2024

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	January 2024 Final Invoice	12/18/2023

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 - Age 24 and Under	EMP	2	$0.00	$587.82	0	$0.00	$0.00	2	$0.00	$587.82
	W31387M001 HSA E01 - Age 25-29	EMP	1	$0.00	$309.18	0	$0.00	$0.00	1	$0.00	$309.18
	W31387M001 HSA E01 - Age 25-29	FAM	1	$0.00	$1,704.01	0	$0.00	$0.00	1	$0.00	$1,704.01
	W31387M001 HSA E01 - Age 40-44	FAM	2	$0.00	$3,960.06	0	$0.00	$0.00	2	$0.00	$3,960.06
	W31387M001 HSA E01 - Age 45-49	EMP	2	$0.00	$1,618.92	0	$0.00	$0.00	2	$0.00	$1,618.92
	W31387M001 HSA E01 - Age 45-49	FAM	2	$0.00	$4,507.20	0	$0.00	$0.00	2	$0.00	$4,507.20
	W31387M001 HSA E01 - Age 50-54	ECH	1	$0.00	$1,484.79	0	$0.00	$0.00	1	$0.00	$1,484.79
	W31387M001 HSA E01 - Age 50-54	ESP	1	$0.00	$1,887.17	0	$0.00	$0.00	1	$0.00	$1,887.17
	W31387M001 HSA E01 - Age 55 and Over	EMP	3	$0.00	$2,902.20	0	$0.00	$0.00	3	$0.00	$2,902.20
	W31387M001 HSA E01 - Age 55 and Over	FAM	1	$0.00	$2,569.49	0	$0.00	$0.00	1	$0.00	$2,569.49
		Benefit Totals	**16**	**$0.00**	**$21,530.84**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$21,530.84**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	8	$0.00	$235.52	0	$0.00	$0.00	8	$0.00	$235.52
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	2	$0.00	$250.10	0	$0.00	$0.00	2	$0.00	$250.10
		Benefit Totals	**13**	**$0.00**	**$683.80**	**0**	**$0.00**	**$0.00**	**13**	**$0.00**	**$683.80**
Cancer 1	FEBCO Admin Fee	EMP	16	$0.00	$96.00	0	$0.00	$0.00	16	$0.00	$96.00
		Benefit Totals	**16**	**$0.00**	**$96.00**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$96.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	February 2024 Final Invoice	01/16/2024

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 - Age 24 and Under	EMP	2	$0.00	$587.82	0	$0.00	$0.00	2	$0.00	$587.82
	W31387M001 HSA E01 - Age 25-29	EMP	1	$0.00	$309.18	0	$0.00	$0.00	1	$0.00	$309.18
	W31387M001 HSA E01 - Age 25-29	FAM	1	$0.00	$1,704.01	0	$0.00	$0.00	1	$0.00	$1,704.01
	W31387M001 HSA E01 - Age 40-44	FAM	2	$0.00	$3,960.06	0	$0.00	$0.00	2	$0.00	$3,960.06
	W31387M001 HSA E01 - Age 45-49	EMP	2	$0.00	$1,618.92	0	$0.00	$0.00	2	$0.00	$1,618.92
	W31387M001 HSA E01 - Age 45-49	FAM	2	$0.00	$4,507.20	0	$0.00	$0.00	2	$0.00	$4,507.20
	W31387M001 HSA E01 - Age 50-54	ECH	1	$0.00	$1,484.79	0	$0.00	$0.00	1	$0.00	$1,484.79
	W31387M001 HSA E01 - Age 50-54	ESP	1	$0.00	$1,887.17	0	$0.00	$0.00	1	$0.00	$1,887.17
	W31387M001 HSA E01 - Age 55 and Over	EMP	3	$0.00	$2,902.20	0	$0.00	$0.00	3	$0.00	$2,902.20
	W31387M001 HSA E01 - Age 55 and Over	FAM	1	$0.00	$2,569.49	0	$0.00	$0.00	1	$0.00	$2,569.49
		Benefit Totals	**16**	**$0.00**	**$21,530.84**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$21,530.84**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	8	$0.00	$235.52	0	$0.00	$0.00	8	$0.00	$235.52
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	2	$0.00	$250.10	0	$0.00	$0.00	2	$0.00	$250.10
		Benefit Totals	**13**	**$0.00**	**$683.80**	**0**	**$0.00**	**$0.00**	**13**	**$0.00**	**$683.80**
Cancer 1	FEBCO Admin Fee	EMP	16	$0.00	$96.00	0	$0.00	$0.00	16	$0.00	$96.00
		Benefit Totals	**16**	**$0.00**	**$96.00**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$96.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	March 2024 Final Invoice	02/16/2024

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 - Age 24 and Under	EMP	2	$0.00	$587.82	0	$0.00	$0.00	2	$0.00	$587.82
	W31387M001 HSA E01 - Age 25-29	EMP	1	$0.00	$309.18	0	$0.00	$0.00	1	$0.00	$309.18
	W31387M001 HSA E01 - Age 25-29	FAM	1	$0.00	$1,704.01	0	$0.00	$0.00	1	$0.00	$1,704.01
	W31387M001 HSA E01 - Age 40-44	FAM	2	$0.00	$3,960.06	0	$0.00	$0.00	2	$0.00	$3,960.06
	W31387M001 HSA E01 - Age 45-49	EMP	2	$0.00	$1,618.92	0	$0.00	$0.00	2	$0.00	$1,618.92
	W31387M001 HSA E01 - Age 45-49	FAM	2	$0.00	$4,507.20	0	$0.00	$0.00	2	$0.00	$4,507.20
	W31387M001 HSA E01 - Age 50-54	ECH	1	$0.00	$1,484.79	0	$0.00	$0.00	1	$0.00	$1,484.79
	W31387M001 HSA E01 - Age 50-54	ESP	1	$0.00	$1,887.17	0	$0.00	$0.00	1	$0.00	$1,887.17
	W31387M001 HSA E01 - Age 55 and Over	EMP	3	$0.00	$2,902.20	0	$0.00	$0.00	3	$0.00	$2,902.20
	W31387M001 HSA E01 - Age 55 and Over	FAM	1	$0.00	$2,569.49	0	$0.00	$0.00	1	$0.00	$2,569.49
		Benefit Totals	**16**	**$0.00**	**$21,530.84**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$21,530.84**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	8	$0.00	$235.52	0	$0.00	$0.00	8	$0.00	$235.52
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	2	$0.00	$250.10	0	$0.00	$0.00	2	$0.00	$250.10
		Benefit Totals	**13**	**$0.00**	**$683.80**	**0**	**$0.00**	**$0.00**	**13**	**$0.00**	**$683.80**
Cancer 1	FEBCO Admin Fee	EMP	16	$0.00	$96.00	0	$0.00	$0.00	16	$0.00	$96.00
		Benefit Totals	**16**	**$0.00**	**$96.00**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$96.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	April 2024 Final Invoice	03/15/2024

Benefit	Plan	Tier	Current			Adjustment			Total		
			Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 - Age 24 and Under	EMP	2	$0.00	$587.82	0	$0.00	$0.00	2	$0.00	$587.82
	W31387M001 HSA E01 - Age 25-29	EMP	1	$0.00	$309.18	0	$0.00	$0.00	1	$0.00	$309.18
	W31387M001 HSA E01 - Age 25-29	FAM	1	$0.00	$1,704.01	0	$0.00	$0.00	1	$0.00	$1,704.01
	W31387M001 HSA E01 - Age 40-44	FAM	2	$0.00	$3,960.06	0	$0.00	$0.00	2	$0.00	$3,960.06
	W31387M001 HSA E01 - Age 45-49	EMP	3	$0.00	$2,337.60	1	$0.00	$718.68	4	$0.00	$3,056.28
	W31387M001 HSA E01 - Age 45-49	FAM	2	$0.00	$4,507.20	0	$0.00	$0.00	2	$0.00	$4,507.20
	W31387M001 HSA E01 - Age 50-54	ECH	0	$0.00	$0.00	-1	$0.00	-$1,484.79	-1	$0.00	-$1,484.79
	W31387M001 HSA E01 - Age 50-54	ESP	1	$0.00	$1,887.17	0	$0.00	$0.00	1	$0.00	$1,887.17
	W31387M001 HSA E01 - Age 55 and Over	EMP	3	$0.00	$2,902.20	0	$0.00	$0.00	3	$0.00	$2,902.20
	W31387M001 HSA E01 - Age 55 and Over	FAM	1	$0.00	$2,569.49	0	$0.00	$0.00	1	$0.00	$2,569.49
		Benefit Totals	**16**	**$0.00**	**$20,764.73**	**0**	**$0.00**	**-$766.11**	**16**	**$0.00**	**$19,998.62**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	9	$0.00	$264.96	1	$0.00	$29.44	10	$0.00	$294.40
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	-1	$0.00	-$125.05	0	$0.00	$0.00
		Benefit Totals	**13**	**$0.00**	**$588.19**	**0**	**$0.00**	**-$95.61**	**13**	**$0.00**	**$492.58**
Cancer 1	FEBCO Admin Fee	EMP	16	$0.00	$96.00	0	$0.00	$0.00	16	$0.00	$96.00
		Benefit Totals	**16**	**$0.00**	**$96.00**	**0**	**$0.00**	**$0.00**	**16**	**$0.00**	**$96.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	May 2024 Final Invoice	04/15/2024

Benefit	Plan	Tier	Current			Adjustment			Total		
			Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 - Age 24 and Under	EMP	3	$0.00	$881.73	1	$0.00	$293.91	4	$0.00	$1,175.64
	W31387M001 HSA E01 - Age 25-29	EMP	2	$0.00	$618.36	2	$0.00	$618.36	4	$0.00	$1,236.72
	W31387M001 HSA E01 - Age 25-29	FAM	1	$0.00	$1,704.01	0	$0.00	$0.00	1	$0.00	$1,704.01
	W31387M001 HSA E01 - Age 40-44	FAM	2	$0.00	$3,960.06	0	$0.00	$0.00	2	$0.00	$3,960.06
	W31387M001 HSA E01 - Age 45-49	EMP	2	$0.00	$1,618.92	-2	$0.00	-$1,437.36	0	$0.00	$181.56
	W31387M001 HSA E01 - Age 45-49	FAM	2	$0.00	$4,507.20	0	$0.00	$0.00	2	$0.00	$4,507.20
	W31387M001 HSA E01 - Age 50-54	ESP	1	$0.00	$1,887.17	0	$0.00	$0.00	1	$0.00	$1,887.17
	W31387M001 HSA E01 - Age 55 and Over	EMP	3	$0.00	$2,902.20	0	$0.00	$0.00	3	$0.00	$2,902.20
	W31387M001 HSA E01 - Age 55 and Over	FAM	1	$0.00	$2,569.49	0	$0.00	$0.00	1	$0.00	$2,569.49
		Benefit Totals	**17**	**$0.00**	**$20,649.14**	**1**	**$0.00**	**-$525.09**	**18**	**$0.00**	**$20,124.05**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$294.40	1	$0.00	$29.44	11	$0.00	$323.84
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	0	$0.00	$0.00	1	$0.00	$125.05
		Benefit Totals	**14**	**$0.00**	**$617.63**	**1**	**$0.00**	**$29.44**	**15**	**$0.00**	**$647.07**
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	1	$0.00	$6.00	18	$0.00	$108.00
		Benefit Totals	**17**	**$0.00**	**$102.00**	**1**	**$0.00**	**$6.00**	**18**	**$0.00**	**$108.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**
		Location Totals	**48**	**$0.00**	**$21,368.77**	**3**	**$0.00**	**-$489.65**	**51**	**$0.00**	**$20,879.12**
										Misc Fees	**$0.00**
										Location Adjustment	**$0.00**
										FEBCO Document Fee	**$30.00**
										Grand Total	**$20,909.12**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	June 2024 Final Invoice	05/16/2024

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 - Age 24 and Under	EMP	4	$0.00	$1,175.64	3	$0.00	$881.73	7	$0.00	$2,057.37
	W31387M001 HSA E01 - Age 25-29	EMP	1	$0.00	$309.18	-3	$0.00	-$927.54	-2	$0.00	-$618.36
	W31387M001 HSA E01 - Age 25-29	FAM	1	$0.00	$1,704.01	0	$0.00	$0.00	1	$0.00	$1,704.01
	W31387M001 HSA E01 - Age 40-44	FAM	2	$0.00	$3,960.06	0	$0.00	$0.00	2	$0.00	$3,960.06
	W31387M001 HSA E01 - Age 45-49	EMP	2	$0.00	$1,618.92	0	$0.00	$0.00	2	$0.00	$1,618.92
	W31387M001 HSA E01 - Age 45-49	FAM	2	$0.00	$4,507.20	0	$0.00	$0.00	2	$0.00	$4,507.20
	W31387M001 HSA E01 - Age 50-54	ESP	1	$0.00	$1,887.17	0	$0.00	$0.00	1	$0.00	$1,887.17
	W31387M001 HSA E01 - Age 55 and Over	EMP	3	$0.00	$2,902.20	0	$0.00	$0.00	3	$0.00	$2,902.20
	W31387M001 HSA E01 - Age 55 and Over	FAM	1	$0.00	$2,569.49	0	$0.00	$0.00	1	$0.00	$2,569.49
		Benefit Totals	**17**	**$0.00**	**$20,633.87**	**0**	**$0.00**	**-$45.81**	**17**	**$0.00**	**$20,588.06**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$294.40	0	$0.00	$0.00	10	$0.00	$294.40
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	0	$0.00	$0.00	1	$0.00	$125.05
		Benefit Totals	**14**	**$0.00**	**$617.63**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	**$617.63**
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	0	$0.00	$0.00	17	$0.00	$102.00
		Benefit Totals	**17**	**$0.00**	**$102.00**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$102.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**
		Location Totals	**48**	**$0.00**	**$21,353.50**	**0**	**$0.00**	**-$45.81**	**48**	**$0.00**	**$21,307.69**
										Misc Fees	**$0.00**
										Location Adjustment	**$0.00**
										FEBCO Document Fee	**$30.00**
										Grand Total	**$21,337.69**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	July 2024 Final Invoice	06/19/2024

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 RXT5 - Age 24 and Under	EMP	2	$0.00	$622.66	0	$0.00	$0.00	2	$0.00	$622.66
	W31387M001 HSA E01 RXT5 - Age 25-29	EMP	3	$0.00	$982.65	0	$0.00	$0.00	3	$0.00	$982.65
	W31387M001 HSA E01 RXT5 - Age 30-34	FAM	1	$0.00	$1,840.59	0	$0.00	$0.00	1	$0.00	$1,840.59
	W31387M001 HSA E01 RXT5 - Age 40-44	FAM	2	$0.00	$4,204.16	0	$0.00	$0.00	2	$0.00	$4,204.16
	W31387M001 HSA E01 RXT5 - Age 45-49	EMP	2	$0.00	$1,717.73	0	$0.00	$0.00	2	$0.00	$1,717.73
	W31387M001 HSA E01 RXT5 - Age 45-49	FAM	1	$0.00	$2,392.63	0	$0.00	$0.00	1	$0.00	$2,392.63
	W31387M001 HSA E01 RXT5 - Age 50-54	ESP	1	$0.00	$2,003.45	0	$0.00	$0.00	1	$0.00	$2,003.45
	W31387M001 HSA E01 RXT5 - Age 50-54	FAM	1	$0.00	$2,691.64	0	$0.00	$0.00	1	$0.00	$2,691.64
	W31387M001 HSA E01 RXT5 - Age 55 and Over	EMP	2	$0.00	$2,053.22	0	$0.00	$0.00	2	$0.00	$2,053.22
	W31387M001 HSA E01 RXT5 - Age 55 and Over	ESP	1	$0.00	$2,039.94	0	$0.00	$0.00	1	$0.00	$2,039.94
	W31387M001 HSA E01 RXT5 - Age 55 and Over	FAM	1	$0.00	$2,728.12	0	$0.00	$0.00	1	$0.00	$2,728.12
		Benefit Totals	**17**	**$0.00**	**$23,276.79**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$23,276.79**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$294.40	0	$0.00	$0.00	10	$0.00	$294.40
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	0	$0.00	$0.00	1	$0.00	$125.05
		Benefit Totals	**14**	**$0.00**	**$617.63**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	**$617.63**
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	0	$0.00	$0.00	17	$0.00	$102.00
		Benefit Totals	**17**	**$0.00**	**$102.00**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$102.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

Location Premium Summary AUGUST 2024 - Same

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	September 2024 Final Invoice	08/15/2024

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 RXT5 - Age 24 and Under	EMP	2	$0.00	$622.66	0	$0.00	$0.00	2	$0.00	$622.66
	W31387M001 HSA E01 RXT5 - Age 25-29	EMP	3	$0.00	$982.65	0	$0.00	$0.00	3	$0.00	$982.65
	W31387M001 HSA E01 RXT5 - Age 30-34	FAM	1	$0.00	$1,840.59	0	$0.00	$0.00	1	$0.00	$1,840.59
	W31387M001 HSA E01 RXT5 - Age 40-44	FAM	2	$0.00	$4,204.16	0	$0.00	$0.00	2	$0.00	$4,204.16
	W31387M001 HSA E01 RXT5 - Age 45-49	EMP	2	$0.00	$1,717.73	0	$0.00	$0.00	2	$0.00	$1,717.73
	W31387M001 HSA E01 RXT5 - Age 45-49	FAM	1	$0.00	$2,392.63	0	$0.00	$0.00	1	$0.00	$2,392.63
	W31387M001 HSA E01 RXT5 - Age 50-54	ESP	1	$0.00	$2,003.45	0	$0.00	$0.00	1	$0.00	$2,003.45
	W31387M001 HSA E01 RXT5 - Age 50-54	FAM	1	$0.00	$2,691.64	0	$0.00	$0.00	1	$0.00	$2,691.64
	W31387M001 HSA E01 RXT5 - Age 55 and Over	EMP	2	$0.00	$2,053.22	0	$0.00	$0.00	2	$0.00	$2,053.22
	W31387M001 HSA E01 RXT5 - Age 55 and Over	ESP	1	$0.00	$2,039.94	0	$0.00	$0.00	1	$0.00	$2,039.94
	W31387M001 HSA E01 RXT5 - Age 55 and Over	FAM	1	$0.00	$2,728.12	0	$0.00	$0.00	1	$0.00	$2,728.12
		Benefit Totals	**17**	**$0.00**	**$23,276.79**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$23,276.79**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$294.40	0	$0.00	$0.00	10	$0.00	$294.40
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	0	$0.00	$0.00	1	$0.00	$125.05
		Benefit Totals	**14**	**$0.00**	**$617.63**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	**$617.63**
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	0	$0.00	$0.00	17	$0.00	$102.00
		Benefit Totals	**17**	**$0.00**	**$102.00**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$102.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

October 2024 Same
November 2024 Same

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	December 2024 Final Invoice	11/18/2024

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 RXT5 - Age 24 and Under	EMP	2	$0.00	$622.66	0	$0.00	$0.00	2	$0.00	$622.66
	W31387M001 HSA E01 RXT5 - Age 25-29	EMP	3	$0.00	$982.65	0	$0.00	$0.00	3	$0.00	$982.65
	W31387M001 HSA E01 RXT5 - Age 30-34	FAM	1	$0.00	$1,840.59	0	$0.00	$0.00	1	$0.00	$1,840.59
	W31387M001 HSA E01 RXT5 - Age 40-44	FAM	2	$0.00	$4,204.16	0	$0.00	$0.00	2	$0.00	$4,204.16
	W31387M001 HSA E01 RXT5 - Age 45-49	EMP	2	$0.00	$1,717.73	0	$0.00	$0.00	2	$0.00	$1,717.73
	W31387M001 HSA E01 RXT5 - Age 45-49	FAM	1	$0.00	$2,392.63	0	$0.00	$0.00	1	$0.00	$2,392.63
	W31387M001 HSA E01 RXT5 - Age 50-54	ESP	1	$0.00	$2,003.45	0	$0.00	$0.00	1	$0.00	$2,003.45
	W31387M001 HSA E01 RXT5 - Age 50-54	FAM	1	$0.00	$2,691.64	0	$0.00	$0.00	1	$0.00	$2,691.64
	W31387M001 HSA E01 RXT5 - Age 55 and Over	EMP	2	$0.00	$2,053.22	0	$0.00	$0.00	2	$0.00	$2,053.22
	W31387M001 HSA E01 RXT5 - Age 55 and Over	ESP	1	$0.00	$2,039.94	0	$0.00	$0.00	1	$0.00	$2,039.94
	W31387M001 HSA E01 RXT5 - Age 55 and Over	FAM	1	$0.00	$2,728.12	0	$0.00	$0.00	1	$0.00	$2,728.12
		Benefit Totals	**17**	**$0.00**	**$23,276.79**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$23,276.79**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$294.40	0	$0.00	$0.00	10	$0.00	$294.40
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	0	$0.00	$0.00	1	$0.00	$125.05
		Benefit Totals	**14**	**$0.00**	**$617.63**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	**$617.63**
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	0	$0.00	$0.00	17	$0.00	$102.00
		Benefit Totals	**17**	**$0.00**	**$102.00**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$102.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

2025

January 2025
February 2025
March 2025
April 2025 & MAY 2025
Same

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	June 2025 Final Invoice	05/15/2025

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium
Medical	W31387M001 HSA E01 RXT5 - Age 24 and Under	EMP	2	$0.00	$622.66	0	$0.00	$0.00	2	$0.00	$622.66
	W31387M001 HSA E01 RXT5 - Age 25-29	EMP	3	$0.00	$982.65	0	$0.00	$0.00	3	$0.00	$982.65
	W31387M001 HSA E01 RXT5 - Age 30-34	FAM	1	$0.00	$1,840.59	0	$0.00	$0.00	1	$0.00	$1,840.59
	W31387M001 HSA E01 RXT5 - Age 40-44	FAM	2	$0.00	$4,204.16	0	$0.00	$0.00	2	$0.00	$4,204.16
	W31387M001 HSA E01 RXT5 - Age 45-49	EMP	2	$0.00	$1,717.73	0	$0.00	$0.00	2	$0.00	$1,717.73
	W31387M001 HSA E01 RXT5 - Age 45-49	FAM	1	$0.00	$2,392.63	0	$0.00	$0.00	1	$0.00	$2,392.63
	W31387M001 HSA E01 RXT5 - Age 50-54	ESP	1	$0.00	$2,003.45	0	$0.00	$0.00	1	$0.00	$2,003.45
	W31387M001 HSA E01 RXT5 - Age 50-54	FAM	1	$0.00	$2,691.64	0	$0.00	$0.00	1	$0.00	$2,691.64
	W31387M001 HSA E01 RXT5 - Age 55 and Over	EMP	2	$0.00	$2,053.22	0	$0.00	$0.00	2	$0.00	$2,053.22
	W31387M001 HSA E01 RXT5 - Age 55 and Over	ESP	1	$0.00	$2,039.94	0	$0.00	$0.00	1	$0.00	$2,039.94
	W31387M001 HSA E01 RXT5 - Age 55 and Over	FAM	1	$0.00	$2,728.12	0	$0.00	$0.00	1	$0.00	$2,728.12
		Benefit Totals	**17**	**$0.00**	**$23,276.79**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$23,276.79**
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$81.36	0	$0.00	$0.00	1	$0.00	$81.36
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$294.40	0	$0.00	$0.00	10	$0.00	$294.40
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$116.82	0	$0.00	$0.00	2	$0.00	$116.82
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$125.05	0	$0.00	$0.00	1	$0.00	$125.05
		Benefit Totals	**14**	**$0.00**	**$617.63**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	**$617.63**
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	0	$0.00	$0.00	17	$0.00	$102.00
		Benefit Totals	**17**	**$0.00**	**$102.00**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	**$102.00**
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	July 2025 Final Invoice	06/16/2025

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Prer
Medical	W31387M001 HSA E01 RXC2 - Age 24 and Under	EMP	2	$0.00	$668.12	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 25-29	EMP	3	$0.00	$1,054.56	0	$0.00	$0.00	3	$0.00	
	W31387M001 HSA E01 RXC2 - Age 30-34	FAM	1	$0.00	$1,979.97	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 40-44	FAM	1	$0.00	$2,261.40	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 45-49	FAM	2	$0.00	$5,148.22	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	EMP	2	$0.00	$2,168.54	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	ESP	1	$0.00	$2,155.25	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	FAM	1	$0.00	$2,895.93	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	EMP	2	$0.00	$2,207.80	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	ESP	1	$0.00	$2,194.52	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	FAM	1	$0.00	$2,935.19	0	$0.00	$0.00	1	$0.00	
		Benefit Totals	**17**	**$0.00**	**$25,669.50**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$83.80	0	$0.00	$0.00	1	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$303.20	0	$0.00	$0.00	10	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$120.32	0	$0.00	$0.00	2	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$128.80	0	$0.00	$0.00	1	$0.00	
		Benefit Totals	**14**	**$0.00**	**$636.12**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	
Cancer 1	FEBCO Admin Fee	EMP	17	$0.00	$102.00	0	$0.00	$0.00	17	$0.00	
		Benefit Totals	**17**	**$0.00**	**$102.00**	**0**	**$0.00**	**$0.00**	**17**	**$0.00**	
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	

Note! Effective 7/1/25 there was an additional employee added to the Age 24 & Under & the premium of $334.06 was added to the August Invoice as an adjustment for July

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	August 2025 Final Invoice	07/15/2025

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Pre
Medical	W31387M001 HSA E01 RXC2 - Age 24 and Under	EMP	3	$0.00	$1,002.18	1	$0.00	$334.06	4	$0.00	
	W31387M001 HSA E01 RXC2 - Age 25-29	EMP	3	$0.00	$1,054.56	0	$0.00	$0.00	3	$0.00	
	W31387M001 HSA E01 RXC2 - Age 30-34	FAM	1	$0.00	$1,979.97	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 40-44	FAM	1	$0.00	$2,261.40	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 45-49	FAM	2	$0.00	$5,148.22	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	EMP	2	$0.00	$2,168.54	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	ESP	1	$0.00	$2,155.25	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	FAM	1	$0.00	$2,895.93	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	EMP	2	$0.00	$2,207.80	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	ESP	1	$0.00	$2,194.52	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	FAM	1	$0.00	$2,935.19	0	$0.00	$0.00	1	$0.00	
		Benefit Totals	**18**	**$0.00**	* **$26,003.56**	**1**	**$0.00**	**$334.06**	**19**	**$0.00**	
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$83.80	0	$0.00	$0.00	1	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$303.20	0	$0.00	$0.00	10	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$120.32	0	$0.00	$0.00	2	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$128.80	0	$0.00	$0.00	1	$0.00	
		Benefit Totals	**14**	**$0.00**	**$636.12**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	
Cancer 1	FEBCO Admin Fee	EMP	18	$0.00	$108.00	1	$0.00	$6.00	19	$0.00	
				0.00	**$108.00**	**1**	**$0.00**	**$6.00**	**19**	**$0.00**	
				0.00	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	

* Premium for Health Ins.

Adj - Employee Added 7/1

premium Effective 7/1/25

Location Premium Summary

Client	Location	Billing Period	Prepared
KACo Benefits Group	Laurel County Water District Number 2 - 068	September 2025 Final Invoice	08/18/2025

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Prer
Medical	W31387M001 HSA E01 RXC2 - Age 24 and Under	EMP	3	$0.00	$1,002.18	0	$0.00	$0.00	3	$0.00	
	W31387M001 HSA E01 RXC2 - Age 25-29	EMP	3	$0.00	$1,054.56	0	$0.00	$0.00	3	$0.00	
	W31387M001 HSA E01 RXC2 - Age 30-34	FAM	1	$0.00	$1,979.97	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 40-44	FAM	1	$0.00	$2,261.40	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 45-49	FAM	2	$0.00	$5,148.22	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	EMP	2	$0.00	$2,168.54	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	ESP	1	$0.00	$2,155.25	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 50-54	FAM	1	$0.00	$2,895.93	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	EMP	2	$0.00	$2,207.80	0	$0.00	$0.00	2	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	ESP	1	$0.00	$2,194.52	0	$0.00	$0.00	1	$0.00	
	W31387M001 HSA E01 RXC2 - Age 55 and Over	FAM	1	$0.00	$2,935.19	0	$0.00	$0.00	1	$0.00	
		Benefit Totals	**18**	**$0.00**	**$26,003.56**	**0**	**$0.00**	**$0.00**	**18**	**$0.00**	
Dental	699370 Delta Dental PPO Plus with Pediatric Plan	ECH	1	$0.00	$83.80	0	$0.00	$0.00	1	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	EMP	10	$0.00	$303.20	0	$0.00	$0.00	10	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	ESP	2	$0.00	$120.32	0	$0.00	$0.00	2	$0.00	
	699370 Delta Dental PPO Plus with Pediatric Plan	FAM	1	$0.00	$128.80	0	$0.00	$0.00	1	$0.00	
		Benefit Totals	**14**	**$0.00**	**$636.12**	**0**	**$0.00**	**$0.00**	**14**	**$0.00**	
Cancer 1	FEBCO Admin Fee	EMP	18	$0.00	$108.00	0	$0.00	$0.00	18	$0.00	
		Benefit Totals	**18**	**$0.00**	**$108.00**	**0**	**$0.00**	**$0.00**	**18**	**$0.00**	
		Benefit Totals	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	

Location Totals	50	$0.00	$26,747.68	0	$0.00	$0.00	50	$0.00

Misc Fees

Location Adjustment

Billing Fees

Grand Total