



Gregg County



Monthly Aggregate Paid Claims

October 1, 2017

Carrier:	HM Insurance	Renewal Date:	7/1/2018
Broker:	Ken Wethe	Months of Data:	9
Agg. Contract Basis:	9/9	Minimum Attachment Point:	\$ 5,781,560.00
Agg. Covered Benefits:	Med/RX	Single:	\$ 844.37
Aggregate Loss Limit:	\$230,000.00	Family:	\$ 2,026.48
Aggregate Corridor:	125%		

Month and Year	Single	Family	Total	Monthly Aggregate Attachment Point	Monthly Medical Paid Claims	Monthly Rx Paid Claims	Total Paid Claims	Claims Over Aggregate Loss Limit	Total Claims Subject to Aggregate
October-17	398	151	549	\$ 642,057.74			\$ -	\$ -	\$ -
November-17	400	152	552	\$ 645,772.96	\$ 62,638.91	\$ 179,530.07	\$ 242,168.98	\$ -	\$ 242,168.98
December-17	400	152	552	\$ 645,772.96	\$ 129,115.70	\$ 117,893.92	\$ 247,009.62	\$ -	\$ 247,009.62
January-18	392	152	544	\$ 639,018.00	\$ 218,896.19	\$ 97,948.92	\$ 316,845.11	\$ -	\$ 316,845.11
February-18	388	150	538	\$ 631,587.56	\$ 258,001.85	\$ 60,551.82	\$ 318,553.67	\$ -	\$ 318,553.67
March-18	380	150	530	\$ 624,832.60	\$ 288,435.07	\$ 183,934.65	\$ 472,369.72	\$ -	\$ 472,369.72
April-18	385	152	537	\$ 633,107.41	\$ 548,018.88	\$ 114,810.27	\$ 662,829.15	\$ -	\$ 662,829.15
May-18	387	151	538	\$ 632,769.67	\$ 256,902.09	\$ 114,896.58	\$ 371,798.67	\$ -	\$ 371,798.67
June-18	388	144	532	\$ 619,428.68	\$ 362,930.07	\$ 158,559.71	\$ 521,489.78	\$ -	\$ 521,489.78
Total				\$ 5,714,347.58	\$ 2,124,938.76	\$ 1,028,125.94	\$ 3,153,064.70	\$ -	\$ 3,153,064.70
Average	391	150	541	\$ 634,927.51	\$ 236,104.31	\$ 114,236.22	\$ 350,340.52	\$ -	\$ 350,340.52

CLAIMANT TOTAL OVER AGGREGATE LOSS LIMIT BASED ON AGGREGATE CONTRACT

ESTIMATED AGGREGATE LOSS RATIO: 55.2%

CLAIMANT NAME	TOTAL PAID	AGG LOSS LIMIT	EXCLUDED AMT
			\$0.00
			\$0.00
TOTAL			\$0.00

Disclaimer

PHI. The information may only be viewed by the plan sponsor or the employer and the employer's agents, employee's and representatives who have a need to know that all such parties: (a) have been instructed to safeguard Disclosed Information; (b) use Disclosed Information solely for the purpose for which the information is intended; (c) acknowledge that all Disclosed Information remains the sole and exclusive property of the TPA and/or its present, future and potential client; (d) will not further release any Disclosed Information to any third party without the prior written consent of the TPA, and (e) will comply with all the requirements of HIPAA's Privacy Rules. All parties agree that all information disclosed by the TPA is confidential and proprietary to the TPA and/or its client, broker or consultant, including but not limited to: (a) Names of such client; (b) details of such client's health benefit plans; (c) "Individual Identifiable Health Information" and "Protected Health Information" [as those terms are defined in the Department of Health & Human Services regulations, "Standards for Privacy of Individual Identifiable Health Information, 45 C.F.R. Part 160 & Part 164, Subparts A & E (the "Privacy Rules"), under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)]; (d) such client's claim data, and; (e) HSB's and/or such client's financial & technical information (Disclosed Information).



Gregg County



Claimants in Excess of 50% of the Specific Deductible ☐

October 1, 2017

Carrier: HM Insurance
Broker: Ken Wethe

Renewal Date: 7/1/2018
Months of Data: 9

Specific Contract Basis: 9/9
Specific Covered Benefits: Med/RX
Specific Deductible: \$230,000

Rx Reported Through:

Month	Name	Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Amount Applied to Specific Deductible	Amount Applied to Laser	Amount Applied to Aggregating Specific Deductible	Cumulative Amount in Excess of Deductibles	Amount in Excess of Deductibles by Month	Diagnosis Code	Diagnosis Description
Oct-17	NONE	\$ -	\$ -	\$ -	-	-	-	\$ -	-		
Nov-17	NONE	\$ -	\$ -	\$ -	-	-	-	\$ -	\$ -		
Dec-17	NONE			\$ -	-	-	-	\$ -			
Jan-18	NONE			\$ -	-	-	-	\$ -			
Feb-18	NONE			\$ -	-	-	-	\$ -			
Mar-18	NONE			\$ -	-	-	-	\$ -			
Apr-18	NONE			\$ -	-	-	-	\$ -			
May-18	NONE			\$ -	-	-	-	\$ -			
Jun-18	NONE			\$ -	-	-	-	\$ -			
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LASERED CLAIMANTS BASED ON SPECIFIC CONTRACT			
CLAIMANT NAME	LASERED AMT	CONTRACT	ADDITIONAL LIMITATIONS & NOTES
Kristopher Pendleton	\$230,000	9/9	If plan becomes primary, additional underwriting will be needed

Disclaimer

The reports provided are for informational purposes only. The numbers in the reports may change at any time due to adjustments to claims or enrollment. Specific claim amounts noted in the reports cannot be used to calculate actual reimbursement. This report contains PHI. The information may only be viewed by the plan sponsor or the employer and the employer's agents, employee's and representatives who have a need to know that all such parties: (a) have been instructed to safeguard Disclosed Information; (b) use Disclosed Information solely for the purpose for which the information is intended; (c) acknowledge that all Disclosed Information remains the sole and exclusive property of the TPA and/or its present, future and potential client; (d) will not further release any Disclosed Information to any third party without the prior written consent of the TPA, and (e) will comply with all the requirements of HIPAA's Privacy Rules. All parties agree that all information disclosed by the TPA is confidential and proprietary to the TPA and/or its client, broker or consultant, including but not limited to: (a) Names of such client; (b) details of such client's health benefit plans; (c) "Individual Identifiable Health Information" and "Protected Health Information" [as those terms are defined in the Department of Health & Human Services regulations, "Standards for Privacy of Individual Identifiable Health Information, 45 C.F.R. Part 160 & Part 164, Subparts A & E (the "Privacy Rules"), under the Health Insurance Portability & Accountability Act of 1996 (HIPAA)]; (d) such client's claim data, and; (e) HSB's and/or such client's financial & technical information (Disclosed Information).