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Billing for: Western Rockcastle Water
PO Box 627
Mount Vernon, KY 40456

Due Date: 09/01/2024
Billing Date: 08/21/2024
Coverage Period From: 09/01/2024
Through: 09/30/2024

Group ID: 00021782

Invoice Number: 146942563

Account Summary

Previous Total Due \$12,979.58
08/02/2024 Payment (\$12,979.58)

Outstanding Balance as of 08/21/2024 \$0.00
Current Invoice \$12,979.58
Total Due \$12,979.58

Please Pay This Amount

For billing questions, please call 1-888-290-9159.

PLEASE NOTE: If your premium has changed, it could be due to an age change in one or more employee and/or spouse .

Employer Access - Everything you need for more efficient plan administration of your Anthem Group Benefits. Ask about it or visit www.anthem.com today for more information

THIS STATEMENT IS FOR YOUR RECORDS ONLY AND REFLECTS
PREMIUMS DEDUCTED THROUGH ELECTRONIC FUND TRANSFER (EFT).

- + Remember to PAY AS BILLED - pay the total amount shown as due on the bill.
- + Do not add or delete members by writing on your bill - your payment goes to an automatic deposit box that cannot read your changes.
- + Submit membership changes to Anthem as they occur. We will adjust your premiums, when applicable, on a future bill.

IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM

Please be advised that if Anthem does not receive the group premium payment within the 30 day grace period following the premium payment due date, the group health coverage will be terminated effective on the last date through which full premiums were paid. This notice serves as the 30-day notice of termination required by law.

IMPORTANT NOTICE: If this bill reflects an outstanding premium balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right to automatically terminate your group's coverage for failure to timely pay premiums.

Current Subscriber Details

SubGroup ID: 0000

SubGroup Name: Western Rockcastle Water Association

Subscriber	Subscriber ID	Plan	Volume	Subscriber	Dependent	Total
[REDACTED]	256M61605	Dental 1	\$25.32		\$34.75	\$60.07
[REDACTED]	256M61605	Health 2	\$1,582.15		\$518.57	\$2,100.72
[REDACTED]	256M61605	Vision 1	\$1.18		\$0.84	\$2.02
[REDACTED]	191M63423	Dental 1	\$25.32		\$60.44	\$85.76
[REDACTED]	191M63423	Health 2	\$1,235.42		\$1,411.33	\$2,646.75
[REDACTED]	191M63423	Vision 1	\$1.18		\$2.07	\$3.25
[REDACTED]	802M78217	Dental 1	\$25.32		\$0.00	\$25.32
[REDACTED]	802M78217	Health 2	\$1,553.68		\$0.00	\$1,553.68
[REDACTED]	802M78217	Vision 1	\$1.18		\$0.00	\$1.18
[REDACTED]	541W16577	Dental 1	\$25.32		\$25.68	\$51.00
[REDACTED]	541W16577	Health 2	\$490.10		\$1,287.28	\$1,777.38
[REDACTED]	541W16577	Vision 1	\$1.18		\$0.89	\$2.07
[REDACTED]	462M54293	Dental 1	\$25.32		\$0.00	\$25.32
[REDACTED]	462M54293	Health 2	\$1,582.15		\$0.00	\$1,582.15
[REDACTED]	462M54293	Vision 1	\$1.18		\$0.00	\$1.18
[REDACTED]	347M56311	Dental 1	\$25.32		\$34.75	\$60.07
[REDACTED]	347M56311	Health 2	\$1,470.30		\$1,037.14	\$2,507.44
[REDACTED]	347M56311	Vision 1	\$1.18		\$0.84	\$2.02
[REDACTED]	866W11635	Dental 1	\$25.32		\$0.00	\$25.32
[REDACTED]	866W11635	Health 2	\$465.70		\$0.00	\$465.70
[REDACTED]	866W11635	Vision 1	\$1.18		\$0.00	\$1.18
Subtotal for 0000			\$8,565.00		\$4,414.58	\$12,979.58

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