

Location Premium Detail for Allen County Water District



Location	Prepared	Billing Period
Keri Hill Allen County Water District 330 New Gallatin Rd Scottsville, KY 42164	02/14/2025	March 2025 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	03/01/2025	\$15,900.06

CURRENT

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

Delta 0159 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP		\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	20 - 24	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1	EMP		\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.50	\$829.54

Delta 0159 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP		\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	35 - 39	\$25,000.00	\$0.00	\$2.80	\$2.80
W31164M001 PPO A01T1	EMP		\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.80	\$829.84

Delta 0159 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP		\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	20 - 24	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1	EMP		\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.50	\$829.54

Delta 0159 Dental Option 2	EMP		\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP		\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	25 - 29	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1	EMP		\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.50	\$829.54

Delta 0159 Dental Option 2	ESP		\$0.00	\$0.00	\$38.91
Delta 0159 Vision 150	ESP		\$0.00	\$0.00	\$11.74
Standard 25K Group Life and ADD	50 - 54	\$25,000.00	\$0.00	\$8.28	\$8.28
W31164M001 PPO A01T1	EMP		\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$8.28	\$860.42

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0159 Dental Option 2	ESP		\$0.00	\$0.00	\$38.91
Delta 0159 Vision 150	ESP		\$0.00	\$0.00	\$11.74
Standard 25K Group Life and ADD	30 - 34	\$25,000.00	\$0.00	\$2.55	\$2.55

Employee 19.23
 ACWD pays 19.68
 Employee 5.87
 ACWD pays 5.87
 Employee 8.28
 ACWD pays 8.28
 Employee 19.23
 ACWD pays 19.68
 Employee 5.87
 ACWD pays 5.87
 Employee 2.55
 ACWD pays 2.55

W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$2.55	\$854.69

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	45 - 49	\$25,000.00	\$0.00	\$5.18	\$5.18
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$5.18	\$832.22

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	45 - 49	\$25,000.00	\$0.00	\$5.18	\$5.18
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$5.18	\$832.22

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	30 - 34	\$25,000.00	\$0.00	\$2.55	\$2.55
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$2.55	\$829.59

Delta 0159 Dental Option 2	FAM	\$0.00	\$0.00	\$0.00	\$60.97
Delta 0159 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 25K Group Life and ADD	45 - 49	\$25,000.00	\$0.00	\$5.18	\$5.18
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$5.18	\$887.71

Employee Pays 41.29
ACWD Pays 19.68
5.87

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	20 - 24	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$2.50	\$829.54

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	40 - 44	\$25,000.00	\$0.00	\$3.83	\$3.83
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$3.83	\$830.87

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	30 - 34	\$25,000.00	\$0.00	\$2.55	\$2.55
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
		Employee Totals	\$25,000.00	\$0.00	\$2.55
					\$829.59

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	20 - 24	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
	Employee Totals	\$25,000.00	\$0.00	\$2.50	\$829.54

Terminated Not replaced

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	20 - 24	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.50	\$829.54

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	65 - 69	\$16,250.00	\$0.00	\$19.91	\$19.91
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
Employee Totals		\$16,250.00	\$0.00	\$19.91	\$846.95

Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD	30 - 34	\$25,000.00	\$0.00	\$2.55	\$2.55
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.55	\$829.59

*terminated.
replaced in
March*

Active Current Total	\$416,250.00	\$0.00	\$75.56	\$14,240.93
Location Current Totals	\$416,250.00	\$0.00	\$75.56	\$14,240.93

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

Active

Delta 0159 Dental Option 2 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$19.68
Delta 0159 Vision 150 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD ADJ-DEBIT February 2025 Final Invoice	25 - 29	\$25,000.00	\$0.00	\$2.50	\$2.50
W31164M001 PPO A01T1 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.50	\$829.54

Delta 0159 Dental Option 2 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$19.68
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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0159 Vision 150 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 25K Group Life and ADD ADJ-DEBIT February 2025 Final Invoice	30 - 34	\$25,000.00	\$0.00	\$2.55	\$2.55
W31164M001 PPO A01T1 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$801.49
Employee Totals		\$25,000.00	\$0.00	\$2.55	\$829.59

Active Adjustment Total	\$50,000.00	\$0.00	\$5.05	\$1,659.13
Location Adjustment Totals	\$50,000.00	\$0.00	\$5.05	\$1,659.13

ADJUSTED TOTALS				
Location Adjusted Totals	\$466,250.00	\$0.00	\$80.61	\$15,900.06
			Previous Total Due	\$12,581.80
			Total Payment Received	\$12,581.80

Unpaid Balance	\$0.00
Current Total Premium	\$14,240.93
Billing Fees	\$0.00
Adjustment Total	\$1,659.13
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$15,900.06

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