



0275668
#WGBBOE020NRT#
MUHLENBERG COUNTY WATER DISTRICT
KENDRA NEWMAN
PO BOX 348
MADISONVILLE, KY 42431

Group Name
MUHLENBERG COUNTY WATER DISTRICT
Bill Entity
SK2056M001
Invoice Number
002036875A

Bill Period 02/01/2025 to 03/01/2025

Total Amount to Be Deducted **\$36,467.01**
by February 1, 2025

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

0275668030101

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

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

BILL SUMMARY

Bill Period 02/01/2025 to 03/01/2025

Prior Balance	\$38,661.30
Payments Received	-\$38,661.30
Amount Due From Prior Bill	\$0.00
Eligibility Adjustments	\$0.00
Current Detail	\$36,467.01
Total Amount Due	\$36,467.01

PRODUCT SUMMARY DETAILS

Understanding the Contract Type Values

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

Plan: SK2056M001 – KY BLUE ACCESS PPO – ACT

Contract Type	Contract Count	Current Premium	Retroactive Premium	Total	Billing Rate
S	1	\$1,044.90	\$0.00	\$1,044.90	\$1,044.90
2P	2	\$4,388.58	\$0.00	\$4,388.58	\$2,194.29
S+DEP	1	\$1,880.82	\$0.00	\$1,880.82	\$1,880.82
FAM	9	\$27,271.89	\$0.00	\$27,271.89	\$3,030.21
S+DEPS	1	\$1,880.82	\$0.00	\$1,880.82	\$1,880.82
Total	14	\$36,467.01	\$0.00	\$36,467.01	
Total All Plans		\$36,467.01	\$0.00	\$36,467.01	

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

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

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

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

Group Name: MUHLENBERG COUNTY WATER DISTRICT / Bill Entity: SK2056M001 / Group Contact: KENDRA NEWMAN
 Invoice Number: 002036875A / Bill Period: 02/01/2025 to 03/01/2025 / Due Date: 02/01/2025
 Premium Specialist: MEWA BP BILL CC / For Questions Call: (844) 348-6155

BILL DETAILS

Eligibility Adjustments

*Eligibility changes processed after the bill generation date may be reflected on your next bill

ID No.	Subscriber Name	Department No.	Group No.	Contract Type	No. Cvd	From Date	To Date	Prem Adj	Reason Code
980M54285	NEWMAN, KENDRA		SK2056M001	2P	2	02/01/25	02/01/25	\$0.00	TERM
Subtotal for Group No.				SK2056M001			01		\$0.00
Eligibility Adjustments Subtotal									\$0.00

Current Detail

ID No.	Subscriber Name	Department No.	Employee No.	Group No.	Contract Type	No. Cvd	Premium Amount	
557M62883				SK2056M001	FAM	3	\$3,030.21	
611M54243				SK2056M001	S+DEPS	5	\$1,880.82	
AN8756762				SK2056M001	FAM	4	\$3,030.21	
788M94652				SK2056M001	2P	2	\$2,194.29	
115M69804				SK2056M001	FAM	4	\$3,030.21	
566M71720				SK2056M001	FAM	3	\$3,030.21	
945M54234				SK2056M001	FAM	5	\$3,030.21	
180M62083				SK2056M001	S	1	\$1,044.90	
635M62607				SK2056M001	FAM	4	\$3,030.21	
457M54297				SK2056M001	S+DEP	2	\$1,880.82	
729M54293				SK2056M001	2P	2	\$2,194.29	
966W13703				SK2056M001	FAM	4	\$3,030.21	
669M94652				SK2056M001	FAM	3	\$3,030.21	
670M54252				SK2056M001	FAM	3	\$3,030.21	
Subtotal for Group No.				SK2056M001		14	\$36,467.01	
Total Subscribers					14	Current Detail Subtotal		\$36,467.01

Total Amount Due \$36,467.01

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OVERAGE DEPENDENT DETAIL

Dependents Approaching Maximum Age Limit

ID No.	Subscriber Name	Dependent Name	Member Sequence	Birth Date	Group Number	Upcoming End Date
669M94652			1			
			3	03/21/1999	SK2056M001	04/01/2025