7/1/2026

Allegiance Benefit Plan Management, Inc.

AGGREGATE REPORT

BENEFIT : MED

GROUP : 2003090 BLOUNT COUNTY

VENDOR : 00001-0166 SKYWARD UNDERWRITERS AGENCY

RENEWAL 11 01/01/2026 to 12/31/2026 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
01/2026	672	937	1609	0.00	0.00	1920344.88	838617.65	0.00	1920344.88		-1920344.88
02/2026	672	940	1612	0.00	0.00	1175818.37	677717.55	0.00	3096163.25		-3096163.25
03/2026	671	937	1608	0.00	0.00	2540913.39	868317.42	0.00	5637076.64		-5637076.64
04/2026	662	939	1601	0.00	0.00	2238801.58	980909.93	0.00	7875878.22		-7875878.22
05/2026	665	941	1606	0.00	0.00	2355813.28	916731.88	0.00	10231691.50		-10231691.50
06/2026	658	937	1595	0.00	0.00	2445675.65	1056042.05	0.00	12677367.15		-12677367.15
SUBTOTAL						12677367.15	5338336.48	0.00	12677367.15		
- AGGREGATE SPECIFIC						0.00					
- CLAIMS OVER SPECIFIC											
****** TOTALS					0.00	12677367.15					
** LOSS RATIO						0%					

NO AGGREGATE

SPECIFIC DED: 350000 w/ 200000 AGGREGATING

CONTRACT TYPE PAID AGG PAID

Laser: Scott Burchfield 0.00 Conditional

This report is a summary of paid claims in relation to the estimated cumulative aggregate deductible. This report i 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.