

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000481
08/18/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	Payment Amount:	393.90	
	SEE PAYMENT DETAIL LISTING		

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M120000481
08/18/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	Payment Amount:	393.90	
	SEE PAYMENT DETAIL LISTING		

M100000481

08/18/2026

*****393.90

PAY Three Hundred Ninety-Three and 90/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000481
Payment Date: 08/18/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	08/18/2026	0.59 10-2140-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	0.71 10-1225-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	0.75 10-2140-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	0.83 10-2240-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	0.91 10-2250-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	1.22 10-2839-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	1.61 10-2140-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2611-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2514-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2440-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2440-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2440-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2250-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2190-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2170-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2160-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2160-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2125-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-2125-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-1241-282-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.05 10-1211-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.91 10-2269-272-000-00-000-000-012-0000	Dental Admin Fee - July
	08/18/2026	2.91 10-2120-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	2.91 10-2120-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	3.07 10-3250-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	3.39 10-1225-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.10 10-2360-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.10 10-2250-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.10 10-2120-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.10 10-1801-272-217-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.10 10-1211-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.88 10-2513-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.88 10-2260-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.96 10-1231-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	4.96 10-0132-000-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	5.40 10-2818-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	5.87 10-2620-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	6.14 10-2620-272-000-00-000-000-000-0000	Dental Admin Fee - July
	08/18/2026	6.14 10-2380-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	6.14 10-1231-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	6.74 10-2620-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	7.01 10-2380-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	7.01 10-1231-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	7.13 10-2380-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	7.88 10-1211-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	7.92 10-2620-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	9.93 10-1241-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	13.16 10-1241-272-000-10-200-000-000-0000	Dental Admin Fee - July
	08/18/2026	15.17 10-1241-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	47.31 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee - July
	08/18/2026	50.85 10-1110-272-000-30-800-000-000-0000	Dental Admin Fee - July
	08/18/2026	93.41 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee - July
Payment Amount:		393.90	

Recipient: [REDACTED] LEHIGHTON AREA SCHOOL DISTRICT

As Of: 07/23/2026

Invoice Number: 218312727

Due Date: 08/17/2026

Prior Amount Due: \$408.50

Payments: \$408.50CR

Cash Posted Check #

07/16/2026

\$408.50CR

Current Amount 07/01/2026 - 07/31/2026: \$415.80

Retroactive Adjustment Amount 07/01/2025 - 06/30/2026: \$21.90CR

Total Amount Due: \$393.90

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.

Fax enrollment forms to 800-329-9093.

Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.



Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000482
08/18/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	08/18/2026	1.80 10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1241-272-000-30-800-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-2120-272-000-10-200-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-30-800-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee July
Payment Amount:		12.60	

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000482
08/18/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	08/18/2026	1.80 10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1241-272-000-30-800-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-2120-272-000-10-200-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-30-800-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-10-200-000-000-0000	Cobra Dental Admin Fee July
	08/18/2026	1.80 10-1110-272-000-20-500-000-000-0000	Cobra Dental Admin Fee July
Payment Amount:		12.60	

M100000482

08/18/2026

*****12.60

PAY Twelve and 60/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Recipient  **LEHIGHTON AREA SCHOOL DISTRICT COBRA**

As Of: 07/23/2026

Invoice Number: 218313108

Due Date: 08/17/2026

Prior Amount Due: \$12.60

Payments: \$12.60CR

Cash Posted Check #

07/16/2026

\$12.60CR

Current Amount 07/01/2026 - 07/31/2026: \$12.60

Total Amount Due: \$12.60

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.

Fax enrollment forms to 800-329-9093.

Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

United **Concordia**
dental™

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT COBRA
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235



Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000483
09/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			17598.74		
SEE PAYMENT DETAIL LISTING					

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000483
09/03/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			17598.74		
SEE PAYMENT DETAIL LISTING					

M100000483

09/03/2026

*****17,598.74

PAY Seventeen Thousand Five Hundred Ninety-Eight and 74/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

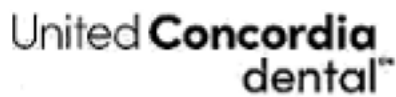
Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827308
PHILADELPHIA PA 19182-7308

Payment Number: M100000483
Payment Date: 09/03/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/03/2026	26.40 10-2140-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	31.68 10-1225-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	33.44 10-2140-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	36.96 10-2240-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	40.48 10-2620-282-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	40.48 10-2250-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	40.48 10-2160-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	40.48 10-2120-282-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	40.48 10-1110-282-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	40.48 10-1110-282-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	54.56 10-2839-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	72.15 10-2140-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2611-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2514-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2440-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2440-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2440-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2250-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2190-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2170-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2160-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2160-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2125-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-2125-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-1241-282-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	91.51 10-1211-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	130.23 10-2269-272-000-00-000-000-012-0000	Dental Claims Aug
	09/03/2026	130.23 10-2120-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	130.23 10-2120-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	137.27 10-3250-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	151.35 10-1225-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	183.03 10-2360-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	183.03 10-2250-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	183.03 10-2120-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	183.03 10-1801-272-217-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	183.03 10-1211-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	218.22 10-2513-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	218.22 10-2260-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	221.74 10-1231-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	221.74 10-0132-000-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	241.10 10-2818-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	262.22 10-2620-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	274.54 10-2620-272-000-00-000-000-000-0000	Dental Claims Aug
	09/03/2026	274.54 10-2380-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	274.54 10-1231-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	300.94 10-2620-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	313.26 10-2380-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	313.26 10-1231-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	318.54 10-2380-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	351.97 10-1211-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	353.73 10-2620-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	443.49 10-1241-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	507.00 10-1241-272-000-10-200-000-000-0000	Dental Claims Aug
	09/03/2026	677.55 10-1241-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	2113.61 10-1110-272-000-20-500-000-000-0000	Dental Claims Aug
	09/03/2026	2272.00 10-1110-272-000-30-800-000-000-0000	Dental Claims Aug
	09/03/2026	3972.06 10-1110-272-000-10-200-000-000-0000	Dental Claims Aug

Payment Amount: 17598.74



1000 UNION STREET
LEHIGHTON, PA 18235-

Invoice: 000384002
Due Date: 09/02/2026
Previous Bill Date/Current Bill Date: 07/31/2026 - 08/31/2026

Claims Invoice

<u>Date</u>	<u>Invoice Number</u>	<u>Client Name</u>	<u>Client Number</u>	<u>Total Due</u>
08/31/2026	000384002	LEHIGHTON AREA SCHOOL DISTRICT		\$17,598.74

Invoice Total Amount Due: \$17,598.74

Amount due includes the plan benefits paid and the network access fee to claims administrator per the Agreement for Administrative and Claims Payment Services. Additional information upon request.

The total amount due reflects the current period only and does not include any outstanding balances. If you have any questions concerning this invoice, please send an email to ASOClaims@ucci.com. Thank you.

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000484
09/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			0.00		
SEE PAYMENT DETAIL LISTING					

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000484
09/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			0.00		
SEE PAYMENT DETAIL LISTING					

M100000484

09/10/2026

*****0.00

PAY Zero and 00/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

VOIDED
- wrong number

NON-NEGOTIABLE

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000485
09/10/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/10/2026	2455.04 10-0462-213-000-00-000-000-0000	Aug Life
	09/10/2026	1923.68 10-0462-214-000-00-000-000-0000	Aug LTD
	09/10/2026	-2455.04 10-0462-213-000-00-000-000-0000	Aug Life
	09/10/2026	-1923.68 10-0462-214-000-00-000-000-0000	Aug LTD
Payment Amount:		0.00	

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000485
09/10/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/10/2026	2455.04 10-0462-213-000-00-000-000-0000	Aug Life
	09/10/2026	1923.68 10-0462-214-000-00-000-000-0000	Aug LTD
	09/10/2026	-2455.04 10-0462-213-000-00-000-000-0000	Aug Life
	09/10/2026	-1923.68 10-0462-214-000-00-000-000-0000	Aug LTD
Payment Amount:		0.00	

M100000485

09/10/2026

*****0.00

PAY Zero and 00/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

*VOIDED
Wing United*

NON-NEGOTIABLE

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000486
09/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			3272.56		
SEE PAYMENT DETAIL LISTING					

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pymt # M100000486
09/10/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			3272.56		
SEE PAYMENT DETAIL LISTING					

M100000486

09/10/2026

*****3,272.56

PAY Three Thousand Two Hundred Seventy-Two and 56/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

NON-NEGOTIABLE

Payment Detail Listing

Mutual of Omaha (MUTUAL OF)
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

Payment Number: M100000486
Payment Date: 09/10/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/10/2026	0.28 10-2620-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	0.33 10-0132-000-000-00-000-000-0000	Aug Life Ins
	09/10/2026	0.57 10-2620-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	0.57 10-2620-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	0.57 10-2620-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	4.55 10-2818-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	5.12 10-1225-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	6.26 10-2140-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	7.12 10-2839-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	7.69 10-2140-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	8.26 10-2240-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	9.68 10-1225-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	11.10 10-2160-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	11.67 10-2160-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	11.67 10-1231-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	12.24 10-2440-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	12.53 10-1801-213-217-10-200-000-0000	Aug Life Ins
	09/10/2026	13.09 10-2440-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	13.38 10-2160-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	14.80 10-1211-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	16.23 10-2611-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	16.79 10-3250-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	16.79 10-2140-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	17.65 10-2250-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	17.93 10-2250-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	18.22 10-2260-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	18.50 10-2250-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	21.06 10-2513-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	23.63 10-2120-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	23.91 10-2120-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	24.77 10-2260-213-000-00-000-000-012-0000	Aug Life Ins
	09/10/2026	27.61 10-1211-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	28.47 10-1225-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	30.17 10-1211-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	30.46 10-1231-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	33.31 10-2120-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	35.01 10-1241-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	36.44 10-1231-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	39.00 10-2380-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	43.27 10-2380-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	53.23 10-1241-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	56.36 10-2360-213-000-00-000-000-0000	Aug Life Ins
	09/10/2026	59.78 10-1241-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	71.73 10-2380-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	447.49 10-1110-213-000-20-500-000-0000	Aug Life Ins
	09/10/2026	586.68 10-1110-213-000-30-000-000-0000	Aug Life Ins
	09/10/2026	900.63 10-1110-213-000-10-200-000-0000	Aug Life Ins
	09/10/2026	20.04 10-2611-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	21.11 10-3250-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	10.31 10-2260-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	10.31 10-2240-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	5.15 10-2818-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	8.79 10-2839-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	5.86 10-2513-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	20.35 10-2513-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	23.73 10-2380-214-000-30-000-000-0000	LTD & STD - Aug
	09/10/2026	30.10 10-2380-214-000-30-000-000-0000	LTD & STD - Aug
	09/10/2026	22.54 10-2380-214-000-20-500-000-0000	LTD & STD - Aug
	09/10/2026	25.77 10-2380-214-000-20-500-000-0000	LTD & STD - Aug
	09/10/2026	27.04 10-2380-214-000-10-200-000-0000	LTD & STD - Aug
	09/10/2026	31.83 10-2380-214-000-10-200-000-0000	LTD & STD - Aug
	09/10/2026	30.10 10-2380-214-000-10-200-000-0000	LTD & STD - Aug

Payment Detail Listing

Invoice #	Invoice Date PO #	Amount	Account Code	Description
	09/10/2026	14.52	10-2360-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	37.11	10-2360-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	12.25	10-2260-214-000-00-000-000-0000	LTD & STD - Aug
	09/10/2026	9.57	10-2140-214-000-30-000-000-0000	LTD & STD - Aug
	09/10/2026	7.66	10-2140-214-000-20-500-000-0000	LTD & STD - Aug
	09/10/2026	21.05	10-2140-214-000-10-200-000-0000	LTD & STD - Aug
	09/10/2026	30.77	10-2269-214-000-00-000-000-012-0000	LTD & STD - Aug
	Payment Amount:	3272.56		

Bill Group Dashboard My Bill Payments Help & Documents

Current Bill Group: [Redacted]

Current Balance:

\$3,272.56

Currently paid to: 08/01/2026

Pay Now

 Next Bill Generation Date: 10/02/2026

Delivery Method: ☐ Paper Bill (U.S. Mail) ☐ Paperless

View My Bill: 08/01/2026 - 08/31/2026 (# 002138482816) - Ready to Pay

Bill Details View/Save PDF Bill

Invoice Number: 002138482816

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	Life	268	\$28,466,000.00	0.08/1000	\$2,277.28
	AD&D	268	\$28,466,000.00	0.02/1000	\$569.32
	LTD	18	\$137,742.86	0.14/100	\$192.84
	STD	18	\$21,192.73	0.11/10	\$233.12

Total Due on 08/01/2026:

\$3,272.56

Bill Group Dashboard My Bill Payments ▾ Help & Documents ▾

Current Bill Group: [Redacted]

Current Balance:

\$3,272.56

Currently paid to: 08/01/2026



Next Bill Generation Date: 10/02/2026

Your payment was processed successfully! [Click Here to Print](#)

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in the [Payment History](#) section.

Payment Amount	Account Number	Payment ID	Payment Submitted Date
\$3,272.56	[Redacted]	[Redacted]	09/09/2026 11:01 AM

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)		
Basic Life & AD&D		Act 93	Employee Only	17.00	3018000.00	102.75		
Basic Life & AD&D		Professional Staff	Employee Only	177.00	24933000.00	2493.49		
Basic Life & AD&D		Superintendent	Employee Only	1.00	433000.00	619.29		
Basic Life and AD&D - Support		default	Employee Only	7.00	3575000.00	8.03	2,846.60	28,466,000.00
Employee Assistance Program		support	Employee Only	22.00	0.00	0		
Employee Assistance Program		Act 93/Business Admin	Employee Only	195.00	0.00	0		
Employer-Funded Long-Term Disability		default	Employee Only	18.00	137863.79	192.84	137,742.86	
Employer-Funded Short-Term Disability		default	Employee Only	18.00	21191.64	233.12	21,192.73	
Totals:				571	\$ 32,118,055.42	\$	3,272.56	

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pynt # M100000487
09/10/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/10/2026	2455.04 10-0462-213-000-00-000-000-0000	EE Vol Life Ins - Aug
	09/10/2026	1923.68 10-0462-214-000-00-000-000-0000	EE Vol LTD Aug
	Payment Amount:	4378.72	

Vendor: MUTUAL OF-Mutual of Omaha
Payment Processing Center PO Box 2147 OMAHA NE 68103-2147

Pynt # M100000487
09/10/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/10/2026	2455.04 10-0462-213-000-00-000-000-0000	EE Vol Life Ins - Aug
	09/10/2026	1923.68 10-0462-214-000-00-000-000-0000	EE Vol LTD Aug
	Payment Amount:	4378.72	

M100000487

09/10/2026

*****4,378.72

PAY Four Thousand Three Hundred Seventy-Eight and 72/100 Dollars

To the Order of:

Mutual of Omaha
Payment Processing Center
PO Box 2147
OMAHA NE 68103-2147

NON-NEGOTIABLE

Bill Group Dashboard **My Bill** Payments Help & Documents

Current Bill Group: [REDACTED]

Current Balance:

\$4,378.72

Currently paid to: 08/01/2026

Pay Now

Next Bill Generation Date: 10/02/2026

Delivery Method: ☐ Paper Bill (U.S. Mail) ☐ Paperless

View My Bill: 08/01/2026 - 08/31/2026 (# 002138482817) - Ready to Pay

Bill Details  View/Save PDF Bill

Invoice Number: 002138482817

Product Breakdown

Class	Plan	Lives	Volume	Rate	Premium (Monthly)
AX01	AD&D Vol Employee	113	\$10,000,000.00	0.02/1000	\$200.00
	Life Vol Spouse	55	\$1,295,000.00	Age Banded	\$143.08
	Life Vol Employee	113	\$10,000,000.00	Age Banded	\$2,012.98
	AD&D Vol Spouse	55	\$1,295,000.00	0.02/1000	\$25.90
	Life Vol Dep	62	\$522,000.00	0.1/1000	\$52.20
	AD&D Vol Dep	62	\$522,000.00	0.04/1000	\$20.88
	LTD Vol	112	\$466,494.00	Age Banded	\$1,923.68

Total Due on 08/01/2026:

\$4,378.72

[Bill Group Dashboard](#) [My Bill](#) [Payments](#) ▾ [Help & Documents](#) ▾

Current Bill Group: [REDACTED]

Current Balance: **\$4,378.72** ●
Currently paid to: 08/01/2026



Next Bill Generation Date: 10/02/2026

Your payment was processed successfully! [Click Here to Print](#)

This payment will be applied to your account within one to two business days.

Funds may be withdrawn by United of Omaha Life Insurance Company or one of its affiliates, including Mutual of Omaha Insurance Company or Companion Life Insurance Company.

You can view the status of your payment in the [Payment History](#) section.

Payment Amount
\$4,378.72

Account Number
[REDACTED]

Payment ID
[REDACTED]

Payment Submitted Date
09/09/2026 11:10 AM

Coverage	Age Range	Class	Coverage Tier	Coverages	Volume	Premium (Monthly)		
Voluntary Child Life		Support	Children Only	9.00	80,000.00	11.28		
Voluntary Child Life		Act 93/Business Admini	Children Only	53.00	442,000.00	62.32	73.60	0.52
Voluntary Employee Life		Support	Employee Only	23.00	1,610,000.00	523.14		
Voluntary Employee Life		Act 93/Business Admini	Employee Only	90.00	8,390,000.00	1689.84	2,212.98	2,012.98
Voluntary LTD		Support	Employee Only	31.00	72,112,740	2409.12		
Voluntary LTD		Professional Staff	Employee Only	81.00	393,881.53	1514.56	1,823.68	
Voluntary Spouse Life		Support	Spouse Only	10.00	190,000.00	31.78		
Voluntary Spouse Life		Act 93/Business Admini	Spouse Only	45.00	1,105,000.00	121.18	168.98	143.08
Totals:				342	\$12,283,494.00	\$ 4,379.24		
					Child Life Diff	(0.52)		
						\$ 4,378.72		

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000488
09/16/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
			Payment Amount:	417.60	
			SEE PAYMENT DETAIL LISTING		

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000488
09/16/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
			Payment Amount:	417.60	
			SEE PAYMENT DETAIL LISTING		

M100000488

09/16/2026

*****417.60

PAY Four Hundred Seventeen and 60/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Payment Detail Listing

United Concordia Co Inc (UNITED 01)
PO Box 827300
PHILADELPHIA PA 19182-7300

Payment Number: M100000488
Payment Date: 09/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/16/2026	0.63 10-2140-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	0.75 10-1225-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	0.79 10-2140-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	0.88 10-2240-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	0.96 10-2250-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	0.96 10-2160-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	1.29 10-2839-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	1.71 10-2140-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2611-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2514-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2440-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2440-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2440-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2250-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2190-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2170-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2160-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2160-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2125-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-2125-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	2.17 10-1211-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	3.09 10-2269-272-000-00-000-000-012-0000	Dental Admin Fee - Aug
	09/16/2026	3.09 10-2120-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	3.09 10-2120-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	3.26 10-3250-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	3.59 10-1225-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	4.34 10-2360-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	4.34 10-2250-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	4.34 10-2120-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	4.34 10-1801-272-217-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	4.34 10-1211-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	5.18 10-2513-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	5.18 10-2260-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	5.26 10-1231-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	5.26 10-0132-000-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	5.72 10-2818-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	6.22 10-2620-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	6.51 10-2620-272-000-00-000-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	6.51 10-2380-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	6.51 10-1231-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	7.14 10-2620-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	7.43 10-2380-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	7.43 10-1231-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	7.56 10-2380-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	8.35 10-1211-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	8.39 10-2620-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	10.52 10-1241-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	13.95 10-1241-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	16.08 10-1241-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	50.15 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	53.91 10-1110-272-000-30-800-000-000-0000	Dental Admin Fee - Aug
	09/16/2026	100.34 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee - Aug
Payment Amount:		417.68	

Recipient: [REDACTED] **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 08/23/2026

Invoice Number: 219149566

Due Date: 09/15/2026

Prior Amount Due: \$393.90

Payments: \$393.90CR

Cash Posted Check #

08/17/2026

\$393.90CR

Current Amount 08/01/2026 - 08/31/2026: \$417.60

Total Amount Due: \$417.60

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Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.

Fax enrollment forms to 800-329-9093.

Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

United **Concordia**
dental™

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235



Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000489
09/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/16/2026	1.80 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	3.60 10-2120-272-000-30-800-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1241-272-000-30-800-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-2120-272-000-10-200-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-30-800-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee Cobra - Aug
Payment Amount:		16.20	

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pymt # M100000489
09/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/16/2026	1.80 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	3.60 10-2120-272-000-30-800-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1241-272-000-30-800-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-2120-272-000-10-200-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-30-800-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-10-200-000-000-0000	Dental Admin Fee Cobra - Aug
	09/16/2026	1.80 10-1110-272-000-20-500-000-000-0000	Dental Admin Fee Cobra - Aug
Payment Amount:		16.20	

M100000489

09/16/2026

*****16.20

PAY Sixteen and 20/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Recipient:  **LEHIGHTON AREA SCHOOL DISTRICT COBRA**

As Of: 08/23/2026

Invoice Number: 219149950

Due Date: 09/15/2026

Prior Amount Due: \$12.60

Payments: \$12.60CR

Cash Posted Check #
08/17/2026

\$12.60CR

Current Amount 08/01/2026 - 08/31/2026: \$12.60

Retroactive Adjustment Amount 06/01/2026 - 07/31/2026: \$3.60

Total Amount Due: \$16.20

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available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

Vendor: UNITED 01-United Concordia Co Inc
PO Box 827300 PHILADELPHIA PA 19182-7300

Pynt # M100000490
09/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/16/2026	3.60 10-1110-282-000-20-500-000-000-0000	Dental Admin Fee July & Aug
	09/16/2026	3.60 10-1110-282-000-30-800-000-000-0000	Dental Admin Fee July & Aug
	09/16/2026	3.60 10-2620-282-000-00-000-000-000-0000	Dental Admin Fee - July & Aug
	09/16/2026	-9.00 10-2120-282-000-10-200-000-000-0000	Dental Admin Fee Reimb.
	Payment Amount:	1.80	

Vendor: UNITED 01-United Concordia Co Inc
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Pynt # M100000490
09/16/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
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	09/16/2026	3.60 10-1110-282-000-30-800-000-000-0000	Dental Admin Fee July & Aug
	09/16/2026	3.60 10-2620-282-000-00-000-000-000-0000	Dental Admin Fee - July & Aug
	09/16/2026	-9.00 10-2120-282-000-10-200-000-000-0000	Dental Admin Fee Reimb.
	Payment Amount:	1.80	

M100000490

09/16/2026

*****1.80

PAY One and 80/100 Dollars

To the Order of:

United Concordia Co Inc
PO Box 827300
PHILADELPHIA PA 19182-7300

NON-NEGOTIABLE

Recipient:  **LEHIGHTON AREA SCHOOL DISTRICT**

As Of: 08/23/2026

Invoice Number: 219149953

Due Date: 09/15/2026

Prior Amount Due: \$3.60 CR

Current Amount 08/01/2026 - 08/31/2026: \$5.40

Total Amount Due: \$1.80

Make a one-time payment quickly and conveniently, no registration necessary.
Available on UnitedConcordia.com under the Employers Tab.
You can also call us toll-free to process your payment by credit card or ACH.

For enrollment forms, visit our website at www.UnitedConcordia.com.
Fax enrollment forms to 800-329-9093.
Do not submit enrollment changes or other written communication with your payment.

GO PAPERLESS! Take care of enrollment and billing quickly and easily
by using our secure online Group Administration Portal,
available under Employers on UnitedConcordia.com

Questions? Call 888-320-3316 Monday through Friday 8:00 a.m. to 5:00 p.m. in all time zones.

United **Concordia**
dental™

1800 Center Street
Camp Hill, PA 17011

LEHIGHTON AREA SCHOOL DISTRICT
J MICHAEL MALAY
1000 UNION STREET
LEHIGHTON, PA 18235



Vendor: PSERS-PSERS
PO Box 643623 PITTSBURGH PA 15264-3623

Pynt # M100000491
09/22/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
	09/22/2026	2236.39 10-2620-230-000-30-000-000-000-0000	Lump POS
	09/22/2026	11.70 10-1110-230-000-10-200-000-000-0000	Lump POS
	09/22/2026	115.68 10-1110-230-000-10-200-000-000-0000	Lump POS
	09/22/2026	223.21 10-1110-230-000-10-200-000-000-0000	Lump POS
	09/22/2026	321.02 10-1110-230-000-10-200-000-000-0000	Lump POS
	09/22/2026	507090.81 10-0460-230-000-00-000-000-000-0000	06.26 Pynt 3085193
	09/22/2026	452163.76 10-0460-230-000-00-000-000-000-0000	05.26 Pynt 3074856
	09/22/2026	441860.53 10-0460-230-000-00-000-000-000-0000	04.26 Pynt 3059136
Payment Amount:		1404023.10	

Vendor: PSERS-PSERS
PO Box 643623 PITTSBURGH PA 15264-3623

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	09/22/2026	452163.76 10-0460-230-000-00-000-000-000-0000	05.26 Pynt 3074856
	09/22/2026	441860.53 10-0460-230-000-00-000-000-000-0000	04.26 Pynt 3059136
Payment Amount:		1404023.10	

M100000491

09/22/2026

*****1,404,023.10

PAY One Million Four Hundred Four Thousand Twenty-Three and 10/100 Dollars

To the Order of:

PSERS
PO Box 643623
PITTSBURGH PA 15264-3623

NON-NEGOTIABLE

5 N 5th Street
Harrisburg PA 17101-1905
Toll-free: 1.888.773.7748
Fax: 717.772.3860
www.pa.gov/PSERS

Monthly Statement of Employer Transaction Details August 2026



Mail Center

LEHIGHTON AREA SD
1000 UNION ST
LEHIGHTON PA 18235-1700

DETAILED Billing Statement

Employer Code

Period: 08/01/2026 to 08/31/2026

Current Date: 09/09/2026

	Employer Contributions	Employer POS
Past Due		
Currently Due	1,401,115.10	2,908.00

A negative value in the table above indicates that you have a credit.

Post Date	Trans #	Trans Type	Trans Identifier	Applied To	Employer Due Date	Employer Contributions	Employer POS
04/16/2026	3059136	WH Report			09/23/2026	441,860.53	
04/20/2026	3060496	SCP Employer Contribution			09/23/2026		321.02
04/21/2026	3061732	SCP Employer Contribution			09/23/2026		223.21
04/27/2026	3064068	SCP Employer Contribution			09/23/2026		115.68
05/04/2026	3068119	SCP Employer Contribution			09/23/2026		11.70
05/10/2026	3070824	SCP Employer Contribution			09/23/2026		2,236.39

Post Date	Trans #	Trans Type	Trans Identifier	Applied To	Employer Due Date	Employer Contributions	Employer POS
05/18/2026	3074856	WH Report			09/23/2026	452,163.76	
06/15/2026	3085193	WH Report			09/23/2026	507,090.81	
					Sep 2026 Total	1,401,115.10	2,908.00
07/21/2026	3097898	SCP Employer Contribution			12/23/2026		57.41
07/21/2026	3097913	SCP Employer Contribution			12/23/2026		239.98
07/23/2026	3098494	WH Report			12/23/2026	650,044.17	
07/30/2026	3100493	SCP Employer Contribution			12/23/2026		680.07
07/30/2026	3101381	DC Payment		3098494	12/23/2026	-2,703.08	
08/09/2026	3103825	SCP Employer Contribution			12/23/2026		3,384.77
08/09/2026	3104085	SCP Employer Contribution			12/23/2026		2,474.24
08/10/2026	3104421	SCP Employer Contribution			12/23/2026		488.82
08/13/2026	3107165	DC Payment		3108425	12/23/2026	-2,697.10	
08/21/2026	3108425	WH Report			12/23/2026	446,964.59	
08/26/2026	3109569	SCP Employer Contribution			12/23/2026		1,084.22
08/27/2026	3110691	DC Payment		3108425	12/23/2026	-3,217.69	
					Dec 2026 Total	1,088,390.89	8,389.51
08/31/2026		Ending Balance				2,489,505.99	11,297.51

If payments are not remitted by the established due dates, delinquent amounts may be deducted from your subsidy payments.