

## Claims Summary By Policy - Specific Stop-Loss

Account Name	ABC Company
Policy Number	6XXXX0-1
Policy To/From Dates	01/01/20xx-12/31/20xx
Stop-Loss Market (Carrier)	XYZ Carrier

Policy Deductible	\$250,000
Policy Contract Basis	Paid
Policy Aggregating Specific Deductible	\$0
Policy Aggregating Specific Deductible Balance	\$0.00

Claimant Name	Member Number	Total Claims Paid			ISL Deductible	Stop-Loss Claim						
		Medical	Prescription Drug	Total		Amount Requested	Amount Reimbursed	Amount Denied	Amount Appealed	Amount Applied to Aggregating Specific Deductible	Amount of Manual Adjustment	Amount Pending
		\$2,094,271.63	\$10,358.47	\$2,104,630.10	\$250,000.00	\$1,854,630.10	\$2,109,021.58	\$2,741.89	\$0.00	\$0.00	\$6,123.16	-\$263,256.53
		\$545,825.92	\$2,614.58	\$548,440.50	\$250,000.00	\$298,440.50	\$155,862.69	\$0.00	\$0.00	\$0.00	\$28,579.85	\$113,997.96
		\$16,209.99	\$364,732.00	\$380,941.99	\$250,000.00	\$130,941.99	\$0.00	\$0.00	\$0.00	\$0.00	\$34,703.01	\$96,238.98
		\$258,260.61	\$2,177.63	\$260,438.24	\$250,000.00	\$10,438.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,438.24
		<b>\$2,914,568.15</b>	<b>\$379,882.68</b>	<b>\$3,294,450.83</b>		<b>\$2,294,450.83</b>	<b>\$2,264,884.27</b>	<b>\$2,741.89</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$69,406.02</b>	<b>-\$42,581.35</b>

## Claims Detail by Claimant - Specific Stop-Loss

Account Name	ABC Company
Policy Number	XXXXX-1
Policy To/From Dates	01/01/20XX-12/31/20XX

Policy Deductible	\$250,000
Policy Contract Basis	Paid
Stop-Loss Market (Carrier)	XYZ Carrier

Claimant Name	Member Number	Claim Number	Status	Date Submitted to Carrier	Last Paid Date	Diagnosis (ICD-10)		Stop-Loss Claim								
						Primary	Trigger	Amount Requested	Amount Reimbursed	Amount Denied	Amount Appealed	Amount Applied to Aggregating Specific Deductible	Amount of Manual Adjustment	Amount Pending	Notes	
		1	Open	12/30/2019	10/31/2019	I47.2:VENTRICULAR TACHYCARDIA	X	\$8,681.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,681.65	
		2	Open	1/29/2020	12/31/2019	I47.2:VENTRICULAR TACHYCARDIA	X	\$1,756.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,756.59	
		1	Closed	11/8/2019	9/30/2019	D84.1:DEFECTS IN THE COMPLEMENT SYSTEM	X	\$34,703.01	\$0.00	\$0.00	\$0.00	\$0.00	\$34,703.01	\$0.00		
		2	Open	12/30/2019	10/31/2019	D84.1:DEFECTS IN THE COMPLEMENT SYSTEM	X	\$31,421.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,421.52		
		3	Open	1/29/2020	12/31/2019	D84.1:DEFECTS IN THE COMPLEMENT SYSTEM	X	\$64,817.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64,817.46		
		1	Closed	10/9/2019	8/31/2019	A41.9:SEPSIS UNSPECIFIED ORGANISM	X	\$155,862.69	\$155,862.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
		2	Closed	11/7/2019	9/30/2019	A41.9:SEPSIS UNSPECIFIED ORGANISM	X	\$28,579.85	\$0.00	\$0.00	\$0.00	\$0.00	\$28,579.85	\$0.00		Full reimbursement applied to XXXXXXXX Claimant's overpayment.
		3	Open	12/30/2019	10/31/2019	A41.9:SEPSIS UNSPECIFIED ORGANISM	X	\$10,927.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,927.66		
		4	Open	1/29/2020	12/31/2019	A41.9:SEPSIS UNSPECIFIED ORGANISM	X	\$103,070.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103,070.30		
		1	Closed	9/10/2019	8/31/2019	A41.9:SEPSIS UNSPECIFIED ORGANISM	X	\$1,844,271.37	\$1,844,271.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		Advanced/Immediate Reimbursement Request - will reconcile when receive full details from Cigna.
		2	Closed	9/18/2019	7/31/2019	G72.81:CRITICAL ILLNESS MYOPATHY		\$267,492.10	\$264,750.21	\$2,741.89	\$0.00	\$0.00	\$0.00	\$0.00		Filing not received when sent originally 9/5/19 to XYZ Carrier, will now be #2. \$2,741.89 ineligible due to being paid after 6/7/19 termination.
		3	Open	11/7/2019	9/30/2019	G72.81:CRITICAL ILLNESS MYOPATHY		-\$257,133.37	\$0.00	\$0.00	\$0.00	\$0.00	\$6,123.16	-\$263,256.53		Adjustment of initial hospital bill resulted in \$257,133.37 overpayment. \$63,282.86 applied, \$193,850.51 balance remaining.

## 50% Notice Summary - Specific Stop-Loss

Account Name	ABC Company
Policy Number	XXXXX-1
Policy To/From Dates	01/01/20XX-12/31/20XX

Policy Deductible	\$250,000
Policy Contract Basis	Paid
Stop-Loss Market (Carrier)	XYZ Carrier

Claimant Name	Member Number	Notice Type	Diagnosis (ICD-10)		ISL Deductible	Total Paid Claims (Over 50% of the Policy Deductible)			
			Primary	Trigger		Medical	Prescription Drug	Total	Notes
		50% Notice	K86.8:OTHER SPECIFIED DISEASES PANCREAS	X	\$250,000.00	\$224,372.36	\$0.00	\$224,372.36	Includes both Medical and RX Claims
		50% Notice	C50.912:MAL NEO UNS SITE LT FEMALE BREAST	X	\$250,000.00	\$191,866.82	\$0.00	\$191,866.82	Includes both Medical and Rx Claims
		50% Notice	C79.51:SECONDARY MALIGNANT NEOPLASM BONE	X	\$250,000.00	\$189,433.26	\$0.00	\$189,433.26	Includes both Medical and RX Claims
		50% Notice	N18.6:END STAGE RENAL DISEASE	X	\$250,000.00	\$187,914.20	\$0.00	\$187,914.20	Includes both Medical and RX Claims
		50% Notice	M25.512:PAIN IN LEFT SHOULDER		\$250,000.00	\$179,131.37	\$0.00	\$179,131.37	Includes both Medical and RX Claims
		50% Notice	I61.0:NONTRAUM IC HEMORR HEMISPH SUBCORT	X	\$250,000.00	\$167,545.63	\$0.00	\$167,545.63	Includes both Medical and RX Claims
		50% Notice	M84.551A:PATH FX NEOPLASTIC DZ RT FEM INIT		\$250,000.00	\$157,292.55	\$0.00	\$157,292.55	Includes both Medical and RX Claims
		50% Notice	B37.3:CANDIDIASIS OF VULVA AND VAGINA		\$250,000.00	\$138,301.87	\$0.00	\$138,301.87	Includes both Medical and RX Claims
		50% Notice	C02.1:MAL NEOPLASM OF BORDER OF TONGUE	X	\$250,000.00	\$130,693.65	\$0.00	\$130,693.65	Includes both Medical and RX Claims