

Group ID: 00021782

Invoice Number: 147115439



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

**Due Date:** 01/01/2025  
**Billing Date:** 12/22/2024  
**Coverage Period From:** 01/01/2025  
**Through:** 01/31/2025

**Group ID:** 00021782

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### Account Summary

	Previous Total Due	\$12,979.58
12/03/2024	Payment	( \$12,979.58)

Outstanding Balance as of 12/22/2024	\$0.00
Current Invoice	<u>\$13,305.12</u>
<b>Total Due</b>	<b><u>\$13,305.12</u></b>

**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](http://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
	256M61605	Dental 1	\$25.32		\$34.75	\$60.07
	256M61605	Health 2	\$1,622.92		\$531.93	\$2,154.85
	256M61605	Vision 1	\$1.18		\$0.84	\$2.02
	191M63423	Dental 1	\$25.32		\$60.44	\$85.76
	01M63423	Health 2	\$1,267.25		\$1,447.69	\$2,714.94
	01M63423	Vision 1	\$1.18		\$2.07	\$3.25
	02M78217	Dental 1	\$25.32		\$0.00	\$25.32
	02M78217	Health 2	\$1,593.72		\$0.00	\$1,593.72
	02M78217	Vision 1	\$1.18		\$0.00	\$1.18
	41W16577	Dental 1	\$25.32		\$25.68	\$51.00
	41W16577	Health 2	\$502.73		\$1,320.45	\$1,823.18
	41W16577	Vision 1	\$1.18		\$0.89	\$2.07
	62M54293	Dental 1	\$25.32		\$0.00	\$25.32
	62M54293	Health 2	\$1,622.92		\$0.00	\$1,622.92
	62M54293	Vision 1	\$1.18		\$0.00	\$1.18
	47M56311	Dental 1	\$25.32		\$34.75	\$60.07
	47M56311	Health 2	\$1,508.19		\$1,063.86	\$2,572.05
	47M56311	Vision 1	\$1.18		\$0.84	\$2.02
	66W11635	Dental 1	\$25.32		\$0.00	\$25.32
	66W11635	Health 2	\$477.70		\$0.00	\$477.70
	66W11635	Vision 1	\$1.18		\$0.00	\$1.18
Subtotal for 0000			\$8,780.93		\$4,524.19	\$13,305.12

**Account Detail**

	Subscribers	Dependents	Current	Retro	Net
Health 2 Premium	7	6	\$12,959.36	\$0.00	\$12,959.36
Dental 1 Premium	7	6	\$332.86	\$0.00	\$332.86
Vision 1 Premium	7	6	\$12.90	\$0.00	\$12.90
<b>Current Bill Total</b>			<b>\$13,305.12</b>	<b>\$0.00</b>	<b>\$13,305.12</b>
<b>Balance Carried Forward</b>					<b>\$0.00</b>
<b>Total</b>					<b>\$13,305.12</b>