ID:323704-001			
9200	0		143.99		\$ 7,915.27
9735	1904		930.21		\$ 429.08
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 2,625.40
	TOTALS				\$38,033.60



# Invoice

For coverage in April 2024

## SOUTH KENTUCKY RECC

Billing ID



**Invoice number - Invoice date**

694700668 - March 14, 2024

**Billing Representative**

TANGLIA DAPREMONT, ext. 0000

MEDICARE GROUP BILLING UNIT

**Payment due**

April 1, 2024

MB 02 000010 50617 G 3 A



SOUTH KENTUCKY RECC

JEANNIE WOOD

PO BOX 910

SOMERSET KY 42502

000010 1/5

## Invoice Summary

Amount due from last invoice	\$37,245.98
Total payments received	\$0.00
Amount past due	\$37,245.98
Premiums this period	\$37,245.98
Member adjustments	\$0.00
Fees and other adjustments	\$0.00

→ PD. 3/7/24

Please pay total amount due

~~\$74,491.96~~  
37,245.98

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID:



Invoice number:

694700668

Payment due date:

April 1, 2024

Amount due:

\$74,491.96

Amount enclosed:

37,245.98

694700510 001 0007449196 04012024 23404 6

HBSG10LETHBSG173A0315202402230002342

SOUTH KENTUCKY RECC

JEANNIE WOOD

PO BOX 910

SOMERSET, KY 42502

Please send payment to:



HUMANA INSURANCE CO

P.O. BOX 371400

PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

## Payments

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33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700668	228.30		\$26,402.63
		Billing ID:323704-001			
9200	0		143.99		\$ 7,692.87
9735	1904		930.21		\$ 429.08
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 2,625.40
	TOTALS				\$37,245.98





# Invoice

For coverage in March 2024

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date  
694700512 - February 14, 2024

Billing Representative  
TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due  
March 1, 2024

MB 02 000009 09536 G 3 A



SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET KY 42502

## Invoice Summary

Amount due from last invoice	\$72,916.72
Total payments received	-\$72,916.72
Amount past due	\$0.00
Premiums this period	\$36,983.44
Member adjustments	\$262.54
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$37,245.98</b>

continued ▶



RETURN THIS PORTION WITH YOUR PAYMENT

## Payment Coupon

Billing ID: [REDACTED]  
Invoice number: 694700512

Payment due date: March 1, 2024  
Amount due: \$37,245.98  
Amount enclosed:

694700510 001 0003724598 03012024 23404 1

HBSG10LETHBSG173A0215202401460002431  
SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

000009 1/5

33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700512	228.30		\$26,402.63
		Billing ID:323704-001			
9200	0		143.99		\$ 7,692.87
9735	1904		930.21		\$ 429.08
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 2,625.40
	TOTALS				\$37,245.98



## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

1. Write your Billing ID on your check.
2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.





# Invoice

For coverage in February 2024

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date  
694700558 - January 14, 2024

Billing Representative  
TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due  
February 1, 2024

MB 02 000012 61593 H 3 A



SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET KY 42502

000012 1/5

## Invoice Summary

Amount due from last invoice	\$81,699.74
Total payments received	-\$45,241.38
Amount past due	\$36,458.36
Premiums this period	\$36,458.36
Member adjustments	\$0.00
Fees and other adjustments	\$0.00

PD. 1/11/24

Please pay total amount due ~~\$72,916.72~~  
36,458.36

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID: [Redacted]  
Invoice number: 694700558

Payment due date: February 1, 2024  
Amount due: \$72,916.72  
Amount enclosed: 36,458.36

694700510 001 0007291672 02012024 23404 7

HBSG10LETHBSG172A0115202400470002513  
SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.



## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700558	228.30		\$25,615.01
		Billing ID:323704-001			
9200	0		143.99		\$ 7,692.87
9735	1904		930.21		\$ 429.08
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 2,625.40
	TOTALS				\$36,458.36



# Invoice

For coverage in January 2024

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date  
694700510 - December 14, 2023

Billing Representative  
TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due  
January 1, 2024

MB 02 000018 17025 H 3 A



SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET KY 42502

000018 1/5

## Invoice Summary

Amount due from last invoice	\$45,241.38
Total payments received	\$0.00
Amount past due	\$45,241.38
Premiums this period	\$36,458.36
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$81,699.74</b>

PD. 12/07/23

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID: [Redacted]  
Invoice number: 694700510

Payment due date: January 1, 2024  
Amount due: \$81,699.74  
Amount enclosed:

694700510 001 0008169974 01012024 23404 0

HBSG10LETHBSG171A1215202301270002677  
SOUTH KENTUCKY RECC  
JEANNIE WOOD  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

[Barcode]  
HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.

**Humana**<sup>®</sup>



Invl TR -002677-005-001-010000-000000-0000005498



33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700 <sup>S/O</sup> 665	228.30		\$25,615.01
		Billing ID:323704-001			
9200	0		143.99		\$ 7,692.87
9735	1904		930.21		\$ 429.08
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 2,625.40
	TOTALS				\$36,458.36



# Invoice

For coverage in December 2023

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date  
694700665 - November 14, 2023

Billing Representative  
TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due  
December 1, 2023

MB 02 000014 75779 H 3 A



SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET KY 42502

000014 1/5

## Invoice Summary

Amount due from last invoice	\$91,467.69
Total payments received	-\$91,467.69
Amount past due	\$0.00
Premiums this period	\$45,569.69
Member adjustments	-\$328.31
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$45,241.38</b>

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID:



Payment due date: December 1, 2023

Invoice number:

694700665

Amount due: \$45,241.38

Amount enclosed:

694700510 001 0004524138 12012023 23404 1

HBSG10LETHBSG171A1115202301260002952  
SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

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33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700665	228.30		\$33,575.92
		Billing ID:323704-001			
9200	0		143.99		\$ 7,725.74
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 3,283.10
	TOTALS				\$45,241.38



# Invoice

For coverage in November 2023

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date

694700657 - October 14, 2023

Billing Representative

TANGLIA DAPREMONT, ext. 0000

MEDICARE GROUP BILLING UNIT

Payment due

November 1, 2023

MB 02 000010 30552 H 1 A



SOUTH KENTUCKY RECC

MISSY JOHNSON

PO BOX 910

SOMERSET KY 42502

## Invoice Summary

Amount due from last invoice	\$45,898.00
Total payments received	\$0.00
Amount past due	\$45,898.00
Premiums this period	\$45,569.69
Member adjustments	\$0.00
Fees and other adjustments	\$0.00

PD. 10/12/23 Chk# 206722

Please pay total amount due ~~\$91,467.69~~  
45,569.69

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID:

Invoice number:

694700657

Payment due date:

November 1, 2023

Amount due:

~~\$91,467.69~~

Amount enclosed:

45,569.99

694700510 001 0009146769 11012023 23404 5

Please send payment to:



HUMANA INSURANCE CO

P.O. BOX 371400

PITTSBURGH, PA 15250-7400

HBSG10LETHBSG171A1015202307050003045

SOUTH KENTUCKY RECC

MISSY JOHNSON

PO BOX 910

SOMERSET, KY 42502

For change of address, please contact your Billing Representative.

000010 1/5

6

49

## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

1. Write your Billing ID on your check.
2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.



33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700657	228.30		\$33,904.23
		Billing ID:323704-001			
9200	0		143.99		\$ 7,725.74
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 3,283.10
	TOTALS				\$45,569.69



# Invoice

For coverage in October 2023

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date  
694700511 - September 14, 2023

Billing Representative  
TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due  
October 1, 2023

MB 02 000014 85274 H 3 A



SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET KY 42502

000014 1/5

## Invoice Summary

Amount due from last invoice	\$45,241.38
Total payments received	-\$45,241.38
Amount past due	\$0.00
Premiums this period	\$45,569.69
Member adjustments	\$328.31
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$45,898.00</b>

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID: [Redacted]  
Invoice number: 694700511

Payment due date: October 1, 2023  
Amount due: \$45,898.00  
Amount enclosed:

694700510 001 0004589800 10012023 23404 3

HBSG10LETHBSG171A0915202301380003118  
SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.





## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700511	228.30		\$34,232.54
		Billing ID:323704-001			
9200	0		143.99		\$ 7,725.74
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 3,283.10
	TOTALS				\$45,898.00



# Invoice

For coverage in September 2023

## SOUTH KENTUCKY RECC

### Billing ID

### Invoice number - Invoice date

694700539 - August 14, 2023

### Billing Representative

TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

### Payment due

September 1, 2023

MB 02 000080 42772 H 4 A



SOUTH KENTUCKY RECC

MISSY JOHNSON

PO BOX 910

SOMERSET KY 42502

000080 1/5

## Invoice Summary

Amount due from last invoice \$89,826.14

Total payments received -\$89,826.14

Amount past due \$0.00

Premiums this period \$45,241.38

Member adjustments \$0.00

Fees and other adjustments \$0.00

**Please pay total amount due \$45,241.38**

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID:



Invoice number:

694700539

Payment due date:

September 1, 2023

Amount due:

\$45,241.38

Amount enclosed:

694700510 001 0004524138 09012023 23404 6

HBSG10LETHBSG170A0815202300570003209

SOUTH KENTUCKY RECC

MISSY JOHNSON

PO BOX 910

SOMERSET, KY 42502

Please send payment to:



HUMANA INSURANCE CO

P.O. BOX 371400

PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.



33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700539	228.30		\$33,353.52
		Billing ID:323704-001			
9200	0		143.99		\$ 7,948.14
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 3,283.10
	TOTALS				\$45,241.38



# Invoice

For coverage in August 2023

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date

694700653 - July 14, 2023

Billing Representative

TANGLIA DAPREMONT, ext. 0000

MEDICARE GROUP BILLING UNIT

Payment due

August 1, 2023

MB 02 000184 01111 H 5 A



SOUTH KENTUCKY RECC

MISSY JOHNSON

PO BOX 910

SOMERSET KY 42502

000184 1/5

## Invoice Summary

Amount due from last invoice	\$90,154.45	
Total payments received	-\$44,913.07	
Amount past due	\$45,241.38	PD. 7/6/23
Premiums this period	\$44,913.07	} \$44,584.76
Member adjustments	-\$328.31	
Fees and other adjustments	\$0.00	
<b>Please pay total amount due</b>	<b>\$89,826.14</b>	

continued ▶



RETURN THIS PORTION WITH YOUR PAYMENT

## Payment Coupon

Billing ID:



Invoice number:

694700653

Payment due date:

August 1, 2023

Amount due:

\$89,826.14

Amount enclosed:

694700510 001 0008982614 08012023 23404 6

HBSG10LETHBSG170A0715202300580003241

SOUTH KENTUCKY RECC

MISSY JOHNSON

PO BOX 910

SOMERSET, KY 42502

Please send payment to:



HUMANA INSURANCE CO

P.O. BOX 371400

PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.



## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

There may be a delay in updates on your invoice due to timing and processing. Please continue to pay the "Total Amount Due" to save time and money on reconciliation efforts. Please ensure all adjustments are accurately reflected on your invoice. If not, please contact your Billing Representative.



33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700653	228.30		\$33,692.41
		Billing ID:323704-001			
9200	0		143.99		\$ 7,280.94
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 2,954.79
	TOTALS				\$44,584.76





# Invoice

For coverage in July 2023

## SOUTH KENTUCKY RECC

Billing ID



**Invoice number - Invoice date**  
694700662 - June 14, 2023

**Billing Representative**  
TANGLIA DAPREMONT, ext. 0000  
MEDICARE GROUP BILLING UNIT

**Payment due**  
July 1, 2023

MB 02 000204 57285 H 5 A



SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET KY 42502

000204 1/5

## Invoice Summary

Amount due from last invoice	\$89,497.83
Total payments received	-\$44,584.76
Amount past due	\$44,913.07
Premiums this period	\$45,241.38
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$90,154.45</b>

*P.D. 06/08/2023*

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID:   
Invoice number: 694700662

**Payment due date:** July 1, 2023  
**Amount due:** \$90,154.45  
**Amount enclosed:**

694700510 001 0009015445 07012023 23404 0

HBSG10LETHBSG170A0615202300440003216  
SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.



## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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2. Fill out all information on the remittance stub.
3. Put your check and remittance stub in the envelope provided.

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33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700662	228.30		\$33,798.32
		Billing ID:323704-001			
9200	0		143.99		\$ 7,503.34
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 3,283.10
	TOTALS				\$45,241.38



# Invoice

For coverage in June 2023

## SOUTH KENTUCKY RECC

Billing ID

Invoice number - Invoice date  
694700664 - May 14, 2023

Billing Representative  
MICHAEL CAWTHORN, ext. 0000  
MEDICARE GROUP BILLING UNIT

Payment due  
June 1, 2023

MB 02 000206 14581 H 5 A



SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET KY 42502

## Invoice Summary

Amount due from last invoice	\$44,584.76
Total payments received	\$0.00
Amount past due	\$44,584.76
Premiums this period	\$44,913.07
Member adjustments	\$0.00
Fees and other adjustments	\$0.00
<b>Please pay total amount due</b>	<b>\$89,497.83</b>

continued ▶

RETURN THIS PORTION WITH YOUR PAYMENT



## Payment Coupon

Billing ID: [REDACTED]  
Invoice number: 694700664

Payment due date: June 1, 2023  
Amount due: \$89,497.83  
Amount enclosed:

694700510 001 0008949783 06012023 23404 2

HBSG10LETHBSG170A0515202301210003411  
SOUTH KENTUCKY RECC  
MISSY JOHNSON  
PO BOX 910  
SOMERSET, KY 42502

Please send payment to:

HUMANA INSURANCE CO  
P.O. BOX 371400  
PITTSBURGH, PA 15250-7400

For change of address, please contact your Billing Representative.

000206 1/5

33304590

ITEM ID	DEPT #	INVOICE #	ACCOUNT #	QUANTITY	AMOUNT
9200	0	694700664	228.30		\$33,470.01
		Billing ID:323704-001			
9200	0		143.99		\$ 7,503.34
9735	1904		930.21		\$ 560.62
9735	0		143.99		\$ 96.00
9200	0		143.99		\$ 3,283.10
	TOTALS				\$44,913.07



## Payments

Your payment is due on the first of the month. If you pay by manual check, be sure to complete the following steps so that your payments are posted automatically to your account.

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