

6/2/2025

Allegiance Benefit Plan Management, Inc.

BENEFIT : MED

AGGREGATE REPORT

GROUP : 2003090

BLOUNT COUNTY

VENDOR : 00001-0166

SKYWARD UNDERWRITERS AGENCY

RENEWAL 10 01/01/2025 to 12/31/2025

FACTORS: SINGLE: .00 FAMILY: .00

MONTH	SINGLE LIVES	FAMILY LIVES	TOTAL LIVES	AGGR. ATTACH	YTD AGGR ATTACH	MED + RX PAID CLAIMS	RXD PAID CLAIMS	MTD CLAIMS OVER SPEC	YTD NET PAID CLAIMS	YTD SURPLUS	YTD UNRECOVERED
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
01/2025	670	925	1595	0.00	0.00	2037850.38	664940.32	0.00	2037850.38		-2037850.38
02/2025	668	918	1586	0.00	0.00	1431580.53	616052.46	0.00	3469430.91		-3469430.91
03/2025	666	915	1581	0.00	0.00	1416996.11	508846.68	0.00	4886427.02		-4886427.02
04/2025	657	919	1576	0.00	0.00	2410757.04	787990.37	0.00	7297184.06		-7297184.06
05/2025	661	923	1584	0.00	0.00	2097561.71	773474.75	0.00	9394745.77		-9394745.77
	SUBTOTAL					9394745.77	3351304.58	0.00	9394745.77		
	- AGGREGATE SPECIFIC					0.00					
	- CLAIMS OVER SPECIFIC										
	***** TOTALS				0.00	9394745.77					

** LOSS RATIO

0%

NO AGGREGATE

SPECIFIC DED: 350000 w/ 200000 AGGREGATING

CONTRACT TYPE SPEC: 24/12

This report is a summary of paid claims in relation to the estimated cumulative aggregate deductible. This report is not a financial statement and does not contain all plan adjustments which may affect the annual aggregate deductible, i.e. enrollment adjustments, claims adjustments, claim recoveries and/or adjustments, subrogation adjustments, etc. This report will be reconciled with all adjustments after the close of the fiscal plan year end.