

**COMMONWEALTH OF KENTUCKY  
BEFORE THE  
KENTUCKY PUBLIC SERVICE COMMISSION**

In the Matter of:

ELECTRONIC APPLICATION FOR AN	)	
ALTERNATIVE ADJUSTMENT OF RATES	)	CASE NO.
FOR MEADE COUNTY RURAL ELECTRIC	)	2025-00159
COOPERATIVE CORPORATION PURSUANT	)	
TO 807 KAR 5:078	)	

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MEADE COUNTY RURAL ELECTRIC COOPERATIVE  
CORPORATION'S VERIFIED RESPONSE TO  
THE ATTORNEY GENERAL'S FIRST REQUEST FOR INFORMATION  
ENTERED AUGUST 15, 2025

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Comes now Meade County Rural Electric Cooperative Corporation (Meade County RECC), by counsel, and does hereby tender its Verified Response to the Attorney General's First Request for Information entered August 15, 2025.

Dated August 29, 2025





COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

ELECTRONIC APPLICATION FOR AN	)	
ALTERNATIVE ADJUSTMENT OF RATES	)	CASE NO.
FOR MEADE COUNTY RURAL ELECTRIC	)	2025-00159
COOPERATIVE CORPORATION PURSUANT	)	
TO 807 KAR 5:0078	)	


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**VERIFICATION OF JOHN WOLFRAM**

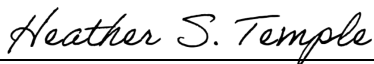
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COMMONWEALTH OF KENTUCKY     )  
                                                           )  
COUNTY OF JEFFERSON             )

John Wolfram, being duly sworn, states that he has supervised the preparation of his responses to certain requests for information in the above-referenced case and that the matters and things set forth therein are true and accurate to the best of his knowledge, information and belief, formed after reasonable inquiry.

  
\_\_\_\_\_  
John Wolfram

The foregoing Verification was signed, acknowledged and sworn to before me this \_\_\_\_ day of August, 2025, by John Wolfram.

  
\_\_\_\_\_

Notary ID: KYNP98715

Commission expiration: April 9, 2029

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 1:** Provide all workpapers that supported the calculations found in the Application and supporting testimony.

**Response 1:** All workpapers have been provided.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

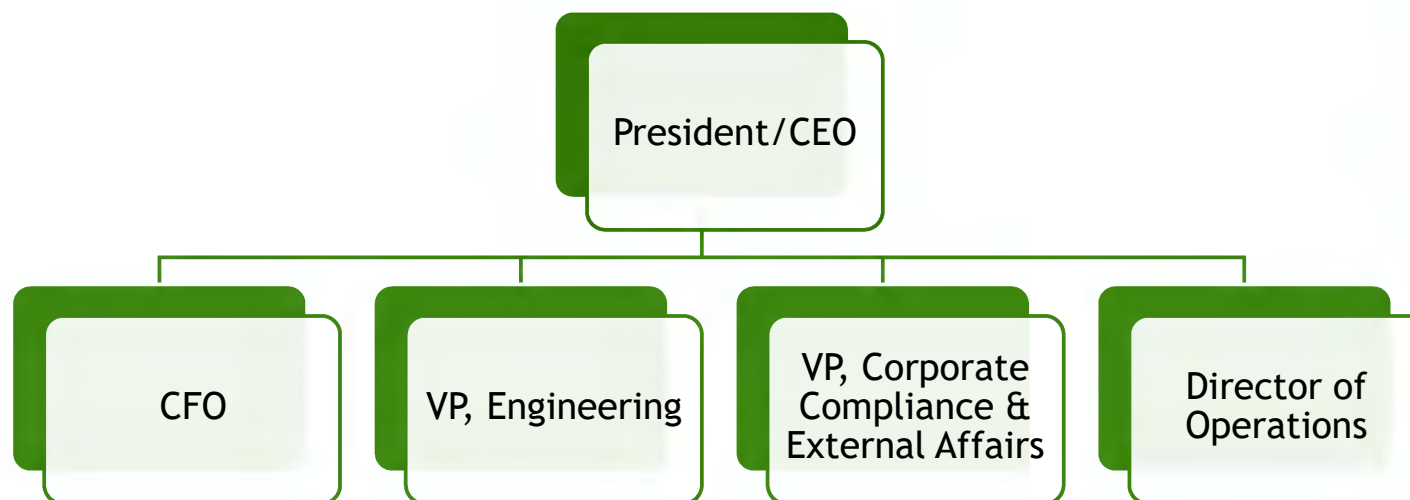
**Request 2:** Refer to the Application generally. Provide an organizational chart of Meade County RECC, including all positions. If a position is vacant designate as such.

**Response 2:** Please see Attachment AG 1-2.

## **ATTACHMENT AG 1-2**

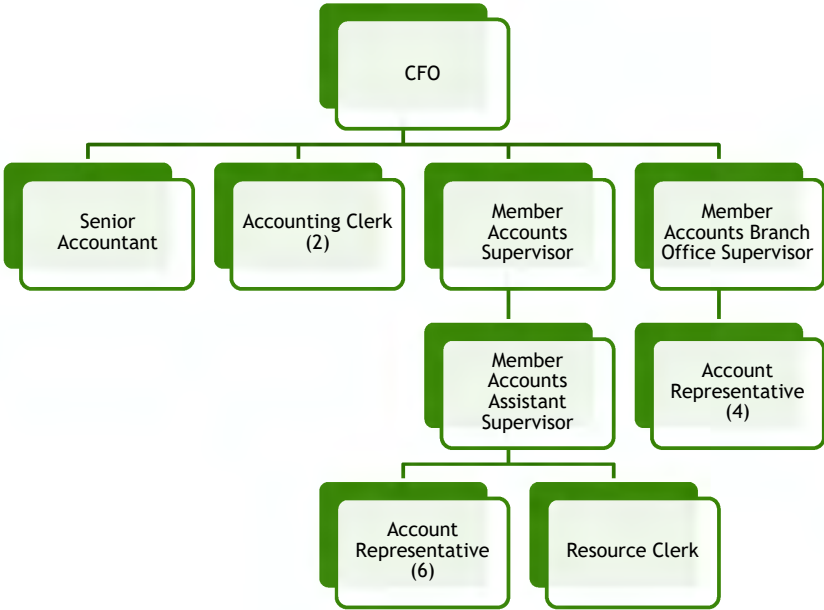


## MANAGEMENT STAFF

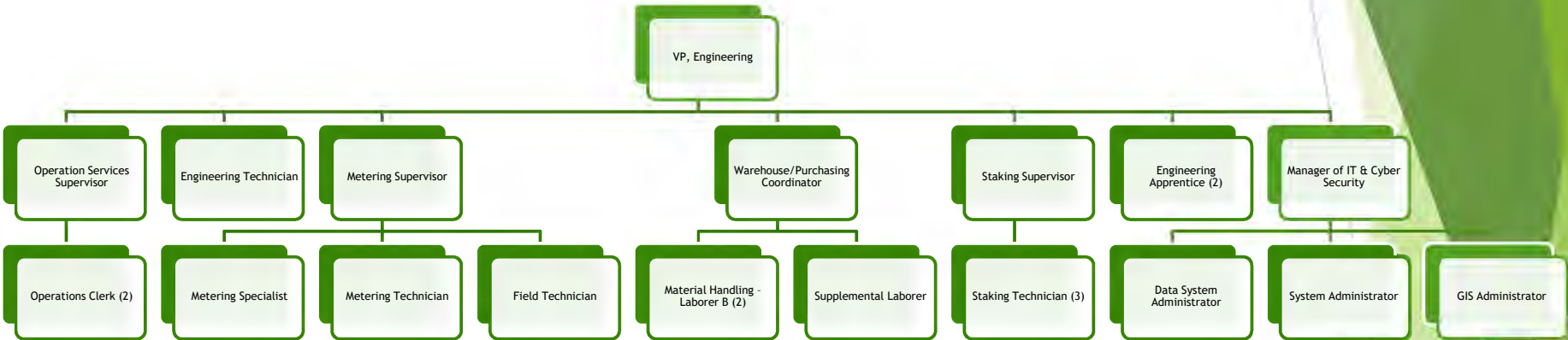




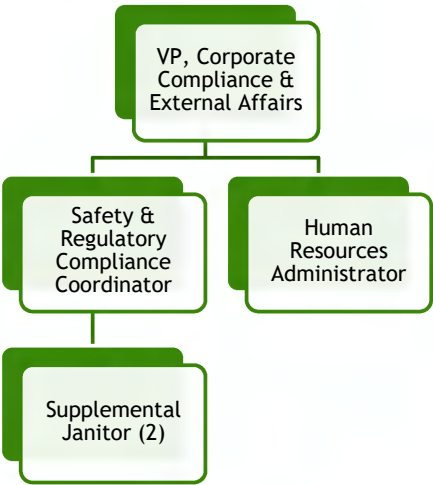
# Accounting & Member Accounts



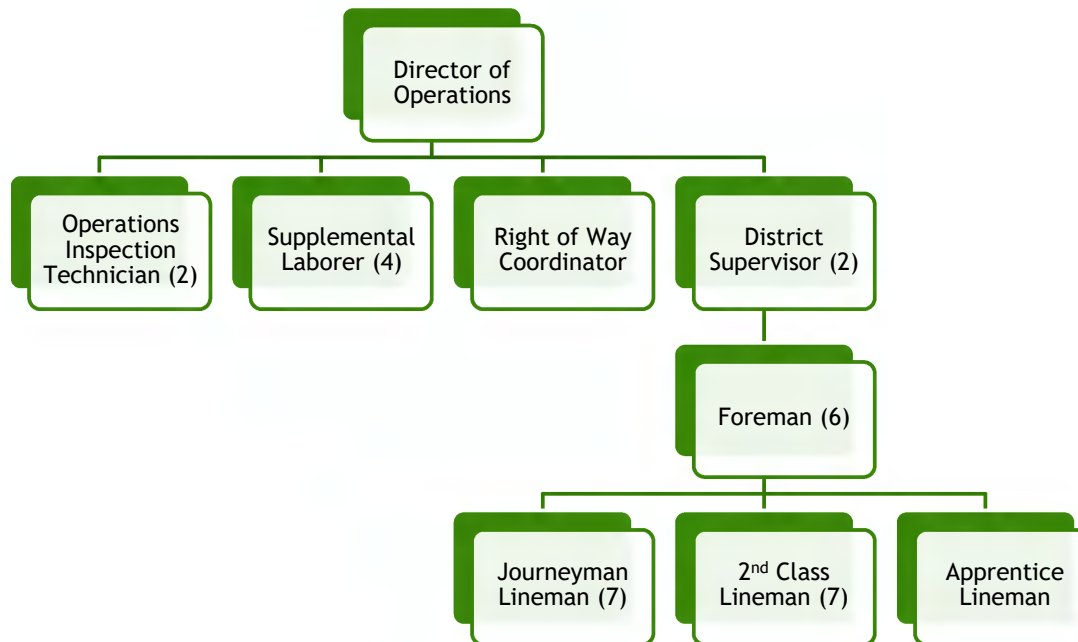
# Engineering



# Corporate Compliance & External Affairs



# Director of Operations



**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 3:** Refer to the Application generally. Does Meade County RECC have any current plans to create any new positions?

**Response 3:** No.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 4:** Refer to the Application, page 1, in which Meade County RECC states that it provides electric power to approximately 31,657 members in the Kentucky counties of Breckinridge, Grayson, Hancock, Hardin, Meade, and Ohio.

- a. Provide a detailed account of all economic issues that the Company's customers in the above-referenced counties are combating at the present time.
- b. Provide Meade County RECC's actual number of customers for the years 2020 – 2025.
- c. Explain in detail whether Meade County RECC projects a future gain or loss in its customer count and provide copies of all projections concerning the same.
- d. Provide Meade County RECC's total annual energy sales for the years 2020 – 2025.
- e. Explain whether Meade County RECC expects annual energy sales to increase or decrease and provide copies of all projections concerning the same.
- f. Provide a map of the company's electric service territory.
- g. Provide a list of all rural electric cooperatives and investor-owned electric utilities whose service territory is contiguous with Meade County RECC's service territory.
- h. Explain whether Meade County RECC has ever worked, or plans on working, with any other rural electric cooperative or investor-owned electric utility on any joint ventures to provide electricity to the counties of Breckinridge, Grayson, Hancock, Hardin, Meade, and Ohio.
- i. Based upon the most recent United States Census information, the poverty rates for Meade County RECC electric service area are as follows:  
Breckinridge County– 21.3%<sup>1</sup>,  
Grayson County – 19.3%<sup>2</sup>,  
Hancock County– 15.9%<sup>3</sup>,  
Hardin County 15.8%<sup>4</sup>,  
Meade County – 13.7%<sup>5</sup>,  
Ohio County – 13.18%<sup>6</sup>,  
Confirm that Meade County RECC is aware of the above percentages of its electric customers who live at or below the poverty line or on fixed incomes.

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<sup>1</sup> [https://data.census.gov/profile/Breckinridge\\_County,\\_Kentucky?g=050XX00US21027#income-and-poverty](https://data.census.gov/profile/Breckinridge_County,_Kentucky?g=050XX00US21027#income-and-poverty)

<sup>2</sup> [https://data.census.gov/profile/Grayson\\_County,\\_Kentucky?g=050XX00US21085](https://data.census.gov/profile/Grayson_County,_Kentucky?g=050XX00US21085)

<sup>3</sup> [https://data.census.gov/profile/Hancock\\_County,\\_Kentucky?g=050XX00US21091#income-and-poverty](https://data.census.gov/profile/Hancock_County,_Kentucky?g=050XX00US21091#income-and-poverty)

<sup>4</sup> [https://data.census.gov/profile/Hardin\\_County,\\_Kentucky?g=050XX00US21093#income-and-poverty](https://data.census.gov/profile/Hardin_County,_Kentucky?g=050XX00US21093#income-and-poverty)

<sup>5</sup> [https://data.census.gov/profile/Meade\\_County,\\_Kentucky?g=050XX00US21163#income-and-poverty](https://data.census.gov/profile/Meade_County,_Kentucky?g=050XX00US21163#income-and-poverty)

<sup>6</sup> [https://data.census.gov/profile/Ohio\\_County,\\_Kentucky?g=050XX00US21183#income-and-poverty](https://data.census.gov/profile/Ohio_County,_Kentucky?g=050XX00US21183#income-and-poverty)

- j. Based upon the poverty rates that exist in the Meade County RECC's electric service area, explain in detail all low-income assistance programs and payment plan options that Meade County RECC or other entities provides to its customers experiencing difficulty paying their electric bills.

**Response 4(a):** Meade County RECC's members face economic challenges in form of inflationary pressures and a general increase in the cost of living.

**Response 4(b):** Meade County RECC's actual number of members receiving service for the years 2020-2025 are reflected in the chart below:

YEAR	# of Members Receiving Service
2020	30,369
2021	30,766
2022	31,209
2023	31,323
2024	31,657
July 2025	31,799

**Response 4(c):** Meade County RECC projects a small, continued growth in its residential class based off historical trends. Meade County RECC's long-term load forecast study has been filed under seal pursuant to a motion for confidential treatment.

**Response 4(d):**

YEAR	Annual kWh Energy Sales
2020	431,673,913
2021	452,012,516
2022	468,695,454
2023	737,595,271
2024	972,018,636
July 2025	676,723,033

**Response 4(e):** Please see the response to Item 4(c).

**Response 4(f):** Please see Attachment AG 1-4(f).

**Response 4(g):** Meade County RECC is contiguous with Louisville Gas and Electric Company (LG&E), Nolin RECC, Kenergy Corporation, and Warren RECC.

**Response 4(h):** Meade County RECC has not worked with other rural electric cooperatives or investor-owned utilities to provide electricity in the service territory.

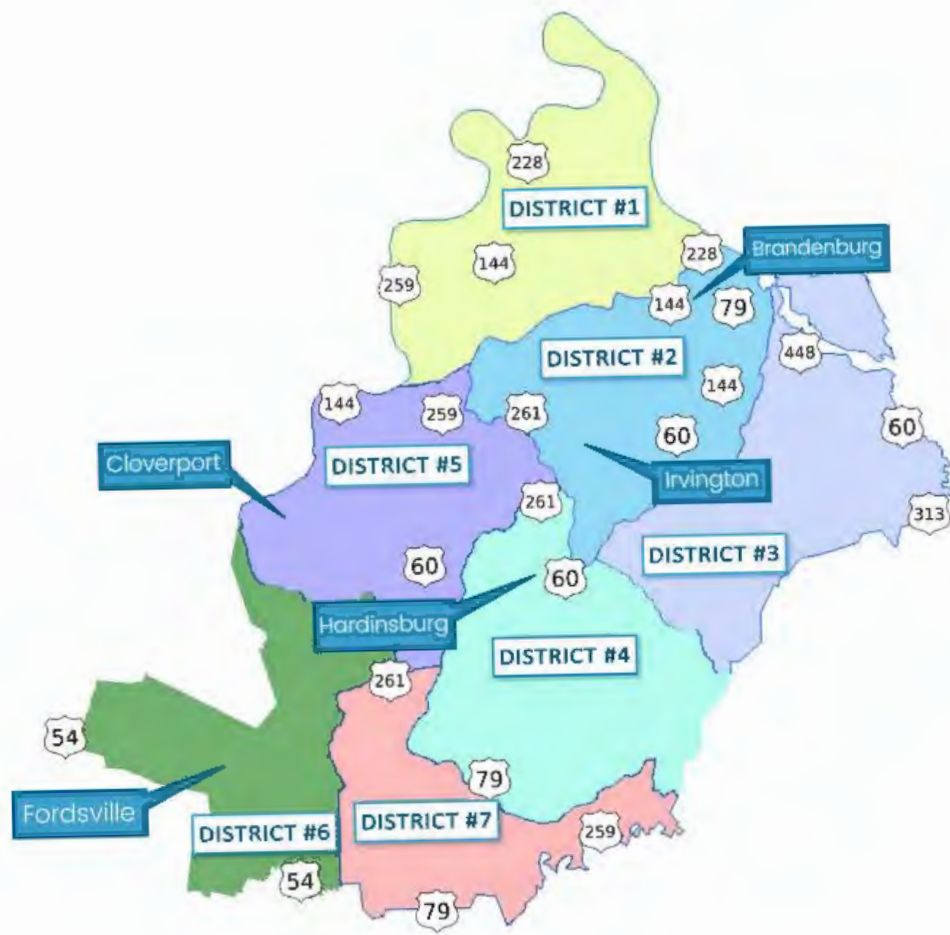
**Response 4(i):** Meade County RECC is aware of the poverty rates within its service territory as stated in the Application.

**Response 4(j):** Meade County RECC follows its tariff and the Commission's regulations regarding payment plans or arrangements. Meade County RECC has always worked with its members in a sensitive and professional manner when they have trouble paying for their electric service. Meade County RECC works with its members in need to establish payment plans in an attempt to avoid disconnection in their electric service for non-payment. Meade County RECC informs and directs members in need of low-income energy assistance to the appropriate local community agency and to other well-known organizations and churches that might provide assistance.



ATTACHMENT  
AG 1-4(c) IS FILED  
UNDER SEAL  
PURSUANT TO A  
MOTION FOR  
CONFIDENTIAL  
TREATMENT

**ATTACHMENT AG 1-4(f)**



**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 5:** Refer to the Application, pages 1. Meade County RECC asserts that its existing rates went into effect on September 16, 2020, and since then, inflation has caused an increase in the costs of labor and supplies.

- a. Please provide a list of all pro forma adjustments, the monetary value of each adjustment, and a description of why each adjustment is being requested.
- b. Explain in detail and provide examples of how management has attempted to minimize cost escalation.
- c. Explain why Meade County RECC is requesting the opportunity to achieve an Operating Times Interest Earned Ratio ("OTIER") of 1.85.
- d. Identify the Time Interest Earned Ratio ("TIER") which corresponds to the requested OTIER.
- e. Provide the TIER and OTIER that are required by all loan contract terms.
- f. Provide rate adjustments reflecting the lowest TIER and OTIER required by loan contracts.
- g. If Meade County RECC requests an OTIER higher than the loan contract requirements, explain why it is making such request.
- h. Provide Meade County RECC's annual TIER and OTIER beginning on September 16, 2020, through the present day.

**Response 5(a):** Please see the Application, Exhibit 33, Direct Testimony of John Wolfram, Table 2 and Exhibit JW-2.

**Response 5(b):** Please see the Application, Exhibit 31, Direct Testimony of Martin Littrel for examples of how Meade County RECC is minimizing costs.

**Response 5(c):** 807 KAR 5:078, Section 2(3)-(6) authorizes the cooperative to increase revenues by an amount that would achieve an Operating Times Interest Earned Ratio ("OTIER") of, but not exceeding, 1.85.

**Response 5(d):** Meade County RECC filed this Application pursuant to KAR 5:078, which is based upon OTIER and not TIER. Therefore, it is not relevant what TIER results from Meade County RECC's request. However, see Application, Exhibit 33, Direct Testimony of John Wolfram, Exhibit JW-2.

**Response 5(e):** Meade County RECC has both United States Department of Agriculture (“USDA”) Rural Utility Service (“RUS”) and Federal Financing Bank (“FFB”) debt and National Rural Utilities Cooperative Finance Corporation (“CFC”) debt. The debt covenants for RUS/FFB debt require a TIER of 1.25 and an OTIER of 1.10 for the highest two-of-three-year average. The debt covenant for CFC requires a 1.35 median debt service coverage (“MDSC”) for the highest two-of-three-year average.

**Response 5(f):** All else being equal for the filed case, a TIER of 1.25 would require a revenue increase of \$24,417 or 0.03% over test year actuals. An OTIER of 1.10 would require a revenue increase of \$202,469 or 0.24% over test year actuals. Either of these scenarios would be financially devastating for the cooperative.

**Response 5(g):** The loan covenants establish minimum requirements for the financial metrics of TIER and OTIER. Meade County RECC considers it prudent to establish rates that permit the achievement of financial metrics above these minimums, and the Commission has supported this view in every distribution cooperative rate case of which Meade Country RECC is aware. Some reasons for implementing rates that are higher than the OTIER minimum required by debt covenants include (a) ensuring the revenue requirement is met even when the Cooperative experiences decreased energy sales, (b) addressing contingencies like higher wholesale power costs or cost increases (e.g. storm restoration costs), and other unpredictable revenue and/or expense variations relative to the test year.

**Response 5(h):**

YEAR	TIER	OTIER
2020	1.52	1.36
2021	1.94	1.82
2022	1.60	1.41
2023	1.98	1.60
2024	1.34	1.07
July 2025	0.72	0.43

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 6:** Refer to Application, page 2. Meade County RECC states that it has determined that an adjustment of retail rates is necessary for virtually all areas of operations.

- a. Explain the criteria Meade County RECC uses to determine if the rates provide sufficient revenue.
- b. Explain the criteria Meade County RECC uses to determine if it has the requisite financial strength.

**Response 6(a)-(b):** The appropriate criteria is whether the rates provide sufficient margins, not revenue. The primary criteria used in this case is OTIER, consistent with the applicable regulation. Here the unadjusted test period OTIER is 1.08 compared to the target 1.85. For the adjusted test year, the OTIER drops to 1.00. Please see the Application, Exhibit 33, Direct Testimony of John Wolfram, Exhibit JW-2.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
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**Request 7:** Refer to the Application generally. Provide the following information for Meade County RECC executive staff employees.

- a. Provide the position title and salary for each executive staff employee for the years 2020 – 2025.
- b. Provide the average raise that the executive staff employees received for the years 2020 – 2025. Ensure to explain whether the annual raise is directly connected to a performance review.
- c. Provide the average bonus that each executive staff employee received for the years 2020 - 2025.
- d. Provide all awards given to the executive staff employees for the years 2020 – 2025.
- e. Provide all vehicle allowances given to the executive staff employees for the years 2020 – 2025.
- f. Provide all incentive compensation given to the executive staff employees for the years 2020 – 2025.
- g. Provide the average raise, if any, which will be given to executive staff employees in 2026.
- h. Provide a detailed explanation of the insurance benefits provided to the Company's executive staff employees, including but not limited to health, dental, vision, life insurance, etc. Ensure to include all premiums paid by the Company's executive staff employees, premiums paid by the Company or parent company on the executive staff employees' behalf, as well as all copays, deductibles, and maximum out of pocket amounts.
- i. Provide a detailed explanation of the retirement benefits provided to the Company's executive staff employees, including but not limited to, whether there is a defined benefit plan, 401(k) matching, etc. Identify all employees who are eligible for both the defined benefit plan and 401k contributions from the Company.

**Response 7(a):** Please see the Excel spreadsheet provided separately. This spreadsheet contains the wage and salary information for responses 7, 9, and 10. The executive employee salary is being provided in the record, however the salary information for all other employees is being provided under seal subject to a motion for confidential treatment.

**Response 7(b):** Meade County RECC bases increases in wages on performance evaluations. The Board of Directors completes a performance review for the President/CEO and bases any salary increase on that review. Below is the average raise for executives:

Year	Executive Average Raise
2020	4.9%
2021	3.0%
2022	10.8%
2023	37.2%
2024	4.7%
2025	5.0%

**Response 7(c):** Please see the Excel spreadsheet provided separately.

**Response 7(d):** Please see the Excel spreadsheet provided separately. Meade County RECC has developed a safety incentive program with several goals. The programs goals are to recognize the safety efforts and consciousness employees and spotlight the importance of safety with the Cooperative. The maximum amount for this award is \$400 for outside employees and \$200 for inside employees based off the employees' worker's compensation code. Meade County RECC also recognizes employees for years of service with a gift card and personalized mug.

**Response 7(e):** Please see the Excel spreadsheet provided separately.

**Response 7(f):** Please see the Excel spreadsheet provided separately.

**Response 7(g):** No decision has been made at this time.

**Response 7(h):** Please see the Excel spreadsheet provided separately. Also see the Application, Exhibit 32, Direct Testimony of Anna Swanson for a description of the insurance benefits provided to all full-time employees. Also see the Application, Exhibit 33, Direct Testimony of John Wolfram, Exhibit JW-2, Reference Schedule 1.10 and Reference Schedule 1.12 for the proforma adjustments related to insurance. Also see Attachment AG 1-7 for details of medical insurance plans.

**Response 7(i):** Please see the Excel spreadsheet provided separately. Also see the Application, Exhibit 32, Direct Testimony of Anna Swanson and Application, Exhibit 33, Direct Testimony of John Wolfram, Exhibit JW-2, Reference Schedule 1.11.



**ATTACHMENT**

**AG 1-7**

**IS AN EXCEL  
SPREADSHEET  
AND UPLOADED  
SEPARATELY**

**ATTACHMENT AG 1-7(h)**




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-209-0071. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.engage.ameriben.com](http://www.engage.ameriben.com) or call 1-844-209-0071 to request a copy.

Important Questions	Answers			Why This Matters:
What is the overall deductible?		Network	Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
	Per participant:	\$700	\$1,400	
	Per family:	\$2,100	\$4,200	
Are there services covered before you meet your deductible?	Yes. Preventive care services when performed in network and benefits where a co-payment applies.			This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.			You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Co-Insurance Out-of-Pocket Maximum			The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
		Network	Non-Network	
	Per participant:	\$1,900	\$4,500	
	Per family:	\$3,800	\$9,000	
	Overall Out-of-Pocket Maximum			
		Network	Non-Network	
	Per participant:	\$7,150	Unlimited	
	Per family:	\$14,300	Unlimited	
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this Plan doesn't cover, charges in excess of benefit maximums, charges in excess of maximum			Even though you pay these expenses, they don't count toward the out-of-pocket limit.

	allowed amounts, pre-certification penalties, and non-medically necessary services.	
<b>Will you pay less if you use a <u>network provider</u>?</b>	<p><b>Yes, for medical:</b> Anthem. See <a href="http://www.anthem.com">www.anthem.com</a> or call 1-833-835-2714 for a list of <u>network providers</u>.</p> <p><b>Yes, for prescription drugs:</b> Navitus and Pillar Rx. For a list of retail and mail pharmacies, log on to <a href="http://www.navitus.com">www.navitus.com</a> or call 1-866-378-4755.</p> <p><b>Yes, for specialty drugs:</b> Lumicera. To contact, call 1-855-847-3553.</p>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or clinic	Primary care visit to treat an injury or illness	\$30 co-payment, deductible waived	30% co-insurance after deductible	Co-payment applies to the office visit only. All other services performed will apply to their applicable benefit level.
	<u>Specialist</u> visit	\$35 co-payment, deductible waived	30% co-insurance after deductible	
	<u>Preventive care/screening/immunization</u>	No Charge	<b>Up to \$500 per Year:</b> No charge  <b>Charges in Excess of \$500:</b> 30% co-insurance, deductible waived	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	<b>Diagnostic Inpatient/Outpatient Professional Services:</b> 10% co-insurance after deductible  <b>Lab and X-Ray Inpatient Professional Services:</b>	30% co-insurance after deductible	_____none_____

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
		10% co-insurance after deductible  <b>Lab and X-Ray Outpatient Professional Services:</b> No charge  <b>Office Visit/Independent Lab:</b> No charge		
	Imaging (CT/PET scans, MRIs)	10% co-insurance after deductible	30% co-insurance after deductible	Includes computed tomographic (CT) studies, coronary CT angiography, MRI/MRA, nuclear cardiology, nuclear medicine, SPECT scans, and PET scans (excluding services rendered in an emergency room setting).  <b>Pre-certification is required.</b>

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.navitus.com">www.navitus.com</a></p>	Generic drugs	<b>Retail (34-Day Supply):</b> \$15 co-payment, deductible waived  <b>Mail Order (90-Day Supply):</b> \$30 co-payment, deductible waived  <b>OTC Non-Sedating Anti-Histamines:</b> 20% co-insurance  <b>OTC Proton Pump Inhibitors and Preventive Rx:</b> No charge	Not Covered	<b>Retail/Mail Order Prescriptions:</b> Up to ninety (90) day supply.  <b>Specialty Prescriptions:</b> Up to thirty-four (34) day supply.
	Preferred brand drugs	<b>Retail (34-Day Supply):</b> \$30 co-payment, deductible waived  <b>Mail Order (90-Day Supply):</b> \$60 co-payment, deductible waived	Not Covered	Not all <u>prescription drugs</u> are covered. To determine if a specific drug is covered under your <u>plan</u> , log into your account at <a href="http://www.navitus.com">www.navitus.com</a> .
	Non-preferred brand drugs	<b>Retail (34-Day Supply):</b> \$60 co-payment, deductible waived  <b>Mail Order (90-Day Supply):</b> \$120 co-payment, deductible waived	Not Covered	
	<u>Specialty drugs</u>	<b>Retail (34-Day Supply):</b> 20% co-insurance up to	Not Covered	

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com)



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
		a \$100 maximum <b>Retail/Mail Order (90-Day Supply):</b> Not Covered		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% co-insurance after deductible	30% co-insurance after deductible	Pre-certification is required.
	Physician/surgeon fees	10% co-insurance after deductible	30% co-insurance after deductible	
If you need immediate medical attention	<u>Emergency room care</u>	<b>True Medical Emergency:</b> \$200 co-payment deductible waived for facility, no charge for physician  <b>Non-Emergency Care:</b> \$200 co-payment, deductible waived		<u>Co-payment</u> is waived if admitted.
	<u>Emergency medical transportation</u>	10% co-insurance after network deductible		Pre-certification is required for non-emergent air ambulance and chartered flights.
	<u>Urgent care</u>	\$30 co-payment, deductible waived	30% co-insurance after deductible	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	10% co-insurance after deductible	30% co-insurance after deductible	Pre-certification is required.
	Physician/surgeon fees	10% co-insurance after deductible	30% co-insurance after deductible	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	<b>Office Visit:</b> \$30 co-payment, deductible waived  <b>All Other Outpatient Services:</b> 10% co-insurance after deductible	30% co-insurance after deductible	Intensive psychiatric day treatment and partial hospitalization are included in this benefit.
	Inpatient services	10% co-insurance after deductible	30% co-insurance after deductible	Residential treatment facility services are included in this benefit.  <b>Pre-certification is required</b> for inpatient stays.
If you are pregnant	Office visits	\$30 co-payment, deductible waived	30% co-insurance after deductible	Dependent daughter pregnancy is not covered.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Childbirth/delivery professional services	10% co-insurance after deductible	30% co-insurance after deductible	Cost-sharing does not apply for <u>preventive services</u> . Depending on the type of services, a co-payment, co-insurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	10% co-insurance after deductible	30% co-insurance after deductible	
<b>If you need help recovering or have other special needs</b>	<u>Home health care</u>	10% co-insurance after deductible	30% co-insurance after deductible	<b>Pre-certification is required.</b>
	<u>Rehabilitation services</u>	10% co-insurance after deductible	30% co-insurance after deductible	<b>Pre-certification is required</b> for physical therapy and occupational therapy in excess of eighteen (18) visits per calendar year per therapy type.
	<u>Habilitation services</u>	10% co-insurance after deductible	30% co-insurance after deductible	
	<u>Skilled nursing care</u>	10% co-insurance after deductible	30% co-insurance after deductible	<b>Benefit Maximum:</b> Sixty (60) days per sickness or injury per plan participant, combined with rehabilitation facilities. <b>Pre-certification is required.</b>
	<u>Durable medical equipment</u>	10% co-insurance after deductible	30% co-insurance after deductible	<b>Pre-certification is required</b> for <u>DME</u> purchases and rentals in excess of \$3,000.
	<u>Hospice services</u>	10% co-insurance after deductible	30% co-insurance after deductible	_____none_____
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	_____none_____
	Children's glasses	Not covered	Not covered	_____none_____
	Children's dental check-up	Not covered	Not covered	_____none_____

#### Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic Surgery</li> <li>Dental Care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Infertility Treatment</li> <li>Long-Term Care</li> <li>Non-Emergency Care When Traveling Outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Routine Eye Care (Adult)</li> <li>Weight-Loss Programs</li> </ul>
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**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

• Bariatric Surgery	• Hearing Aids – limited to \$5,000 every five (5)	• Routine Foot Care – for treatment of metabolic or
---------------------	----------------------------------------------------	-----------------------------------------------------

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com)



- |                                                                                                            |                                                                                                                                                                                  |                                                                               |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Chiropractic Care – limited to \$1,000 per calendar year</li> </ul> | <ul style="list-style-type: none"> <li>years</li> <li>Private Duty Nursing – not covered when plan participant is in a hospital or other qualified treatment facility</li> </ul> | <ul style="list-style-type: none"> <li>peripheral-vascular disease</li> </ul> |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). You may also contact the Insured at 1-800-594-6957. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). You may also contact the third party administrator (TPA) to assist the plan administrator with claims adjudication. The TPA's name, address, and telephone number are:

AmeriBen  
Attention: Appeals Coordination  
P.O. Box 7186  
Boise, ID 83707  
1-844-209-0071

#### **Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

#### **Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-209-0071.  
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-209-0071.  
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-209-0071.  
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-209-0071.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com)

estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$700
■ <u>Specialist</u> co-payment	\$35
■ Hospital (facility) <u>cost sharing</u>	10%
■ Other <u>cost sharing</u>	10%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$35
Coinsurance	\$1,100
What isn't covered	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$1,835</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$700
■ <u>Specialist</u> co-payment	\$35
■ Hospital (facility) <u>cost sharing</u>	10%
■ Other <u>cost sharing</u>	10%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$800</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$700
■ <u>Specialist</u> co-payment	\$35
■ Hospital (facility) <u>cost sharing</u>	10%
■ Other <u>cost sharing</u>	10%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$200
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,000</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 8:** Refer to Exhibit 13. Meade County RECC's the annual salary of Meade County RECC's President/CEO was increased by 37% in 2023. Provide all justifications for why an increase of this amount was appropriate.

- a. Please provide a comparison of the President/CEO's compensation to all similarly situated roles with other Kentucky RECCs.
- b. If the information requested in 8(a) is unavailable, discuss how Meade County RECC Board arrived at the salary/salary increase amount without such information.
- c. If the information requested in 8(a) is unavailable, discuss what factors the Meade RECC considered in setting that salary/salary increase.

**Response 8(a)-(c):** Please see the response to Commission Staff's First Request for Information, Item 4.

**Meade County Rural Electric Cooperative Corporation**  
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**Request 9:** Refer to the Application generally. Provide the following information for Meade County RECC salaried employees.

- a. Provide the position title and salary for each salaried employee for the years 2020 – 2025.
- b. Provide the average raise that the salaried employees received for the years 2020 – 2025. Ensure to explain whether the annual raise is directly connected to a performance review.
- c. Provide the average bonus that each salaried employee received for the years 2020 - 2025. Ensure to explain all bases used to calculate all bonuses.
- d. Provide all awards given to the salaried employees for the years 2020 – 2025.
- e. Provide all vehicle allowances given to the salaried employees for the years 2020 – 2025.
- f. Provide all incentive compensation given to the salaried employees for the years 2020 – 2025.
- g. Provide the average raise, if any, which will be given to salaried employees for 2026.
- h. Provide a detailed explanation of the insurance benefits provided to the Company's salaried employees, including but not limited to health, dental, vision, life insurance, etc. Ensure to include all premiums paid by the Company's salaried employees, premiums paid by the Company or parent company on the salaried employees' behalf, as well as all copays, deductibles, and maximum out of pocket amounts.
- i. Provide a detailed explanation of the retirement benefits provided to the Company's salaried employees, including but not limited to, whether there is a defined benefit plan, 401(k) matching, etc.

**Response 9(a):** Please see the Excel spreadsheet provided separately.

**Response 9(b):** Wage and salary increases are based upon performance evaluations conducted by the employee's immediate supervisor and then reviewed by management. Below are the average raises for salaried employees:

Year	Salary Average Raise
2020	0.7%
2021	2.5%
2022	3.2%
2023	6.7%
2024	3.5%
2025	5.8%

**Response 9(c):** Please see the Excel spreadsheet provided separately. Sometimes, Meade County RECC will award a bonus to a salaried or non-salaried employee based on exceptional employee performance. If salaried employees work significant hours during storm restoration, management may provide additional compensation to the employees using the extra hours worked to calculate the amount of the bonus.

**Response 9(d):** Please see the response to Item 7(d).

**Response 9(e):** Please see the Excel spreadsheet provided separately.

**Response 9(f):** Please see the Excel spreadsheet provided separately.

**Response 9(g):** No decision has been made at this time.

**Response 9(h):** Please see the response to Item 7(h).

**Response 9(i):** Please see the response to Item 7(i).

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Response 10:** Refer to the Application generally. Provide the following information for Meade County RECC non-salaried employees.

- a. Provide the position title and wages for each non-salaried employee for the years 2020 – 2025.
- b. Provide the average raise provided to the non-salaried employees for the years 2020 – 2025. Ensure to explain whether the annual raise is directly connected to a performance review.
- c. Provide the average bonus provided to the non-salaried employees for the years 2020 – 2025.
- d. Provide all awards given to the non-salaried employees for the years 2015 – 2025.
- e. Provide all vehicle allowances given to the non-salaried employees for the years 2015 – 2025.
- f. Provide all incentive compensation given to the non-salaried employees for the years 2015 – 2025.
- g. Provide the average raise, if any, which will be given to non-salaried employees for 2026.
- h. Provide a detailed explanation of the insurance benefits provided to the Company's non-salaried employees, including but not limited to health, dental, vision, life insurance, etc. Ensure to include all premiums paid by the Company's non-salaried employees, premiums paid by the Company on the non-salaried employees' behalf, as well as all copays, deductibles, and maximum out of pocket amounts.
- i. Provide a detailed explanation of the retirement benefits provided to the Company's non-salaried employees, including but not limited to, whether there is a defined benefit plan, 401(k) matching, etc.

**Response 10(a):** Please see the Excel spreadsheet provided separately.

**Response 10(b):** Wage and salary increases are based upon performance evaluations conducted by the employee's immediate supervisor and then reviewed by management. Below are the average raises for non-salaried employees:

Year	Non-Salary Average Raise
2020	0.0%
2021	2.7%
2022	6.3%
2023	5.2%
2024	10.2%
2025	6.2%

**Response 10(c):** Please see the Excel spreadsheet provided separately. Sometimes, Meade County RECC will award a bonus to a salaried or non-salaried employee based on exceptional employee performance.

**Response 10(d):** Please see the response to Item 7(d).

**Response 10(e):** Please see the Excel spreadsheet provided separately.

**Response 10(f):** Please see the Excel spreadsheet provided separately.

**Response 10(g):** No decision has been made at this time.

**Response 10(h):** Please see the response to Item 7(h).

**Response 10(i):** Please see the response to Item 7(i).



**Meade County Rural Electric Cooperative Corporation**  
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**Request 11:** Refer to the Application generally. Provide a copy of all formal studies conducted that compare Meade County RECC's wage and benefit information to the local wage and benefit information for the geographic area in which Meade County RECC operates. If no such study exists, explain why not.

**Response 11:** See the response to Commission Staff's First Request for Information, Item 6.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 12:** Refer to the Application generally.

- a. Provide a detailed explanation of all salary and benefits provided to the members of the Board of Directors during the years 2020 – 2025. Ensure to provide the salary amounts, and specific details regarding all benefit packages, including but not limited to health, dental, vision, accidental death and disability, life insurance, bonuses, awards, vehicle allowances, reimbursement of travel expenses, and the like.
- b. Provide the total amount of the Board of Directors' fees for the test year.
- c. Provide a breakdown of the total amount of the Board of Directors' fees for the test year.
- d. Discuss if there will be any changes to the Board of Directors' salaries and/or benefit packages in 2026.
- e. When setting the Board of Directors' fees and benefits did the Company review other Kentucky rural electric cooperative Board of Directors' fees and benefits? If so, explain in detail the findings. If not, explain in detail why not.
- f. Provide a detailed explanation of all salary and benefits provided to the Company's attorney during the years 2020 – 2025. Ensure to provide the salary amounts, and specific details regarding all benefit packages, including but not limited to health, dental, vision, accidental death and disability, life insurance, bonuses, awards, vehicle allowances, reimbursement for travel expenses, and the like.
- g. See Exhibit 12 to the Application. It appears that Board members are paid \$700 each day they attend a meeting of the Board. Confirm whether this understanding is correct.

**Response 12(a)-(c) and (g):** Please see the Application, Exhibit 12 including the attached Board Policy and Excel spreadsheet.

**Response 12(d):** Meade County RECC does not anticipate changes to the Board of Directors' compensation; however, the Board reviews policies on a continual basis and has the authority to make changes it deems necessary in the best interests of Cooperative.

**Response 12(e):** Meade County RECC's Board of Directors are committed to doing what is best for the Cooperative in terms of affordable rates while also ensuring directors are fairly

compensated to support high quality governance. Meade County's Board of Directors adopted the current version of the policy in 2018. Meade County RECC does not possess any detailed findings from any comparative study of other distribution cooperatives that may have informed the original fee structure.

**Response 12(f):** Please see the Application, Exhibit 12 including the attached Board Policy. Meade County RECC pays 100% of the Supplemental Accident Death and Dismemberment Insurance and Business Travel Accident Insurance for the Board's attorney.

**Meade County Rural Electric Cooperative Corporation**  
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**Attorney General's First Request for Information**

**Request 13:** Refer to the Application generally.

- a. Provide a detailed explanation of how Meade County RECC operates its capital credit program, and ensure to discuss how the Company accounts for capital credits that cannot be provided back to the member due to the member passing away, moving, etc.
- b. Provide the monetary amount of capital credits that Meade County RECC currently has on the books, separated by year.

**Response 13(a):** Each year, members are allocated their portion of the previous year's margins based on the amount of electricity that was purchased from Meade County RECC in relation to the total amount of electricity purchased by all members during the same year. Meade County RECC pays out estate retirements monthly. The estate retirements are paid upon the death of a member once the surviving spouse or court appointed estate representative has applied for the capital credits and provided the appropriate documentation. A General Capital Credit Retirement is refunded to the membership for a specific time frame. Meade County RECC has refunded capital credits through 1993 to its membership. The last general retirement was in 2016. Uncashed capital credit payments are noted on the member or former member's account and held until the Cooperative is contacted by the member and provided an updated address to issue payment.

**Response 13(b):** Please see Attachment AG 1-13(b).

**ATTACHMENT AG 1-13(b)**

NO OUT OF BALANCE ACCOUNTS

YR	PATRONAGE	OPER MARGINS	ESTATE REFUND	NET MARGINS	NON OPERATING	DONATED CAPIT	GAINS
61							1.16
68							2.00
71							4331.58
72							37193.72
73							28859.69
74							11783.78
75	3184838.75						24736.69
76	3711856.98						15653.66
77	4881221.11						6480.59
78	5925106.59						2116.65
79	6293709.67						25959.15
80	7721440.16						25257.84
81	8988525.90						30173.86
82	9532679.26						27374.46
83	10303949.92						49481.70
84	10572154.82						50186.93
85	10558468.43						43128.51
86	10556799.37						77232.98
87	11445546.41						65972.00
88	13637968.45						99259.98
89	14692821.23						
90	15017604.49						86179.08
91	16492414.11						47288.57
92	16201985.55						3683.71
93	18000552.55						
94	18815934.63	370388.48		370388.48			18001.75
95	19387914.39	647043.53		647043.53			106158.85
96	20350243.43	854073.53		854073.53			78.66
97	20086280.95	847548.89		847548.89			1482.40
98	20524791.22	1040140.42		1040140.42			74.39
99	21122520.07	679831.58		679831.58			141.77
00	22374674.68	738831.26		738831.26			157.46
01	22811691.08	1016951.25		1016951.25			4858.26
02	23964270.30	870145.35		870145.35			227.62
03	24244810.02	836183.10		836183.10			130.08
04	25205204.54	874533.37		874533.37			1563.20
05	26915684.86	843114.53		843114.53			1768.52
06	26825300.95	495719.43		495719.43			2091.42
07	28868135.87	704690.55		704690.55			1347.41
08	31142142.94	1724899.65		1724899.65			1745.94
09	30156763.62	880194.05		880194.05			1597.76
10	33603970.35	1580066.02		1580066.02			64.99
11	34209425.44	1747478.77		1747478.77			1999.09
12	35117086.16	844430.41		844430.41			544.07
13	39869013.91	1305983.61		1305983.61			23703.24
14	45918431.35	1259084.13		1259084.13			12742.99
15	45452430.53	1133872.06		1133872.06			214348.41
16	48887556.80	1260150.29		1260150.29			188442.94
17	52868979.18	1126546.24		1126546.24			2192.88
18	57536756.77	1041212.60		1041212.60			4128.71
19	54036896.91						8844.23
20	51571984.09	695723.35		695723.35			5905.00
21	54583166.98	1562621.87		1562621.87			4156.70
22	64052788.65	753506.81		753506.81			6197.60
23	58848786.12	1140143.42		1140143.42			771.52
24	62659615.84	141149.13		141149.13			80.15
25							558.69

TOTALS	29016257.68	29016257.68	1378444.99
ASSIGNED MARGINS	DETAIL 29016257.68	MASTER 29016257.68	

**Meade County Rural Electric Cooperative Corporation**  
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**Request 14:** Refer to the Application generally.

- a. Explain in detail whether Meade County RECC has participated in, or continues to participate in, the Rural Utilities Services' ("RUS") Cushion of Credit program.
- b. If Meade County RECC received interest income from the RUS Cushion of Credit program for the test year, explain whether this amount was included in the revenue requirement. If not, explain why not.
- c. Provide a detailed account of Meade County RECC's Cushion of Credit deposition amounts for the years 2020 – 2025.
- d. Provide a detailed account of Meade County RECC's RUS/FBB loans, with the corresponding principal and interests amount for the years 2020-2025.

**Response 14(a):** Meade County RECC previously participated in the RUS Cushion of Credit program; however, Meade County RECC did not participate in the RUS Cushion of Credit program during the 2024 test year.

**Response 14(b):** See the Response to 14(a).

**Response 14(c):** Meade County RECC did not deposit any amounts into the RUS Cushion of Credit program for the years 2020-2025.

**Response 14(d):** Please see Attachment AG 1-14.



**ATTACHMENT  
AG 1-14  
IS AN EXCEL  
SPREADSHEET  
AND UPLOADED  
SEPARATELY**

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 15:** Refer Litteral testimony, page 11. Please provide the total costs incurred in relation to storm damage since 2020. Please provide any costs covered or reimbursed FEMA.

- a. At this time, is Meade County RECC awaiting a FEMA determination regarding storm damage? If yes, please explain fully.

**Response 15:** Meade County RECC had the following costs incurred in relation to storm damage since 2020.

Year	Cost incurred related to storm damage	FEMA Reimbursed
2021	88,848.66	
2022	31,316.39	
2023	1,218,452.84	954,048.58
2024	506,636.65	354,710.28
July 2025	1,229,362.00	

**Meade County Rural Electric Cooperative Corporation**  
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**Request 16:** Refer to Swanson testimony, page 8. Has Meade County RECC incurred any additional debt not referenced in this testimony as of the filing of the application? If so, please provide the amount owed and the names of the creditors.

**Response 16:** Please see the response to Item 14. In addition to the amounts listed in the Attachment, Meade County RECC had a draw on the CFC Line of Credit on July 24, 2025 for \$500,000.

**Meade County Rural Electric Cooperative Corporation**  
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**Request 17:** Reference the Wolfram testimony at page 21. Please clarify which rate classes are subsidized and to what extent under the proposed rate increase.

**Response 17:** Please see Application, Exhibit 33, Direct Testimony of John Wolfram, Table 3, Exhibit JW-3. Residential Rate 1 will still be subsidized by the other rate classes. Small Commercial Rate 2 and Lighting Rate 6 will also be slightly subsidized.

**Meade County Rural Electric Cooperative Corporation**  
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**Attorney General's First Request for Information**

**Request 18:** Meade County RECC states that it is requesting an increase in the residential customer charge from \$0.686 to \$.850 per day (according to Wolfram page 24, \$20.87 to \$25.85 per month).

- a. Explain how seeking to increase the daily residential customer charge from \$0.686 to \$0.85 which is an increase of approximately 23.9%, is consistent with the principle of gradualism.
- b. Explain whether Meade County RECC contemplated proposing a lower increase to the residential customer charge so as not to create rate shock for the customers.
- c. Explain whether Meade County RECC contemplated implementing the proposed higher customer charge in two or multiple phases instead of a 23.9% increase at one time.
- d. Explain whether the increase in the customer charge is beneficial to residential ratepayers, and if so, how.
- e. Explain whether Meade County RECC contemplated the prospect of more members being unable to timely pay their monthly bills in the event that the proposed increase is approved.
- f. Explain how much of the cost of service for each rate class in the instant application is comprised of fixed costs.
- g. Provide a list of all electric utilities in Kentucky, with the corresponding monthly residential customer charge, residential volumetric charge, average residential customer bill, and rank the utilities from lowest to highest average bill. Compare to Meade County RECC's current and proposed residential customer charge, residential volumetric charge, residential average bill, and rank based upon its proposed revenue requirement.

**Response 18(a):** Meade County RECC notes the increase to customer charge is only one component of the residential bill. Reviewing the entirety of the bill is more appropriate to assess gradualism. The overall increase to residential customers is less than 4 percent.

**Response 18(b):** Meade County RECC did not consider rate shock because the increase is moderate.

**Response 18(c):** Meade County RECC did not consider a phased increase, because addressing financial metrics and cash flow challenges is a high priority and doing so sooner than later is in

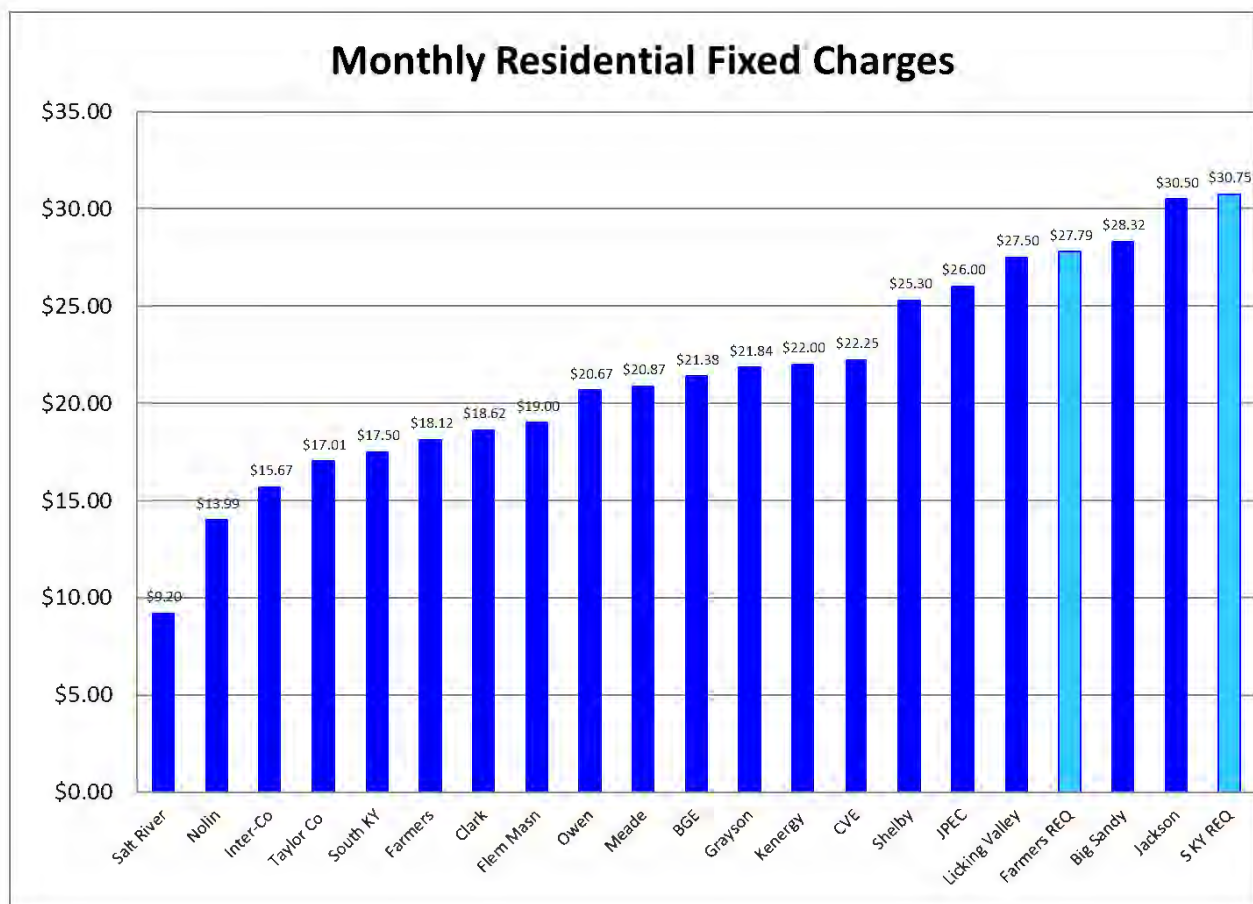
the best interest of the members. Furthermore, the more meaningful percentage metric is the overall increase, which is a mere 2 percent.

**Response 18(d):** Meade County RECC considers the proposed monthly residential customer charge to be beneficial to residential ratepayers because the charges are more aligned with the actual cost of service. This results in a more appropriate price signal to residential consumers which better promotes economic, efficient usage and reduces subsidies between members.

**Response 18(e):** Meade County RECC is mindful of members' ability to pay and will continue to offer options to those most in need. However, this does not nullify the revenue deficiency or the appropriateness of moving rates closer to actual cost-based rates.

**Response 18(f):** Please see Attachment AG 1-18(f).

**Response 18(g):** Meade County RECC provides the following publicly available information that which only includes the monthly residential customer charge for electric distribution cooperatives.



## **ATTACHMENT AG 1-18(f)**

### Meade County RECC Fixed vs Variable Costs - 2024

[illegible]



**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 19:** Refer to the Application generally. Provide the current average residential customer's monthly usage, total monthly bill, and the projected average bill if the Commission grants Meade County RECC's rate increase request.

**Response 19:** Using the data provided in the Application, Exhibit 33, Direct Testimony of John Wolfram, Exhibit JW-9:

Average Usage:	951 kWh
Current Avg Bill:	\$135.62
Proposed Avg Bill:	\$140.61

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 20:** Please advise as to why Meade County RECC is not proposing changes to the rates of other classes, beyond Resident and Farm customers and the adjustment to Small Commercial.

**Response 20:** Please see the response to Commission Staff's First Request for Information, Item 1 and Item 2.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 21:** Explain whether any members of the Meade County RECC Board of Directors, or the Company's chief executives serve on the boards of directors of any other organizations. If so, identify all such organizations, including their name and address, the nature of each such organization, and the length of time they served as a member of that board.

**Response 21:** Please see Attachment AG 1-21.

**ATTACHMENT  
AG 1-21  
IS AN EXCEL  
SPREADSHEET  
AND UPLOADED  
SEPARATELY**

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 22:** Explain whether Meade County RECC is seeking any funds/grants from federal, state, or local sources which have been or will be made available. If so, identify the source and amount of those funds/grants, and the current status of the applications for all such funds / grants. If the Company has foregone any relevant opportunities for funds/grants for which it is eligible, explain why.

**Response 22:** Meade County RECC's management is cognizant of federal, state, and local grants to make decisions on whether Meade County RECC can apply for the grants. Meade County RECC is eligible for Federal Emergency Management Agency (FEMA) when there have been federal emergency declarations. Meade County RECC works with Kentucky Emergency Management Agency to ensure it applies for all FEMA funding for which the Cooperative is eligible. Currently, Meade County RECC has a remaining balance due from FEMA of \$106,005.39 for declaration DR-4702 March 2023 Windstorm. Meade County RECC has recently started the process with FEMA for declaration DR-4864 for April/May Storms and Flooding.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 23:** Please provide a detailed list of all organizations to which Meade County RECC pays membership dues, and the annual amount of these dues. Please also identify if Meade County RECC has already, or plans to, renew its membership in these organizations. Please advise if these dues are included in the revenue requirement in the pending rate case, and if so, precisely where.

**Response 23:** Meade County RECC paid membership dues for the following in the test year:

National Rural Electric Cooperative Association (NRECA) – \$41,619

Kentucky Electric Cooperatives (KEC) – \$76,734

Kentucky Association for Economic Development (KAED) – \$275 for 2024 and \$300 for 2025

Kentucky Roundtable for Utility Safety (KRUS) – \$150

Meade County RECC plans on renewing its membership in these organizations. All the organizations provide beneficial services to Meade County RECC's members. Meade County RECC made the appropriate pro forma adjustment.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 24:** Confirm that all charitable contributions and lobbying expenses have been removed from the application.

**Response 24:** Confirmed.

**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

**Request 25:** Please advise if there have been substantial changes to the membership in the rate class data since the test year. Has there been any notable changes to the customer classes?

**Response 25:** There have been no substantial changes to the membership in customer classes since the end of the test year 2024.



**Meade County Rural Electric Cooperative Corporation**  
**Case No. 2025-00159**  
**Attorney General's First Request for Information**

- Request 26:** Does Meade County RECC own or partially own any subsidiaries?
- a. If so, does Meade County RECC provide labor or services to the subsidiaries?
  - b. Please provide the organization charts for any owned subsidiaries and list all executives and directors.
  - c. Please provide a detailed breakdown of hours worked for any owned subsidiaries for each employee who provided labor through each year beginning in 2020 through 2024, and in each month of 2025 to date.

**Response 26(a)-(c):** Meade County RECC does not own or partially own any subsidiaries.