

10/01/22
LXSLAGGR

Allegiance Benefit Plan Management, Inc.
AGGREGATE REPORT

GROUP : 2003090 BLOUNT COUNTY
VENDOR : 00001-0166 SKYWARD UNDERWRITERS AGENCY IN
BENEFIT : MED Rx

RENEWAL 07 01/01/2022 to 12/31/2022

MONTH	SINGLE LIVES	FAMILY LIVES	TOTAL LIVES	AGGR. ATTACH	YTD AGGR ATTACH	MED PAID CLAIMS	MTD CLAIMS OVER SPEC	YTD NET PAID CLAIMS
=====	=====	=====	=====	=====	=====	=====	=====	=====
01/01/22	704	857	1561	0.00	0.00	1491899.51	0.00	1491899.51
02/01/22	705	855	1560	0.00	0.00	1432101.08	0.00	2924000.59
03/01/22	710	857	1567	0.00	0.00	1327434.60	0.00	4251435.19
04/01/22	707	858	1565	0.00	0.00	2110425.91	0.00	6361861.10
05/01/22	708	863	1571	0.00	0.00	1020067.26	0.00	7381928.36
06/01/22	692	856	1548	0.00	0.00	948955.69	0.00	8330884.05
07/01/22	691	856	1547	0.00	0.00	1409304.88	0.00	9740188.93
08/01/22	672	850	1522	0.00	0.00	2023012.09	0.00	11763201.02
09/01/22	693	897	1590	0.00	0.00	2612164.39	51591.82	14323773.59
SUBTOTAL						14375365.41	51591.82	14323773.59
- AGGREGATING SPECIFIC						200000.00		
- CLAIMS OVER SPECIFIC						51591.82		
- AGGREGATE REIMBURSEMENTS						0.00		
***** TOTALS						0.00		14123773.59

** ' LOSS RATIO 0%

Monthly Accomodation No
Spec Deductible \$350,000.00
Aggregating Spec \$200,000.00
Contract Type 24/12
Paid Claims MED Rx

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.