

# Location Premium Detail for East Clark County Water - 212



| Location                                                                                     | Prepared   | Billing Period             |
|----------------------------------------------------------------------------------------------|------------|----------------------------|
| William Ballard<br>East Clark County Water - 212<br>118 Hopkins Lane<br>Winchester, KY 40391 | 12/15/2025 | January 2026 Final Invoice |

## CURRENT

| Employee/Plan | Tier | Coverage | Employee Premium | Company Premium | Total Premium |
|---------------|------|----------|------------------|-----------------|---------------|
|---------------|------|----------|------------------|-----------------|---------------|

### Active - Female

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | EMP | \$0.00 | \$0.00 | \$0.00 | \$1,054.59 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$1,054.59 |

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | EMP | \$0.00 | \$0.00 | \$0.00 | \$1,054.59 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$1,054.59 |

|                               |  |        |        |        |            |
|-------------------------------|--|--------|--------|--------|------------|
| Active - Female Current Total |  | \$0.00 | \$0.00 | \$0.00 | \$2,109.18 |
|-------------------------------|--|--------|--------|--------|------------|

|                            |   |            |  |  |  |
|----------------------------|---|------------|--|--|--|
| January 2026 Final Invoice | 1 | 12/18/2025 |  |  |  |
|----------------------------|---|------------|--|--|--|

| Employee/Plan | Tier | Coverage | Employee Premium | Company Premium | Total Premium |
|---------------|------|----------|------------------|-----------------|---------------|
|---------------|------|----------|------------------|-----------------|---------------|

### Active - Male

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | FAM | \$0.00 | \$0.00 | \$0.00 | \$1,891.04 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$1,891.04 |

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | ESP | \$0.00 | \$0.00 | \$0.00 | \$2,095.89 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$2,095.89 |

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | ESP | \$0.00 | \$0.00 | \$0.00 | \$1,216.26 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$1,216.26 |

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | FAM | \$0.00 | \$0.00 | \$0.00 | \$2,458.31 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$2,458.31 |

|                         |     |        |        |        |            |
|-------------------------|-----|--------|--------|--------|------------|
| L06128M001 HSA E01 RXC2 | EMP | \$0.00 | \$0.00 | \$0.00 | \$1,054.59 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$1,054.59 |

|                         |     |        |        |        |          |
|-------------------------|-----|--------|--------|--------|----------|
| L06128M001 HSA E01 RXC2 | EMP | \$0.00 | \$0.00 | \$0.00 | \$336.22 |
| Employee Totals         |     | \$0.00 | \$0.00 | \$0.00 | \$336.22 |

|                             |  |        |        |        |            |
|-----------------------------|--|--------|--------|--------|------------|
| Active - Male Current Total |  | \$0.00 | \$0.00 | \$0.00 | \$9,052.31 |
|-----------------------------|--|--------|--------|--------|------------|

|                         |  |        |        |        |             |
|-------------------------|--|--------|--------|--------|-------------|
| Location Current Totals |  | \$0.00 | \$0.00 | \$0.00 | \$11,161.49 |
|-------------------------|--|--------|--------|--------|-------------|

## ADJUSTMENTS

## ADJUSTED TOTALS

|                          |  |        |        |        |             |
|--------------------------|--|--------|--------|--------|-------------|
| Location Adjusted Totals |  | \$0.00 | \$0.00 | \$0.00 | \$11,161.49 |
|--------------------------|--|--------|--------|--------|-------------|

| Remit Payment to:                                                 |            | Previous Total Due     | \$11,241.49 |
|-------------------------------------------------------------------|------------|------------------------|-------------|
| KACo Benefits Group<br>PO Box 950159<br>Louisville, KY 40295-0159 |            | Total Payment Received | \$11,241.49 |
|                                                                   |            | Unpaid Balance         | \$0.00      |
|                                                                   |            | Current Total Premium  | \$11,161.49 |
|                                                                   |            | FEBCO Document Fee     | \$80.00     |
| Payment Due Date                                                  | 01/01/2026 | Adjustment Total       | \$0.00      |
|                                                                   |            | Misc Fees              | \$0.00      |
|                                                                   |            | Location Adjustment    | \$0.00      |

January 2026 Final Invoice

2

Current Total Due

\$11,241.49

12/18/2025

# Location Premium Summary

| Client              |                        |      |       | Location                      |       |             |       | Billing Period             |       |         |       | Prepared            |       |             |  |
|---------------------|------------------------|------|-------|-------------------------------|-------|-------------|-------|----------------------------|-------|---------|-------|---------------------|-------|-------------|--|
| KACo Benefits Group |                        |      |       | East Clark County Water - 212 |       |             |       | January 2026 Final Invoice |       |         |       | 12/15/2025          |       |             |  |
| Benefit             | Plan                   | Tier | Count | Current                       |       | Premium     | Count | Adjustment                 |       | Premium | Count | Total               |       | Premium     |  |
|                     |                        |      |       | Volume                        | Count |             |       | Volume                     | Count |         |       | Volume              | Count |             |  |
| Medical             | L06128M001 HSA E01     | EMP  | 1     | \$0.00                        | 0     | \$336.22    | 0     | \$0.00                     | 0     | \$0.00  | 1     | \$0.00              | 1     | \$336.22    |  |
|                     | RXC2 - Age 25-29       |      |       |                               |       |             |       |                            |       |         |       |                     |       |             |  |
|                     | L06128M001 HSA E01     | ESP  | 1     | \$0.00                        | 0     | \$1,216.26  | 0     | \$0.00                     | 0     | \$0.00  | 1     | \$0.00              | 1     | \$1,216.26  |  |
|                     | RXC2 - Age 30-34       |      |       |                               |       |             |       |                            |       |         |       |                     |       |             |  |
|                     | L06128M001 HSA E01     | FAM  | 1     | \$0.00                        | 0     | \$1,891.04  | 0     | \$0.00                     | 0     | \$0.00  | 1     | \$0.00              | 1     | \$1,891.04  |  |
|                     | RXC2 - Age 30-34       |      |       |                               |       |             |       |                            |       |         |       |                     |       |             |  |
|                     | L06128M001 HSA E01     | FAM  | 1     | \$0.00                        | 0     | \$2,458.31  | 0     | \$0.00                     | 0     | \$0.00  | 1     | \$0.00              | 1     | \$2,458.31  |  |
|                     | RXC2 - Age 45-49       |      |       |                               |       |             |       |                            |       |         |       |                     |       |             |  |
|                     | L06128M001 HSA E01     | EMP  | 3     | \$0.00                        | 0     | \$3,163.77  | 0     | \$0.00                     | 0     | \$0.00  | 3     | \$0.00              | 3     | \$3,163.77  |  |
|                     | RXC2 - Age 55 and Over |      |       |                               |       |             |       |                            |       |         |       |                     |       |             |  |
| Benefit Totals      |                        |      | 8     | \$0.00                        | 0     | \$11,161.49 | 0     | \$0.00                     | 0     | \$0.00  | 8     | \$0.00              | 8     | \$11,161.49 |  |
| Location Totals     |                        |      | 8     | \$0.00                        | 0     | \$11,161.49 | 0     | \$0.00                     | 0     | \$0.00  | 8     | \$0.00              | 8     | \$11,161.49 |  |
|                     |                        |      |       |                               |       |             |       |                            |       |         |       | Misc Fees           |       | \$0.00      |  |
|                     |                        |      |       |                               |       |             |       |                            |       |         |       | Location Adjustment |       | \$0.00      |  |
|                     |                        |      |       |                               |       |             |       |                            |       |         |       | FEBCO Document Fee  |       | \$80.00     |  |
|                     |                        |      |       |                               |       |             |       |                            |       |         |       | Grand Total         |       | \$11,241.49 |  |

APPROVED BY: WD TAm HF  
 ACCT. LIST # 6080  
 FUND O.M  
 CK. NO. Auto Pay  
 REVIEWED BY: Alastair