	Location Prepared		d	Billing Period			
(110	Keri Hill Allen County Water Dis 330 New Gallatin Rd Scottsville, KY 42164	otrict 02/14/202	25 Mai	March 2025 Final Invoice			
Remit Payment to:	Payment	Curren	Current Total Premiums Due				
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	03/01/		\$15,900.06				
	CURREN	IT					
Employee/Plan	Tier	Coverage	Employee Premium	Company	Total Premium		
Active	>				-		
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		
and the second s	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	35 - 39	\$25,000.00	\$0.00	\$2.80	7. V. S.		
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00			
-	Employee Totals	\$25,000.00	\$0.00	\$2.80	\$829.84		
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	25 - 29	\$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			
Delta 0159 Dental Option 2	ESP	\$0.00	\$0.00	englo \$0.00	19.23,38.91		
Delta 0159 Vision 150	ESP	\$0.00	\$0.00	\$0.00			
Standard 25K Group Life and ADD	50 - 54	\$25,000.00	\$0.00	\$8.28	J.U .		
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49		
	Employee Totals	\$25,000.00	\$0.00	\$8.28	\$860.42		

March	2025	Final	Invoice
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1

02/14/2025

Employee/Plan	Tier	Coverage	Premium Premium	Company Premium	Total Premium
Delta 0159 Dental Option 2	ESP	\$0.00	\$0.00	\$0.0	0 [4.23 \$38.91
Delta 0159 Vision 150	ESP	\$0.00	\$0.00	\$0.0	5.87\$11.74
Standard 25K Group Life and ADD	30 - 34	\$25,000.00	\$0.00	\$2.5	sz.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	
	- A		***	***	440.00	
Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68 \$5.97	
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	31
	Employee Totals	\$25,000.00	\$0.00	\$2.55	\$829.59	ALWI
Delta 0159 Dental Option 2	FAM	\$0.00	EMD \$0.00	agee this	11 /4 1	Pays
Delta 0159 Vision 150	FAM	\$0.00	\$0.00	\$0.00		To 0.
Standard 25K Group Life and ADD	45 - 49	\$25,000.00	\$0.00	\$5.18	\$5.18	5.8
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49	
	Employee Totals	\$25,000.00	\$0.00	\$5.18	\$887.71	
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		\$25,000.00	\$0.00	\$2.50	\$2.50	
W31164M001 PPO A01T1	20 - 24 EMP	\$0.00	\$0.00	\$0.00	\$801.49	
WSTIGHIOUT FFO AUTT	Employee Totals	\$25,000.00	\$0.00	\$2.50		
. — — — — — — — — — — — — — — — — — — —		V-0,000.00	V	V-1.00		
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 Dental Option 2 Delta 0159 Vision 150		\$0.00	\$0.00		520000000000	
Standard 25K Group Life and ADD	EMP 30 - 34	\$25,000.00	\$0.00	\$0.00 \$2.55		
W31164M001 PPO A01T1	30 - 34 EMP	\$25,000.00	\$0.00	\$0.00		
March 2025 Final Invoice	EWIP	2	40.00	\$0.00	02/14/2025	
Para de 1777 de marco do 175 de marco do 175 de marco de 175 de 1		-	Employee	Company	and the second second	
Employee/Plan	Tier Employee Totals	\$25,000.00	Premium \$0.00	Premium \$2.55	Total Premium \$829.59	
JAmesica	Employee Totals	\$25,000.00	\$0.00	₹2.05	\$029.09	
Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	\$19.68	
Delta 0159 Vision 150	aced EMP	\$0.00	\$0.00	\$0.00		
Standard 25K Group Life and ADD	20 - 24	\$25,000.00	\$0.00	\$2.50		
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.49	

		Total Payme	ent Received		\$12,581.80
		Previo	us Total Due		\$12,581.80
	Location Adjusted Totals	\$466,250.00	\$0.00	\$80.61	\$15,900.00
4	ADJUSTED T	OTALS			* * * * * * * * * * * * * * * * * * * *
	ocation Adjustment Totals	\$50,000.00	\$0.00	\$5.05	\$1,659.13
	Active Adjustment Total	\$50,000.00	\$0.00	\$5.05	
ADJ-DEBIT February 2025 Final Invoice	EMP Employee Totals	\$0.00 \$25,000.00	\$0.00 \$0.00	\$0.00 \$2.55	
ADJ-DEBIT February 2025 Final Invoice W31164M001 PPO A01T1	30 - 34	\$25,000.00	\$0.00	\$2.55	•
ADJ-DEBIT February 2025 Final Invoice Standard 25K Group Life and ADD				New York	50,000,000
Delta 0159 Vision 150	EMP	\$0.00	Premium \$0.00	Premium \$0.00	\$5.8
Employee/Plan	Tier	Coverage	Employee	Company	Total Premiun
ADJ-DEBIT February 2025 Final Invoice March 2025 Final Invoice	EMP	\$0.00 3	\$0.00	\$0.00	\$19.6 02/14/202
Delta 0159 Dental Option 2				V 2	,
ADJ-DEBIT February 2025 Final Invoice	Employee Totals	\$25,000.00	\$0.00	\$2.50	4 60 4 0040004110
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	\$801.4
Standard 25K Group Life and ADD ADJ-DEBIT February 2025 Final Invoice	25 - 29	\$25,000.00	\$0.00	\$2.50	\$2.5
Delta 0159 Vision 150 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$5.8
Delta 0159 Dental Option 2 ADJ-DEBIT February 2025 Final Invoice	EMP	\$0.00	\$0.00	\$0.00	\$19.6
Active					
Employee/Plan	Tler	Coverage	Premium Premium	Company Premium	Total Premiur
1944 (1941) 1973 (1966) 1966 (1966)	ADJUSTME	NTS			
	Location Current Totals	\$416,250.00	\$0.00	\$75.56	\$14,240.9
	Active Current Total	\$416,250.00	\$0.00	\$75.56	\$14,240.9
	Employee Totals	\$25,000.00	\$0.00	\$2.55	
W31164M001 PPO A01T1	EMP	\$0.00	\$0.00	\$0.00	
Standard 25K Group Life and ADD	30 - 34	\$25,000.00	\$0.00	\$0.00	
Delta 0159 Dental Option 2	din EMP	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	* 1
termina	No. of the last of	\$10,200.00	\$0.00	419.91	4040.5
VV31104101001 PPO A0111	EMP Employee Totals	\$16,250.00	\$0.00 \$0.00	\$0.00 \$19.91	
Standard 25K Group Life and ADD W31164M001 PPO A01T1	65 - 69	\$16,250.00 \$0.00	\$0.00	\$19.91	\$19.9
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	3,55,30
Delta 0159 Dental Option 2	EMP	\$0.00	\$0.00	\$0.00	• 1
	Linployee rotals	\$20,000.00	40.00	\$2.50	\$025.0
9431104101001 FFO AUTT1	EMP Employee Totals	\$0.00 \$25,00 0.00	\$0.00 \$0.00	\$0.00 \$2.50	
Standard 25K Group Life and ADD W31164M001 PPO A01T1	20 - 24	\$25,000.00	\$0.00	\$2.50	7.
Delta 0159 Vision 150	EMP	\$0.00	\$0.00	\$0.00	1.00
				100000000000000000000000000000000000000	

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

March 2025 Final Invoice

4

02/14/2025