GROUP NAME:
POLICY PERIOD: 1-01-2015 TO 12-31-2015
GROUP #: Combined
Carrier: CIGNA Healthcare

AGGREGATE ILLUSTRATION WORKSHEET

	ENROLLMENT			AGG	PAID CLAIMS							Other Fees	STOP-	UR & Access	Total	TOTAL
	MEDICAL/RX			ATT	INCURRED AFTER 10/04							Minus	LOSS	ADMIN	Fixed	CLAIMS &
MONTH	OA+	PPO	COBRA	POINT	OA+	PPO	Other	Out Network	RX CARD	Capitation	TOTAL	Spec Reimbursement	PREMIUM	FEES	Costs	FEES
JAN	289	1	3	193822	66,444	323	0	(95)	24,544	6162	97378	2,206	31653	20097	51750	151334
FEB	290	1	3	194484	109,599	1,863	0	121	41,639	6562	159784	1,154	31761	20165	51926	212864
MAR	253	1	5	171331	118,868	28	0	0	28,967	6605	154468	359	27980	17765	45745	200572
APRIL	255	1	7	173977	161,712	643	0	0	45,901	5830	214086	1,194	28412	18039	46451	261731
MAY																
JUNE																
JULY																
AUG																
SEP																
OCT																
NOV																
DEC																
TOTAL	1,087	4	18	733,615	456,623	2,857	0	26	141,051	25,159	625,716	4,913	119,805	76,066	195,872	826,501
AVG	272	1	5	183,404	114,156	714	0	7	35,263	6,290	156,429	1,228	29,951	19,017	48,968	206,625
CLAIMS AS A PERCENTAGE OF THE AGG ATT. POINT						85.3%		0.00%	22.54%							

NOTE: MEDICAL AND RX INCLUDED IN AGGREGATE

MONTHLY FACTORS	Medical-RX 1/12 to 1/13
1) MONTHLY AGGREGATE RETENTION FACTORS:	661.51
2) MONTHLY SPECIFIC STOP-LOSS PREMIUM:	103.03
3) MONTHLY AGGREGATE STOP-LOSS PREMIUM:	5.00
4) MONTHLY ADMIN FEE FACTORS:	62.94
5) Core 5 and RX step therapy	5.65
SPECIFIC DEDUCTIBLE	$100,000

Year to Date Real Rates

FULL Rates	838.13
Adjusted per current loss ratio	745.27

Claims Exceeding $25,000 of Specific Individual Deducitble

	Subscriber Name	Pat. Rel.	Status	ICD9 Desc.	Amount
1.)		EE		Breast Cancer	62,308.00
2.)		EE		UP Limb Soft tissue CA	25,798.00
3.)		EE		Uter Intramur Leiomyoma	28,496.00
4.)					
5.)					
6.)					
7.)					
8.)					
9.)					
10.)					
11.)					
12.)					
13.)					
14.)					
15.)					
16.)					
17.)					
18.)					
19.)					
20.)					
				Total:	$116,602.00

CLAIMS ISSUED IN EXCESS OF THE SPECIFIC INDIVIDUAL DEDUCTIBLE:

Patient ID	1/15	2/15	3/15	4/15	5/15	EMPLOYEE 6/15	7/15	CLAIMANT 8/15	9/15	10/15	11/15	12/15	1/16	2/16	3/16	Total
																$0.00
																$0.00
																$0.00
																$0.00
																$0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$0.00

The figures reported on this report are preliminary, and may be subject to change upon audit.