

7/1/2024

Allegiance Benefit Plan Management, Inc.

BENEFIT : MED

AGGREGATE REPORT

GROUP : 2003090

BLOUNT COUNTY

VENDOR : 00001-0166

SKYWARD UNDERWRITERS AGENCY

IN

RENEWAL 09 01/01/2024 to 12/31/2024

FACTORS: SINGLE: .00 FAMILY: .00

MONTH	SINGLE LIVES	FAMILY LIVES	TOTAL LIVES	AGGR. ATTACH	YTD AGGR ATTACH	MED + RXD PAID CLAIMS	RXD PAID CLAIMS	MTD CLAIMS OVER SPEC	YTD NET PAID CLAIMS	YTD SURPLUS	YTD UNRECOVERED
01/2024	693	902	1595	0.00	0.00	1691433.13	522175.85	0.00	1691433.13		-1691433.13
02/2024	695	899	1594	0.00	0.00	1425233.01	501820.08	0.00	3116666.14		-3116666.14
03/2024	698	900	1598	0.00	0.00	1656449.90	496833.93	0.00	4773116.04		-4773116.04
04/2024	693	906	1599	0.00	0.00	1592236.38	616072.67	0.00	6365352.42		-6365352.42
05/2024	693	907	1600	0.00	0.00	2364808.86	686318.18	0.00	8730161.28		-8730161.28
06/2024	689	909	1598	0.00	0.00	1894756.78	758012.84	0.00	10624918.06		-10624918.06
SUBTOTAL						10624918.06	3581233.55	0.00	10624918.06		
- AGGREGATE SPECIFIC						0.00					
- CLAIMS OVER SPECIFIC											
***** TOTALS					0.00	10624918.06					

** 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.