

Andy Beshear
Governor

Rebecca W. Goodman
Secretary
Energy and Environment Cabinet



Commonwealth of Kentucky
Public Service Commission
211 Sower Blvd.
Frankfort, Kentucky 40601-8294
Telephone: (502) 564-3940
psc.ky.gov

Angie Hatton
Chair

Mary Pat Regan
Commissioner

Andrew W. Wood
Commissioner

March 2, 2026

PARTIES OF RECORD

Re: Case No. 2023-00252

Notice is given to all parties that the attached Oldham County Water District Informal Conference Memorandum, attendance list, invoices for health benefits and insurance rate breakdowns have been filed into the record of this proceeding.

If you have any comments you would like to make regarding the contents of the document, please do so within five days of receipt of this letter. If you have any questions, please contact Amanda Lawson, Staff Attorney III at AmandaV.Lawson@ky.gov.

Sincerely,

A handwritten signature in blue ink that reads "Linda C. Bridwell".

Linda C. Bridwell, PE
Executive Director

Attachment

INTRA-AGENCY MEMORANDUM

KENTUCKY PUBLIC SERVICE COMMISSION

TO: Case File No. 2023-00252

FROM: Amanda Lawson, PSC Staff Attorney

DATE: March 2, 2026

RE: Informal Conference of February 10, 2026

Pursuant to an Order issued on February 3, 2026, an informal conference (IC) was conducted on February 10, 2026. Attached is a copy of the attendance roster.

The IC was requested by Oldham County Water District (Oldham District). The purpose of the IC was to discuss implementation of the September 24, 2025 Order of the Franklin Circuit Court.

Amanda Lawson started the meeting stating that staff could not speak for the Commission, and that the meeting was to only discuss Case No. 2023-00252 and the September 24, 2025 Order of the Franklin Circuit Court. All participants introduced themselves and the representatives of Oldham County District were invited to speak.

Lacy Cunningham presented revised figures that proposed the mechanics of implementing the \$125,241 amount that was the subject of the September 24, 2025 Order into the revenue requirement. Mr. Talley and Mrs. Frederick then discussed procedural posture on how to move forward with implementation of the change going forward and answered questions from staff to provide clarification. Parties for Oldham District agreed to provide documentation, including excel spreadsheets and invoices, for staff to relay to the Commission to

There being no further discussion, the IC was then adjourned.

cc: Parties of Record

PSC INFORMAL CONFERENCE SIGN IN SHEET

CASE NUMBER: 2023-00252 IC Oldham County Water District

LOCATION: Kentucky Public Service Commission, 211 Sower Blvd., Frankfort, KY 40601

DATE: February 10, 2026 10:30 am

NAME	COMPANY
Amanda Lawson	PSC-Legal
Moriah Tussey	PSC-Legal
Jurgens van Zyl	PSC-Legal
Wright Williams	PSC-Legal
Jeff Abshire	PSC- Financial Analysis
Noah Abner	PSC- Financial Analysis
Kayleigh Riley	PSC- Financial Analysis
Tina Frederick	Stoll Kennon Ogden
Damon Talley	Stoll Kennon Ogden
Lacey Cunningham	Oldham Water District
Russ Rose	Oldham Water District

Location Premium Detail for Oldham County Water Dist



Location	Prepared	Billing Period
Lacey Cunningham Oldham County Water Dist 2160 SPENCER CT LAGRANGE, KY 40031	12/15/2023	January 2024 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	01/01/2024	\$35,941.34

CURRENT

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

Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Delta 0226 Dental Option 5	ECH	\$0.00	\$0.00	\$0.00	\$52.20
Standard 100K Group Life and ADD	60 - 64	\$100,000.00	\$0.00	\$70.10	\$70.10
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$982.67
Employee Totals		\$100,000.00	\$0.00	\$70.10	\$1,117.53

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$0.00	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Standard 100K Group Life and ADD	35 - 39	\$100,000.00	\$0.00	\$11.20	\$11.20
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$982.67
Employee Totals		\$100,000.00	\$0.00	\$11.20	\$1,054.20

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$1,851.27

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	25 - 29	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
Employee Totals		\$100,000.00	\$0.00	\$10.00	\$1,212.05

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$0.00	\$82.68
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$1,859.78

January 2024 Final Invoice

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12/15/2023

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$1,851.27

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	20 - 24	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$552.00
Employee Totals		\$100,000.00	\$0.00	\$10.00	\$591.17

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
Employee Totals		\$100,000.00	\$0.00	\$52.40	\$1,254.45

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
Employee Totals		\$100,000.00	\$0.00	\$10.20	\$1,840.77

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	20 - 24	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$552.00
Employee Totals		\$100,000.00	\$0.00	\$10.00	\$591.17

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$1,851.27

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$0.00	\$82.68
Standard 100K Group Life and ADD	40 - 44	\$100,000.00	\$0.00	\$15.30	\$15.30
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
Employee Totals		\$100,000.00	\$0.00	\$15.30	\$1,854.38

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	65 - 69	\$65,000.00	\$0.00	\$79.63	\$79.63
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
January 2024 Final Invoice		2			12/15/2023

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Employee Totals		\$65,000.00	\$0.00	\$79.63	\$1,281.68

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	65 - 69	\$65,000.00	\$0.00	\$79.63	\$79.63
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
Employee Totals		\$65,000.00	\$0.00	\$79.63	\$1,281.68

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40

W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$1,254.45

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
	Employee Totals	\$100,000.00	\$0.00	\$33.10	\$1,863.67

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
	Employee Totals	\$100,000.00	\$0.00	\$20.70	\$1,851.27

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	60 - 64	\$100,000.00	\$0.00	\$70.10	\$70.10
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
	Employee Totals	\$100,000.00	\$0.00	\$70.10	\$1,272.15

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$1,254.45

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$110.29

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$0.00	\$82.68
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,736.33
	Employee Totals	\$100,000.00	\$0.00	\$33.10	\$1,872.18

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$552.00
	Employee Totals	\$100,000.00	\$0.00	\$10.20	\$591.37

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,144.16
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$1,290.80

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07

Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$982.67
Employee Totals		\$100,000.00	\$0.00	\$33.10	\$1,110.01

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$0.00	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$982.67
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$1,063.70

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$0.00	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$982.67
Employee Totals		\$100,000.00	\$0.00	\$33.10	\$1,076.10

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	40 - 44	\$100,000.00	\$0.00	\$15.30	\$15.30
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$552.00
Employee Totals		\$100,000.00	\$0.00	\$15.30	\$596.47

Active Current Total \$2,630,000.00 \$0.00 \$910.26 \$34,699.58

Location Current Totals \$2,630,000.00 \$0.00 \$910.26 \$34,699.58

ADJUSTMENTS

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

January 2024 Final Invoice 4 12/15/2023

Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium	
Delta 0191 Dental Option 15 ADJ-CREDIT November 2023 Final Invoice	EMP		\$0.00	\$0.00	\$0.00	-\$23.30
Delta 0191 Dental Option 15 ADJ-CREDIT December 2023 Final Invoice	EMP		\$0.00	\$0.00	\$0.00	-\$23.30
Delta 0191 Dental Option 15 ADJ-DEBIT December 2023 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Dental Option 15 ADJ-DEBIT November 2023 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150 ADJ-CREDIT December 2023 Final Invoice	EMP		\$0.00	\$0.00	\$0.00	-\$5.87
Delta 0191 Vision 150 ADJ-CREDIT November 2023 Final Invoice	EMP		\$0.00	\$0.00	\$0.00	-\$5.87
Delta 0191 Vision 150 ADJ-DEBIT December 2023 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	\$11.74
Delta 0191 Vision 150 ADJ-DEBIT November 2023 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	\$11.74
W31711M001 HSAE01T5 ADJ-CREDIT November 2023 Final Invoice	EMP		\$0.00	\$0.00	\$0.00	-\$552.00
W31711M001 HSAE01T5 ADJ-CREDIT December 2023 Final Invoice	EMP		\$0.00	\$0.00	\$0.00	-\$552.00
W31711M001 HSAE01T5 ADJ-DEBIT December 2023 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	\$1,144.16
W31711M001 HSAE01T5 ADJ-DEBIT November 2023 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	\$1,144.16

Employee Totals	\$0.00	\$0.00	\$0.00	\$1,241.76
Active Adjustment Total	\$0.00	\$0.00	\$0.00	\$1,241.76
Location Adjustment Totals	\$0.00	\$0.00	\$0.00	\$1,241.76

ADJUSTED TOTALS				
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Location Adjusted Totals	\$2,630,000.00	\$0.00	\$910.26	\$35,941.34
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Previous Total Due	\$34,078.70
Total Payment Received	\$34,078.70
Unpaid Balance	\$0.00
Current Total Premium	\$34,699.58
Billing Fees	\$0.00
Adjustment Total	\$1,241.76
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$35,941.34

January 2024 Final Invoice



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursements Invoice

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT			Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY	Zip Code: 40010051

Invoice Details

Invoice Number: 442943
 Due Date: 3/27/2024
 Amount Due: \$930.76

Payment Instructions

You are required by KRS 61.637(17)(d)4. to reimburse Kentucky Public Pensions Authority for the single coverage health insurance premium for employees you have employed in a regular full time position after September 1, 2008, who have retired from one of the systems administered by Kentucky Public Pensions Authority. You only have to reimburse Kentucky Public Pensions Authority for the single coverage health insurance premium if your employee who is a retired member elected health insurance coverage through Kentucky Public Pensions Authority.

This billing represents your agency's employees, who are reemployed and elected health insurance coverage through Kentucky Public Pensions Authority. Payment is due 30 days from the date of this memorandum. If your agency participates in EMARS, you may pay by Internal Transaction Agreement (ITA).

Please select this invoice for payment to be included with your next monthly Contribution Report. This invoice can be selected as part of the Summary submission process.

You may alternatively remit a check or money order payable to the Kentucky State Treasurer. Please include your Employer ID and the Invoice Number listed above on your check or money order.

Mail your payment and this voucher to our office at 1260 Louisville Road, Frankfort, Kentucky 40601.

Please contact your Employer Reporting Compliance and Education Representative at (502)696-8810 or 1-888-696-8810 if you have any questions.



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursement Voucher

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT			Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY	Zip Code: 40010051

Payment Details

Invoice Number: 442943 Amount Due: \$930.76
 Due Date: 3/27/2024

For KPPA Use Only
 CERSNHZ \$930.76 HINSREIMB

Location Premium Detail for Oldham County Water Dist



Location	Prepared	Billing Period
Lacey Cunningham Oldham County Water Dist 2160 SPENCER CT LAGRANGE, KY 40031	12/14/2024	January 2025 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	01/01/2025	\$39,877.36

CURRENT

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

Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Delta 0226 Dental Option 5	ECH	\$0.00	\$0.00	\$0.00	\$52.20
Standard 100K Group Life and ADD	60 - 64	\$100,000.00	\$0.00	\$70.10	\$70.10
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$1,069.04
Employee Totals		\$100,000.00	\$0.00	\$70.10	\$1,203.90

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$0.00	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Standard 100K Group Life and ADD	35 - 39	\$100,000.00	\$0.00	\$11.20	\$11.20
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$1,069.04
Employee Totals		\$100,000.00	\$0.00	\$11.20	\$1,140.57

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$33.10	\$2,027.87

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
Employee Totals		\$100,000.00	\$0.00	\$10.20	\$1,315.31

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$0.00	\$82.68
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$33.10	\$2,036.38

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$33.10	\$2,027.87

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
Employee Totals		\$100,000.00	\$0.00	\$52.40	\$1,357.51

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$10.20	\$2,004.97

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$2,015.47

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$0.00	\$82.68
Standard 100K Group Life and ADD	40 - 44	\$100,000.00	\$0.00	\$15.30	\$15.30
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$15.30	\$2,018.58

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	65 - 69	\$65,000.00	\$0.00	\$79.63	\$79.63
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
Employee Totals		\$65,000.00	\$0.00	\$79.63	\$1,384.74

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	65 - 69	\$65,000.00	\$0.00	\$79.63	\$79.63
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
Employee Totals		\$65,000.00	\$0.00	\$79.63	\$1,384.74

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
Employee Totals		\$100,000.00	\$0.00	\$52.40	\$1,357.51

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Employee Totals		\$100,000.00	\$0.00	\$52.40	\$1,357.51
Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
Employee Totals		\$100,000.00	\$0.00	\$33.10	\$2,027.87

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70

W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
	Employee Totals	\$100,000.00	\$0.00	\$20.70	\$2,015.47

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	60 - 64	\$65,000.00	\$0.00	\$45.57	\$45.57
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
	Employee Totals	\$65,000.00	\$0.00	\$45.57	\$1,350.68

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$1,357.51

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$0.00	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$0.00	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$110.29

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$0.00	\$82.68
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
	Employee Totals	\$100,000.00	\$0.00	\$33.10	\$2,036.38

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	20 - 24	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$593.92
	Employee Totals	\$100,000.00	\$0.00	\$10.00	\$633.09

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
W31711M001 HSAE01T5	FAM	\$0.00	\$0.00	\$0.00	\$1,900.53
	Employee Totals	\$100,000.00	\$0.00	\$10.20	\$2,004.97

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	20 - 24	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$593.92
	Employee Totals	\$100,000.00	\$0.00	\$10.00	\$633.09

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ESP	\$0.00	\$0.00	\$0.00	\$1,247.22
	Employee Totals	\$100,000.00	\$0.00	\$52.40	\$1,393.86

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$0.00	\$20.07

Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$1,069.04
Employee Totals		\$100,000.00	\$0.00	\$52.40	\$1,215.68

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$0.00	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$0.00	\$12.56
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M001 HSAE01T5	ECH	\$0.00	\$0.00	\$0.00	\$1,069.04
Employee Totals		\$100,000.00	\$0.00	\$20.70	\$1,150.07

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$593.92
Employee Totals		\$100,000.00	\$0.00	\$52.40	\$675.49

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	40 - 44	\$100,000.00	\$0.00	\$15.30	\$15.30
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$593.92
Employee Totals		\$100,000.00	\$0.00	\$15.30	\$638.39

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$0.00	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$0.00	\$5.87
Standard 100K Group Life and ADD	< 20	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M001 HSAE01T5	EMP	\$0.00	\$0.00	\$0.00	\$593.92
Employee Totals		\$100,000.00	\$0.00	\$10.00	\$633.09

Active Current Total **\$2,695,000.00** **\$0.00** **\$971.73** **\$39,151.35**

Location Current Totals **\$2,695,000.00** **\$0.00** **\$971.73** **\$39,151.35**

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

Active

Delta 0191 Dental Option 15 ADJ-CREDIT December 2024 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	-\$46.15
Delta 0191 Dental Option 15 ADJ-CREDIT November 2024 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	-\$46.15
Delta 0191 Dental Option 15 ADJ-DEBIT December 2024 Final Invoice	FAM		\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Dental Option 15 ADJ-DEBIT November 2024 Final Invoice	FAM		\$0.00	\$0.00	\$0.00	\$74.17
Delta 0191 Vision 150 ADJ-CREDIT December 2024 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	-\$11.74
Delta 0191 Vision 150 ADJ-CREDIT November 2024 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	-\$11.74
Delta 0191 Vision 150 ADJ-DEBIT November 2024 Final Invoice	FAM		\$0.00	\$0.00	\$0.00	\$20.07
Delta 0191 Vision 150 ADJ-DEBIT December 2024 Final Invoice	FAM		\$0.00	\$0.00	\$0.00	\$20.07
W31711M001 HSAE01T5 ADJ-CREDIT December 2024 Final Invoice	ESP		\$0.00	\$0.00	\$0.00	-\$1,247.22

W31711M001 HSAE01T5
ADJ-DEBIT December 2024 Final Invoice

FAM

\$0.00 \$0.00 \$0.00 \$1,900.53

Employee Totals \$0.00 \$0.00 \$0.00 \$726.01

Active Adjustment Total \$0.00 \$0.00 \$0.00 \$726.01

Location Adjustment Totals \$0.00 \$0.00 \$0.00 \$726.01

ADJUSTED TOTALS

Location Adjusted Totals \$2,695,000.00 \$0.00 \$971.73 \$39,877.36

Previous Total Due	\$38,461.69
Total Payment Received	\$38,461.69
Unpaid Balance	\$0.00
Current Total Premium	\$39,151.35
Billing Fees	\$0.00
Adjustment Total	\$726.01
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$39,877.36

January 2025 Final Invoice



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursements Invoice

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT			Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY	Zip Code: 40010051

Invoice Details

Invoice Number: 471920
 Due Date: 3/27/2025
 Amount Due: \$890.76

Payment Instructions

You are required by KRS 61.637(17)(d)4. to reimburse Kentucky Public Pensions Authority for the single coverage health insurance premium for employees you have employed in a regular full time position after September 1, 2008, who have retired from one of the systems administered by Kentucky Public Pensions Authority. You only have to reimburse Kentucky Public Pensions Authority for the single coverage health insurance premium if your employee who is a retired member elected health insurance coverage through Kentucky Public Pensions Authority.

This billing represents your agency's employees, who are reemployed and elected health insurance coverage through Kentucky Public Pensions Authority. Payment is due 30 days from the date of this memorandum. If your agency participates in EMARS, you may pay by Internal Transaction Agreement (ITA).

Please select this invoice for payment to be included with your next monthly Contribution Report. This invoice can be selected as part of the Summary submission process.

You may alternatively remit a check or money order payable to the Kentucky State Treasurer. Please include your Employer ID and the Invoice Number listed above on your check or money order.

Mail your payment and this voucher to our office at 1260 Louisville Road, Frankfort, Kentucky 40601.

Please contact your Employer Reporting Compliance and Education Representative at (502)696-8810 or 1-888-696-8810 if you have any questions.



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursement Voucher

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT			Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY	Zip Code: 40010051

Payment Details

Invoice Number: 471920 Amount Due: \$890.76
 Due Date: 3/27/2025

For KPPA Use Only
 CERSNHZ \$890.76 HINSREIMB

Location Premium Detail for Oldham County Water Dist



Location	Prepared	Billing Period
Lacey Cunningham Oldham County Water Dist 2160 SPENCER CT LAGRANGE, KY 40031	12/15/2025	January 2026 Final Invoice

Remit Payment to:	Payment Due Date	Current Total Premiums Due
Kentucky Local Government Health Trust PO Box 34021 Lexington, KY 40588	01/01/2026	\$41,930.98

CURRENT

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

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$47.77	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$12.56	\$12.56
Standard 100K Group Life and ADD	60 - 64	\$65,000.00	\$0.00	\$45.57	\$45.57
W31711M003 HSAE01C2	ECH	\$0.00	\$0.00	\$1,143.87	\$1,143.87
Employee Totals		\$65,000.00	\$0.00	\$1,249.77	\$1,249.77

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$47.77	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$12.56	\$12.56
Standard 100K Group Life and ADD	35 - 39	\$100,000.00	\$0.00	\$11.20	\$11.20
W31711M003 HSAE01C2	ECH	\$0.00	\$0.00	\$1,143.87	\$1,143.87
Employee Totals		\$100,000.00	\$0.00	\$1,215.40	\$1,215.40

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$82.68	\$82.68
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
Employee Totals		\$100,000.00	\$0.00	\$2,169.41	\$2,169.41

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
Employee Totals		\$100,000.00	\$0.00	\$1,402.61	\$1,402.61

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$82.68	\$82.68
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
Employee Totals		\$100,000.00	\$0.00	\$2,169.41	\$2,169.41

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$74.17	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
Employee Totals		\$100,000.00	\$0.00	\$2,160.90	\$2,160.90

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
Employee Totals		\$100,000.00	\$0.00	\$1,444.81	\$1,444.81

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$74.17	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Standard 100K Group Life and ADD	35 - 39	\$100,000.00	\$0.00	\$11.20	\$11.20
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
Employee Totals		\$100,000.00	\$0.00	\$2,139.00	\$2,139.00

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$74.17	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
Employee Totals		\$100,000.00	\$0.00	\$2,160.90	\$2,160.90

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$82.68	\$82.68
Standard 100K Group Life and ADD	40 - 44	\$100,000.00	\$0.00	\$15.30	\$15.30
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
Employee Totals		\$100,000.00	\$0.00	\$2,151.61	\$2,151.61

Delta 0191 Dental Option 15	Not Included	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150		ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD		65 - 69	\$65,000.00	\$0.00	\$79.63	\$79.63
W31711M003 HSAE01C2		ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
Employee Totals			\$65,000.00	\$0.00	\$1,472.04	\$1,472.04

Delta 0191 Dental Option 15	Not Included	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150		ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD		70 - 74	\$50,000.00	\$0.00	\$131.85	\$131.85
W31711M003 HSAE01C2		ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
Employee Totals			\$50,000.00	\$0.00	\$1,524.26	\$1,524.26

Delta 0191 Dental Option 15	Not Included	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150		ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD		55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M003 HSAE01C2		ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
Employee Totals			\$100,000.00	\$0.00	\$1,444.81

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
Employee Totals		\$100,000.00	\$0.00	\$1,444.81	\$1,444.81

Delta 0191 Dental Option 15	Not Included	FAM	\$0.00	\$0.00	\$74.17	\$74.17
Delta 0191 Vision 150		FAM	\$0.00	\$0.00	\$20.07	\$20.07
Standard 100K Group Life and ADD		45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70

W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
	Employee Totals	\$100,000.00	\$0.00	\$2,148.50	\$2,148.50

Not Included

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	65 - 69	\$65,000.00	\$0.00	\$79.63	\$79.63
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
	Employee Totals	\$65,000.00	\$0.00	\$1,472.04	\$1,472.04

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	60 - 64	\$100,000.00	\$0.00	\$70.10	\$70.10
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
	Employee Totals	\$100,000.00	\$0.00	\$1,462.51	\$1,462.51

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
	Employee Totals	\$100,000.00	\$0.00	\$110.29	\$110.29

Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Delta 0226 Dental Option 5	FAM	\$0.00	\$0.00	\$82.68	\$82.68
Standard 100K Group Life and ADD	50 - 54	\$100,000.00	\$0.00	\$33.10	\$33.10
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
	Employee Totals	\$100,000.00	\$0.00	\$2,169.41	\$2,169.41

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$23.30	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$5.87	\$5.87
Standard 100K Group Life and ADD	20 - 24	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M003 HSAE01C2	EMP	\$0.00	\$0.00	\$635.49	\$635.49
	Employee Totals	\$100,000.00	\$0.00	\$674.66	\$674.66

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$74.17	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Standard 100K Group Life and ADD	30 - 34	\$100,000.00	\$0.00	\$10.20	\$10.20

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Employee/Plan	Tier	Coverage	Employee Premium	Company Premium	Total Premium
W31711M003 HSAE01C2	FAM	\$0.00	\$0.00	\$2,033.56	\$2,033.56
	Employee Totals	\$100,000.00	\$0.00	\$2,138.00	\$2,138.00

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74
Standard 100K Group Life and ADD	25 - 29	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
	Employee Totals	\$100,000.00	\$0.00	\$1,402.41	\$1,402.41

Delta 0191 Dental Option 15	FAM	\$0.00	\$0.00	\$74.17	\$74.17
Delta 0191 Vision 150	FAM	\$0.00	\$0.00	\$20.07	\$20.07
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
	Employee Totals	\$100,000.00	\$0.00	\$1,481.16	\$1,481.16

Delta 0191 Dental Option 15	ESP	\$0.00	\$0.00	\$46.15	\$46.15
Delta 0191 Vision 150	ESP	\$0.00	\$0.00	\$11.74	\$11.74

Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M003 HSAE01C2	ESP	\$0.00	\$0.00	\$1,334.52	\$1,334.52
Employee Totals		\$100,000.00	\$0.00	\$1,444.81	\$1,444.81

Delta 0191 Dental Option 15	ECH	\$0.00	\$0.00	\$47.77	\$47.77
Delta 0191 Vision 150	ECH	\$0.00	\$0.00	\$12.56	\$12.56
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M003 HSAE01C2	ECH	\$0.00	\$0.00	\$1,143.87	\$1,143.87
Employee Totals		\$100,000.00	\$0.00	\$1,224.90	\$1,224.90

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$23.30	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$5.87	\$5.87
Standard 100K Group Life and ADD	55 - 59	\$100,000.00	\$0.00	\$52.40	\$52.40
W31711M003 HSAE01C2	EMP	\$0.00	\$0.00	\$635.49	\$635.49
Employee Totals		\$100,000.00	\$0.00	\$717.06	\$717.06

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$23.30	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$5.87	\$5.87
Standard 100K Group Life and ADD	45 - 49	\$100,000.00	\$0.00	\$20.70	\$20.70
W31711M003 HSAE01C2	EMP	\$0.00	\$0.00	\$635.49	\$635.49
Employee Totals		\$100,000.00	\$0.00	\$685.36	\$685.36

Delta 0191 Dental Option 15	EMP	\$0.00	\$0.00	\$23.30	\$23.30
Delta 0191 Vision 150	EMP	\$0.00	\$0.00	\$5.87	\$5.87
Standard 100K Group Life and ADD	< 20	\$100,000.00	\$0.00	\$10.00	\$10.00
W31711M003 HSAE01C2	EMP	\$0.00	\$0.00	\$635.49	\$635.49
Employee Totals		\$100,000.00	\$0.00	\$674.66	\$674.66

Active Current Total **\$2,645,000.00** **\$0.00** **\$41,955.51** **\$41,955.51**

Location Current Totals **\$2,645,000.00** **\$0.00** **\$41,955.51** **\$41,955.51**

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ADJUSTMENTS

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

Standard 100K Group Life and ADD ADJ-DEBIT December 2025 Final Invoice	60 - 64	\$65,000.00	\$0.00	\$45.57	\$45.57
Standard 100K Group Life and ADD ADJ-CREDIT December 2025 Final Invoice	60 - 64	-\$100,000.00	\$0.00	-\$70.10	-\$70.10
Employee Totals		-\$35,000.00	\$0.00	-\$24.53	-\$24.53

Active Adjustment Total **-\$35,000.00** **\$0.00** **-\$24.53** **-\$24.53**

Location Adjustment Totals **-\$35,000.00** **\$0.00** **-\$24.53** **-\$24.53**

ADJUSTED TOTALS

Location Adjusted Totals **\$2,610,000.00** **\$0.00** **\$41,930.98** **\$41,930.98**

Previous Total Due	\$41,980.04
Total Payment Received	\$41,980.04
Unpaid Balance	\$0.00
Current Total Premium	\$41,955.51
Billing Fees	\$0.00
Adjustment Total	-\$24.53
Misc Fees	\$0.00
Location Adjustment	\$0.00
Current Total Due	\$41,930.98



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursements Invoice

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT			Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY	Zip Code: 40010051

Invoice Details

Invoice Number: 499087
 Due Date: 2/25/2026
 Amount Due: \$890.76

Payment Instructions

You are required by KRS 61.637(17)(d)4. to reimburse Kentucky Public Pensions Authority for the single coverage health insurance premium for employees you have employed in a regular full time position after September 1, 2008, who have retired from one of the systems administered by Kentucky Public Pensions Authority. You only have to reimburse Kentucky Public Pensions Authority for the single coverage health insurance premium if your employee who is a retired member elected health insurance coverage through Kentucky Public Pensions Authority.

This billing represents your agency's employees, who are reemployed and elected health insurance coverage through Kentucky Public Pensions Authority. Payment is due 30 days from the date of this memorandum. If your agency participates in EMARS, you may pay by Internal Transaction Agreement (ITA).

Please select this invoice for payment to be included with your next monthly Contribution Report. This invoice can be selected as part of the Summary submission process.

You may alternatively remit a check or money order payable to the Kentucky State Treasurer. Please include your Employer ID and the Invoice Number listed above on your check or money order.

Mail your payment and this voucher to our office at 1260 Louisville Road, Frankfort, Kentucky 40601.

Please contact your Employer Reporting Compliance and Education Representative at (502)696-8810 or 1-888-696-8810 if you have any questions.



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursement Voucher

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT			Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY	Zip Code: 40010051

Payment Details

Invoice Number: 499087 Amount Due: \$890.76
 Due Date: 2/25/2026

For KPPA Use Only
 CERSNHZ \$890.76 HINSREIMB



Kentucky Public Pensions Authority

6755/M093

1260 Louisville Rd. | Frankfort KY 40601-6124
Phone: (502) 696-8800 | Fax: (502) 696-8822 | kyret.ky.gov

Health Insurance Reimbursements Invoice

Employer Information

Employer Name: OLDHAM COUNTY WATER DISTRICT		Employer Code: M093
Address: P O BOX 51	City: BUCKNER	State: KY
		Zip Code: 400100051

Invoice Details

Invoice Number: 499087 Comments:

Due Date: 2/25/2026

Amount Due: \$890.76

Member ID	Last 4 SSN Digits	Member Name	Posting Month	Amount Due
██████	██████	██████████████████	12/2025	\$890.76
			Total Due:	\$890.76

	<u>pg 43 Final Order</u>	<u>Updated</u>	<u>Change</u>
Pro Forma Operating Expenses	\$ 5,627,333	\$ 5,752,574	\$ 125,241
Average Annual Principle and Interest Payments	549,172	549,172	\$ -
Additional Working Capital	109,834	109,834	\$ -
Overall Revenue Requirement	<u>6,286,339</u>	<u>6,411,580</u>	<u>\$ 125,241</u>
Less: Other Operating Revenue	(99,514)	(99,514)	\$ -
Rents from Water Property	(132,384)	(132,384)	\$ -
Billing Services Fee	(60,262)	(60,262)	\$ -
Grant Income	(3,035)	(3,035)	\$ -
Other Income	(46,692)	(46,692)	\$ -
Interest Income	(176,710)	(176,710)	\$ -
Revenue Requirement from Rates	<u>5,767,742</u>	<u>5,892,983</u>	<u>\$ 125,241</u>
Less: Pro Forma Present Rate Service Revenues	<u>(5,063,654)</u>	<u>(5,063,654)</u>	<u>\$ -</u>
Required Revenue Increase	<u>\$ 704,088</u>	<u>\$ 829,329</u>	<u>\$ 125,241</u>
Percentage Increase	<u>13.90%</u>	<u>16.38%</u>	<u>2.47%</u>
			\$ 125,241
			<u>\$ -</u>
			\$ 125,241

Oldham County Water District

Health

Rates Effective 6/1/23:

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Health (emp)	531.04	5	2,655.20	
Health (e/sp)	1,100.46	3	3,301.38	
Health (e/ch)	945.17	5	4,725.85	
Health (fam)	1,669.88	8	13,359.04	
KPPA (emp)	813.02	<u>1</u>	<u>813.02</u>	
		22		
		Monthly prem.	24,854.49	
		Annual prem.	298,253.88	

Dental

Rates Effective 6/1/23:

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Dental 15 (emp)	23.30	5	116.50	
Dental 15 (e/sp)	46.15	3	138.45	
Dental 15 (e/ch)	47.77	3	143.31	
Dental 15 (fam)	74.17	7	519.19	
Dental 5 (e/ch)	52.20	1	52.20	
Dental 5 (fam)	82.68	<u>3</u>	<u>248.04</u>	
		22		
		Monthly prem.	1,217.69	
		Annual prem.	14,612.28	

Vision

Rates Effective 6/1/23:

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Vision (emp)	5.87	5	29.35	
Vision (e/sp)	11.74	3	35.22	
Vision (e/ch)	12.56	4	50.24	
Vision (fam)	20.07	<u>10</u>	<u>200.70</u>	
		22		
		Monthly prem.	315.51	
		Annual prem.	3,786.12	

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		Health (Single)	Health (Family)	Dental	Vision	Life	LTD	Total			
A	Proforma Monthly	\$ 3,468	\$ 21,386	\$ 1,218	\$ 316	\$ 571	\$ 1,338	\$ 28,297			
B = A X 12	Proforma Yearly	\$ 41,619	\$ 256,635	\$ 14,612	\$ 3,786	\$ 6,852	\$ 16,056	\$ 339,560			
C	Employer Cont. %	79%	67%	40%	100%	100%	100%	n/a			
D = B X C	Employer Conr.	\$ 32,879	\$ 171,946	\$ 5,845	\$ 3,786	\$ 6,852	\$ 16,056	\$ 237,363			
E	Test Year ()	\$ (37,001)	\$ (234,884)	\$ (13,682)	\$ (3,298)	\$ (6,214)	\$ (12,863)	\$ (307,941)			
F = D + E	Difference from Test Year	\$ (4,122)	\$ (62,938)	\$ (7,837)	\$ 488	\$ 638	\$ 3,193	\$ (70,578)	\$ 54,663	\$ (125,241)	\$ (70,578)

Oldham County Water District

RETAIL RATES

	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
For all Water Purchased per gallon	\$ 0.00407	\$ 0.00414	\$ 0.00007	1.7%

Monthly Customer Charge for Each Size Meter

<u>Meter Size</u>	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
5/8 inch	\$ 8.64	\$ 8.99	\$ 0.35	4.1%
3/4 inch	13.02	13.54	0.52	4.0%
1 inch	21.74	22.61	0.87	4.0%
1-1/2 inch	43.46	45.21	1.75	4.0%
2 inch	69.52	72.32	2.80	4.0%
3 inch	139.04	144.64	5.60	4.0%
4 inch	217.25	226.00	8.75	4.0%
6 inch	434.50	452.00	17.50	4.0%
8 inch	695.20	723.20	28.00	4.0%
10 inch	1,824.90	1,898.40	73.50	4.0%
12 inch	2,302.85	2,395.60	92.75	4.0%

WHOLESALE RATES

	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
For all Water Purchased per gallon	\$ 0.00268	\$ 0.00273	\$ 0.00005	1.9%

	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
Average Residential Customer bill (assuming 5,000 gallons used a month)	\$ 28.99	\$ 29.69	\$ 0.70	2.4%

	<u>pg 43 Final Order</u>	<u>Updated</u>	<u>Change</u>
Pro Forma Operating Expenses	\$ 5,627,333	\$ 5,821,592	\$ 194,259
Average Annual Principle and Interest Payments	549,172	549,172	\$ -
Additional Working Capital	109,834	109,834	\$ -
Overall Revenue Requirement	<u>6,286,339</u>	<u>6,480,598</u>	<u>\$ 194,259</u>
Less: Other Operating Revenue	(99,514)	(99,514)	\$ -
Rents from Water Property	(132,384)	(132,384)	\$ -
Billing Services Fee	(60,262)	(60,262)	\$ -
Grant Income	(3,035)	(3,035)	\$ -
Other Income	(46,692)	(46,692)	\$ -
Interest Income	(176,710)	(176,710)	\$ -
Revenue Requirement from Rates	<u>5,767,742</u>	<u>5,962,001</u>	<u>\$ 194,259</u>
Less: Pro Forma Present Rate Service Revenues	<u>(5,063,654)</u>	<u>(5,063,654)</u>	<u>\$ -</u>
Required Revenue Increase	<u>\$ 704,088</u>	<u>\$ 898,347</u>	<u>\$ 194,259</u>
Percentage Increase	<u>13.90%</u>	<u>17.74%</u>	<u>3.84%</u>

\$ 125,241
\$ 69,018
\$ 194,259

	Employee #	Medical Coverage	Jan-26	Dental Coverage	Jan-26	Vision Coverage	Jan-26
1	0001	Emp & Child	\$ 1,143.87	Emp & Child	\$ 47.77	Emp & Child	\$ 12.56
2	0002	Emp & Family	\$ 2,033.56	Emp & Family	\$ 82.68	Emp & Family	\$ 20.07
3	0005	Emp & Family	\$ 2,033.56	Emp & Family	\$ 74.17	Emp & Family	\$ 20.07
4	0008	Emp & Spouse	\$ 1,334.52	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
5	0012	Emp & Family	\$ 2,033.56	Emp & Family	\$ 82.68	Emp & Family	\$ 20.07
6	0016	Emp & Spouse	\$ 1,334.52	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
7	0024	Emp & Family	\$ 2,033.56	Emp & Family	\$ 74.17	Emp & Family	\$ 20.07
8	0026	Employee	\$ 635.49	Employee	\$ 23.30	Employee	\$ 5.87
9	0032	Emp & Family	\$ 2,033.56	Emp & Family	\$ 74.17	Emp & Family	\$ 20.07
10	0033	Emp & Spouse	\$ 1,334.52	Emp & Family	\$ 74.17	Emp & Family	\$ 20.07
11	0034	Emp & Spouse	\$ 1,334.52	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
12	0039	Emp & Family	\$ 2,033.56	Emp & Family	\$ 82.68	Emp & Family	\$ 20.07
13	0042	Employee (KRS)	\$ 890.76	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
14	0046	Emp & Family	\$ 2,033.56	Emp & Family	\$ 82.68	Emp & Family	\$ 20.07
15	0047	Emp & Spouse	\$ 1,334.52	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
16	0049	Emp & Child	\$ 1,143.87	Emp & Child	\$ 47.77	Emp & Child	\$ 12.56
17	0053	Employee	\$ 635.49	Employee	\$ 23.30	Employee	\$ 5.87
18	0055	Emp & Spouse	\$ 1,334.52	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
19	0056	Emp & Family	\$ 2,033.56	Emp & Family	\$ 74.17	Emp & Family	\$ 20.07
20	0057	Emp & Spouse	\$ 1,334.52	Emp & Spouse	\$ 46.15	Emp & Spouse	\$ 11.74
21	0058	Employee	\$ 635.49	Employee	\$ 23.30	Employee	\$ 5.87
22	0059	Emp & Child	\$ 1,143.87	Emp & Child	\$ 47.77	Emp & Child	\$ 12.56
23	0061	Employee	\$ 635.49	Employee	\$ 23.30	Employee	\$ 5.87
	TOTALS		\$ 32,474.45		\$ 1,261.13		\$ 323.97
	TOTALS with 23 EE Count		\$ 32,474.45		\$ 1,261.13		\$ 323.97

Oldham County Water District

Health

Rates Effective 6/1/23:

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Health (emp)	531.04	5	2,655.20	
Health (e/sp)	1,100.46	3	3,301.38	
Health (e/ch)	945.17	5	4,725.85	
Health (fam)	1,669.88	8	13,359.04	
KPPA (emp)	813.02	1	813.02	
		22		
		Monthly prem.	24,854.49	
		Annual prem.	298,253.88	

Rates Effective 7/1/25-6/30/26

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Health (emp)	635.49	4	2,541.96	
Health (e/sp)	1,334.52	7	9,341.64	
Health (e/ch)	1,143.87	3	3,431.61	
Health (fam)	2,033.56	8	16,268.48	
KPPA (emp)	890.76	1	890.76	
		23		
		Monthly prem.	32,474.45	
		Annual prem.	389,693.40	

Dental

Rates Effective 6/1/23:

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Dental 15 (emp)	23.30	5	116.50	
Dental 15 (e/sp)	46.15	3	138.45	
Dental 15 (e/ch)	47.77	3	143.31	
Dental 15 (fam)	74.17	7	519.19	
Dental 5 (e/ch)	52.20	1	52.20	
Dental 5 (fam)	82.68	3	248.04	
		22		
		Monthly prem.	1,217.69	
		Annual prem.	14,612.28	

Rates Effective 7/1/25-6/30/26

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Dental 15 (emp)	23.30	4	93.20	
Dental 15 (e/sp)	46.15	7	323.05	
Dental 15 (e/ch)	47.77	3	143.31	
Dental 15 (fam)	74.17	5	370.85	
Dental 5 (e/ch)	52.20		-	
Dental 5 (fam)	82.68	4	330.72	
		23		
		Monthly prem.	1,261.13	
		Annual prem.	15,133.56	

Vision

Rates Effective 6/1/23:

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Vision (emp)	5.87	5	29.35	
Vision (e/sp)	11.74	3	35.22	
Vision (e/ch)	12.56	4	50.24	
Vision (fam)	20.07	10	200.70	
		22		
		Monthly prem.	315.51	
		Annual prem.	3,786.12	

Rates Effective 7/1/25-6/30/26

	Total		Pro Forma	
	Premium	Empl. Count	Dist. Contrib	
Vision (emp)	5.87	4	23.48	
Vision (e/sp)	11.74	7	82.18	
Vision (e/ch)	12.56	3	37.68	
Vision (fam)	20.07	9	180.63	
		23		
		Monthly prem.	323.97	
		Annual prem.	3,887.64	

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		Health (Single)	Health (Family)	Dental	Vision	Life	LTD	Total			
A	Proforma Monthly	\$ 3,468	\$ 21,386	\$ 1,218	\$ 316	\$ 571	\$ 1,338	\$ 28,297			
B = A X 12	Proforma Yearly	\$ 41,619	\$ 256,635	\$ 14,612	\$ 3,786	\$ 6,852	\$ 16,056	\$ 339,560			
C	Employer Cont. %	79%	67%	40%	100%	100%	100%	n/a			
D = B X C	Employer Contr.	\$ 32,879	\$ 171,946	\$ 5,845	\$ 3,786	\$ 6,852	\$ 16,056	\$ 237,363			
E	Test Year ()	\$ (37,001)	\$ (234,884)	\$ (13,682)	\$ (3,298)	\$ (6,214)	\$ (12,863)	\$ (307,941)	OCWD Adj	PSC Adj	
F = D + E	Difference from Test Year	\$ (4,122)	\$ (62,938)	\$ (7,837)	\$ 488	\$ 638	\$ 3,193	\$ (70,578)	\$ 54,663	\$ (125,241)	\$ (70,578)

Updated

		Health (Single)	Health (Family)	Dental	Vision	Life	LTD	Total			
A	Proforma Monthly	\$ 3,433	\$ 29,042	\$ 1,261	\$ 324	\$ 571	\$ 1,338	\$ 35,969			
B = A X 12	Proforma Yearly	\$ 41,193	\$ 348,501	\$ 15,134	\$ 3,888	\$ 6,852	\$ 16,056	\$ 431,623			
C	Employer Cont. %	100%	100%	100%	100%	100%	100%	n/a			
D = B X C	Employer Contr.	\$ 41,193	\$ 348,501	\$ 15,134	\$ 3,888	\$ 6,852	\$ 16,056	\$ 431,623			
E	Test Year ()	\$ (37,001)	\$ (234,884)	\$ (13,682)	\$ (3,298)	\$ (6,214)	\$ (12,863)	\$ (307,941)	OCWD Adj	PSC Adj	
F = D + E	Difference from Test Year	\$ 4,192	\$ 113,617	\$ 1,452	\$ 590	\$ 638	\$ 3,193	\$ 123,682	\$ 54,663	\$ 69,019	\$ 123,682
								\$ 194,259			Change Pro-Forma Operating Expenses

Oldham County Water District

RETAIL RATES

	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
For all Water Purchased per gallon	\$ 0.00407	\$ 0.00418	\$ 0.00011	2.7%

Monthly Customer Charge for Each Size Meter

<u>Meter Size</u>	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
5/8 inch	\$ 8.64	\$ 9.18	\$ 0.54	6.2%
3/4 inch	13.02	13.83	0.81	6.2%
1 inch	21.74	23.09	1.35	6.2%
1-1/2 inch	43.46	46.16	2.70	6.2%
2 inch	69.52	73.84	4.32	6.2%
3 inch	139.04	147.68	8.64	6.2%
4 inch	217.25	230.75	13.50	6.2%
6 inch	434.50	461.50	27.00	6.2%
8 inch	695.20	738.40	43.20	6.2%
10 inch	1,824.90	1,938.30	113.40	6.2%
12 inch	2,302.85	2,445.95	143.10	6.2%

WHOLESALE RATES

	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
For all Water Purchased per gallon	\$ 0.00268	\$ 0.00275	\$ 0.00007	2.6%

	<u>Current</u>	<u>Proposed</u>	<u>\$ Difference</u>	<u>% Difference</u>
Average Residential Customer bill (assuming 5,000 gallons used a month)	\$ 28.99	\$ 30.08	\$ 1.09	3.8%

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