



RFP 22-004
Employee Benefits Consultant

ADDENDUM #5
Claim Reports

This addendum is being issued to provide copies of the most recent claim reports for a 24-month period, including HIPAA compliant large claim reporting.

ACKNOWLEDGEMENT

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response in the space provided on the Submittal Checklist included in the original solicitation document. Failure to do so may subject the bidder to disqualification.

Anchor & Benefit
Consulting, Inc.

City of Sebring 368 South Commerce Drive Sebring, FL 33870					Grp 501-2035	59	Carrier: Companion		Fixed Costs:					Aggregate Factors:					
Contacts: Executive Contact Penny Robinson pennyrobinson@mysebring.com Administrative Contact Charlotte Mann charlottemann@mysebring.com							Specific Deductible	\$	60,000	Cigna Network					EE	\$	578.81		
							Aggregating Specific	\$	130,000	EE+SP					\$	360.95	EE+SP	\$	1,692.79
							Specific Contract		12/15	EE+CH					\$	360.95	EE+CH	\$	1,692.79
							Aggregate Contract		12/12	EE+FAM					\$	360.95	EE+FAM	\$	1,692.79
												*Includes dental & Vision							
2019 Plan	CENSUS				Fixed Cost	Claim Funding	Total Fixed Cost and Claim Liability	PAID CLAIMS					Claims Paid Out-Side the Contract Period	Ineligible Claims	Net Paid Claims Applicable to Claim Liability	Carrier Reimbursement	Funding Surplus/Deficit		
MO/YR	EE	EE+SP	EE+CH	EE+FAM	Monthly	Monthly	Monthly	Medical	RX	Dental	Vision	Tot Pd Claims							
10/19	93	27	16	22	\$ 39,337.78	\$ 163,860.68	\$ 203,198.46	\$ 168,552.73	\$ 28,383.52	\$ 6,323.75	\$ 1,440.08	\$ 204,700.08	\$ 182,789.83	1,181.06	\$ 20,729.19	\$ -	\$ 143,131.4		
11/19	95	30	16	22	\$ 40,762.05	\$ 170,096.67	\$ 210,858.72	\$ 57,358.74	\$ 27,643.58	\$ 3,608.29	\$ 887.48	\$ 89,498.09	\$ 25,005.06	4,400.77	\$ 60,092.26	\$ -	\$ 110,004.4		
12/19	100	31	12	21	\$ 40,171.80	\$ 166,219.56	\$ 206,391.36	\$ 82,094.30	\$ 26,065.81	\$ 6,608.10	\$ 1,039.76	\$ 115,807.97	\$ 12,957.53	6,450.30	\$ 96,400.14	\$ -	\$ 69,819.4		
1/20	99	27	14	22	\$ 39,640.14	\$ 163,947.96	\$ 203,588.10	\$ 33,584.93	\$ 24,353.06	\$ 4,200.09	\$ 860.50	\$ 62,998.58	\$ 574.34	4,744.59	\$ 57,679.65	\$ -	\$ 106,268.3		
2/20	99	30	14	22	\$ 40,722.99	\$ 169,026.33	\$ 209,749.32	\$ 84,902.39	\$ -	\$ 6,577.01	\$ 962.00	\$ 92,441.40	\$ 4,725.94	8,044.26	\$ 79,671.20	\$ -	\$ 89,355.1		
3/20	102	30	14	22	\$ 41,235.12	\$ 170,762.76	\$ 211,997.88	\$ 118,024.20	\$ 30,964.36	\$ 9,057.39	\$ 1,176.96	\$ 159,222.91	\$ 1,228.29	10,377.34	\$ 147,617.28	\$ -	\$ 23,145.4		
4/20	100	29	14	22	\$ 40,532.75	\$ 167,912.35	\$ 208,445.10	\$ 231,044.98	\$ 21,699.00	\$ 4,752.23	\$ 1,159.48	\$ 258,655.69	\$ 425.49	5,944.68	\$ 252,285.52	\$ -	\$ (84,373.1		
5/20	100	29	13	23	\$ 40,532.75	\$ 167,912.35	\$ 208,445.10	\$ 161,514.21	\$ 48,051.47	\$ 7,978.41	\$ 1,467.73	\$ 219,011.82	\$ 5,534.04	10,105.62	\$ 203,372.16	\$ 5,037.70	\$ (30,422.1		
6/20	99	30	13	23	\$ 40,722.99	\$ 169,026.33	\$ 209,749.32	\$ 80,456.63	\$ 20,983.44	\$ 1,467.00	\$ 1,003.00	\$ 103,910.07	\$ 1,041.47	3,266.28	\$ 99,602.32	\$ -	\$ 69,424.0		
7/20	97	30	13	23	\$ 40,381.57	\$ 167,868.71	\$ 208,250.28	\$ 121,443.21	\$ 14,603.18	\$ 4,972.94	\$ 715.60	\$ 141,734.93	\$ 1,828.36	6,966.36	\$ 132,940.21	\$ 10,907.59	\$ 45,836.0		
8/20	97	30	13	23	\$ 40,381.57	\$ 167,868.71	\$ 208,250.28	\$ 83,455.89	\$ 37,698.11	\$ 3,426.13	\$ 687.61	\$ 125,267.74	\$ 319.45	5,506.00	\$ 119,442.29	\$ -	\$ 48,426.4		
9/20	100	28	13	23	\$ 40,171.80	\$ 166,219.56	\$ 206,391.36	\$ 115,109.83	\$ 24,132.16	\$ 4,331.40	\$ 1,739.91	\$ 145,313.30	\$ -	66,071.31	\$ 79,241.99	\$ 243,036.22	\$ 330,013.7		
Total	1181	351	165	268	\$ 484,593.31	\$ 2,010,721.97	\$ 2,495,315.28	\$ 1,337,542.04	\$ 304,577.69	\$ 63,302.74	\$ 13,140.11	\$ 1,718,562.58	\$ 236,429.80	133,058.57	\$ 1,349,074.21	\$ 258,981.51	\$ 920,629.2		
																Less pending reinsurance:	\$	-	
																Aggregate Status:	\$	920,629.2	
Aggregate:												Specific Reimbursement Received:							
Annual Attachment: \$2,129,883.00												October, 2020: 47,595.51							
Est Monthly Attachment Pt: \$177,490.00												November, 2020: 99,428.22							
												December, 2020 13,396.53							
												January, 2021 74,190.49							
												February, 2021 6,978.03							
***The carrier reserves the right to recalculate the agg. Deductible factors retroactively for the Policy Period if there is more than a 10% variance in enrollment																			
Persons to be Covered: unless otherwise indicated and approved by the reinsurer, the policy covers Ees who are actively at work and dependents not hospital confined.																			
This policy is not intended to cover persons who cannot meet a "normal life activity" requirement. Disabled persons are excluded unless disclosed and endorsed.																			
For illustrative purposes only, subject to final audit																			
\$130,000.00 specific corridor exceeded as of 4/30/20																			

Plan Year: October 1, 2020 to September 30, 2021 (Incurred)
 October 1, 2020 to December 30, 2021 (Paid - Specific)
 October 1, 2020 to September 30, 2021 (Paid - Aggregate)



City of Sebring 368 South Commerce Drive Sebring, FL 33870					Grp 501-2035 59		Carrier: Companion		Cigna Network				Fixed Costs:		Aggregate Factors:																		
Contacts:							Specific Deductible \$ 60,000						EE \$ 180.69		EE \$ 575.41																		
Executive Contact Penny Robinson pennyrobinson@mysebring.com							Aggregating Specific \$ 130,000						EE+SP \$ 388.69		EE+SP \$ 1,692.06																		
Administrative Contact Charlotte Mann charlottomann@mysebring.com							Specific Contract 12/15		Medical, RX				EE+CH \$ 388.69		EE+CH \$ 1,692.06																		
							Aggregate Contract 12/12		Medical, RX				EE+FAM \$ 388.69		EE+FAM \$ 1,692.06																		
											*Includes dental & Vision																						
2020 Plan		CENSUS				Fixed Cost		Claim Funding		Total Fixed Cost and Claim Liability				Claims Paid Out-Side the Contract Period		Ineligible Claims		Net Paid Claims Applicable to Claim Liability		Carrier Reimbursement		Funding Surplus/Deficit											
MO/YR		EE		EE+SP		EE+CH		EE+FAM		Monthly		Monthly		Monthly		Medical		RX		Dental		Vision		Tot Pd Claims									
10/20		98		30		15		22		\$ 43,749.85		\$ 169,758.20		\$ 213,508.05		\$ 131,189.03		\$ 29,278.54		\$ 5,431.57		\$ 1,254.57		\$ 167,153.71		\$ 139,631.08		\$ 120.00		\$ 27,402.63		\$ - \$ 142,355.57	
11/20		98		30		15		22		\$ 43,749.85		\$ 169,758.20		\$ 213,508.05		\$ 193,003.30		\$ 13,111.75		\$ 5,614.99		\$ 1,671.80		\$ 213,401.84		\$ 120,998.59		\$ 5,982.79		\$ 86,420.46		\$ - \$ 83,337.74	
12/20		96		29		14		22		\$ 42,611.09		\$ 165,223.26		\$ 207,834.35		\$ 252,576.79		\$ 54,682.58		\$ 5,699.58		\$ 2,341.39		\$ 315,300.34		\$ 82,749.68		\$ 8,148.76		\$ 224,401.90		\$ - \$ (59,178.64)	
1/21		104		25		14		18		\$ 40,947.09		\$ 156,290.06		\$ 197,237.15		\$ 159,797.68		\$ (1,261.26)		\$ 4,409.18		\$ 882.96		\$ 163,828.56		\$ 5,345.83		\$ 6,224.67		\$ 152,258.06		\$ - \$ 4,032.00	
2/21		102		25		14		18		\$ 40,585.71		\$ 155,139.24		\$ 195,724.95		\$ 59,460.41		\$ 33,418.81		\$ 4,492.64		\$ 314.60		\$ 97,686.46		\$ 1,322.10		\$ 4,807.24		\$ 91,557.12		\$ - \$ 63,582.12	
3/21		102		26		15		17		\$ 40,974.40		\$ 156,831.30		\$ 197,805.70		\$ 83,801.49		\$ 11,628.96		\$ 8,023.70		\$ 1,157.26		\$ 104,611.41		\$ 7,269.88		\$ 9,420.50		\$ 87,921.03		\$ - \$ 68,910.27	
4/21		107		26		15		17		\$ 41,877.85		\$ 159,708.35		\$ 201,586.20		\$ 147,967.79		\$ 40,106.80		\$ 5,926.75		\$ 1,764.39		\$ 195,765.73		\$ (543.11)		\$ 8,583.31		\$ 187,725.53		\$ - \$ (28,017.18)	
5/21		102		25		14		16		\$ 39,808.33		\$ 151,755.12		\$ 191,563.45		\$ 56,762.70		\$ 19,344.75		\$ 2,468.14		\$ 1,100.80		\$ 79,676.39		\$ 2,358.76		\$ 3,818.47		\$ 73,499.16		\$ - \$ 78,255.96	
6/21		101		25		14		16		\$ 39,627.64		\$ 151,179.71		\$ 190,807.35		\$ 66,803.66		\$ 16,911.46		\$ 5,801.01		\$ 1,280.18		\$ 90,796.31		\$ 7,685.64		\$ 83,110.67		\$ - \$ 68,069.04			
7/21		99		25		13		16		\$ 38,877.57		\$ 148,336.83		\$ 187,214.40		\$ 133,560.78		\$ 20,392.69		\$ 5,303.91		\$ 1,006.63		\$ 160,264.01		\$ 780.91		\$ 5,303.91		\$ 154,179.19		\$ - \$ (5,842.36)	
8/21		101		26		13		16		\$ 39,627.64		\$ 151,179.71		\$ 190,807.35		\$ 172,885.78		\$ 21,860.84		\$ 4,126.00		\$ 1,304.01		\$ 200,176.63		\$ 78.80		\$ 5,430.01		\$ 194,667.82		\$ - \$ (43,488.11)	
9/21		104		26		13		16		\$ 40,169.71		\$ 152,905.94		\$ 193,075.65		\$ 171,583.75		\$ 23,870.60		\$ 4,308.84		\$ 828.61		\$ 200,591.80		\$ 133.73		\$ 6,521.58		\$ 193,936.49		\$ 41,240.12 \$ 209.57	
Total		1214		318		169		216		\$ 492,606.73		\$ 1,888,065.92		\$ 2,380,672.65		\$ 1,629,393.16		\$ 283,346.52		\$ 61,606.31		\$ 14,907.20		\$ 1,989,253.19		\$ 360,126.25		\$ 72,046.88		\$ 1,557,080.06		\$ 48,480.52 \$ 379,466.38	

Plan Year: October 1, 2020 to September 30, 2021 (Incurred)
 October 1, 2020 to December 30, 2021 (Paid - Specific)
 October 1, 2020 to September 30, 2021 (Paid - Aggregate)



of Sebring 368 South Commerce Drive Sebring, FL 33870					Grp 501-2035	59	Carrier: Companion		Fixed Costs:				Aggregate Factors:					
Contacts: Executive Contact Penny Robinson pennyrobinson@mysebring.com Administrative Contact Charlotte Mann charlottomann@mysebring.com							Specific Deductible \$ 65,000 Aggregating Specific \$ 130,000 Specific Contract 12/15 Aggregate Contract 12/12	Medical, RX Medical, RX	Cigna Network EE \$ 185.85 EE+SP \$ 385.51 EE+CH \$ 385.51 EE+FAM \$ 385.51 *Includes dental & Vision				EE \$ 640.25 EE+SP \$ 1,859.61 EE+CH \$ 1,859.61 EE+FAM \$ 1,859.61					
2021 Plan	CENSUS				Fixed Cost	Claim Funding	Total Fixed Cost and Claim Liability	PAID CLAIMS					Claims Paid Out-Side the Contract Period	Ineligible Claims	Net Paid Claims Applicable to Claim Liability	Carrier Reimbursement	Funding Surplus/Deficit	
MO/YR	EE	EE+SP	EE+CH	EE+FAM	Monthly	Monthly	Monthly	Medical	RX	Dental	Vision	Tot Pd Claims						
10/21	100	26	13	16	\$ 39,788.05	\$ 166,303.55	\$ 206,091.60	\$ 78,180.86	\$ 23,760.43	\$ 6,415.37	\$ 437.50	\$ 108,794.16	\$ 85,526.17	\$ 2,562.97	\$ 20,705.02	\$ -	\$ 145,598.53	
11/21					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
12/21					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
1/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
2/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
3/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
4/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
5/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
6/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
7/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
8/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
9/22					\$ -	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	
Total	100	26	13	16	\$ 39,788.05	\$ 166,303.55	\$ 206,091.60	\$ 78,180.86	\$ 23,760.43	\$ 6,415.37	\$ 437.50	\$ 108,794.16	\$ 85,526.17	\$ 2,562.97	\$ 20,705.02	\$ -	\$ 145,598.53	
															Less pending reinsurance:		\$ -	
															Aggregate Status:		\$ 145,598.53	
Aggregate: Annual Attachment: \$1,995,643.00 Est Monthly Attahment Pt: \$166,304.00																		
***The carrier reserves the right to recalculate the agg. Deductible factors retroactively for the Policy Period if there is more than a 10% variance in enrollment Persons to be Covered: unless otherwise indicated and approved by the reinsurer, the policy covers Ees who are actively at work and dependents not hospital confined. This policy is not intended to cover persons who cannot meet a "normal life activity" requirement. Disabled persons are excluded unless disclosed and endorsed. **For illustrative purposes only, subject to final audit**																		
\$00.00 accrued towards \$130,000.00 specific corridor as of 10/31/21																		

Anchor Benefit Consulting, Inc.
Run: 11/24/2021 10:03 AM

Claims Over Specific Analysis Report

SPECRPTS

Oper No: 80
Page: 1

Specific: \$60,000.00
Corridor: \$130,000.00

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
Paid From 10/01/2019 To 12/31/2020
Incurred From 10/01/2019 To 09/30/2020
Effective Date of Plan: 10/1/1995

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
			0		\$48,570.45	\$0.00	\$0.00	\$0.00	\$0.00	81.0%
			0		\$39,647.85	\$0.00	\$0.00	\$0.00	\$0.00	66.1%
			0		\$101,276.65	\$41,276.65	(\$41,276.65)	\$0.00	(\$1,335.37)	168.8%
					Amount Reimbursed Includes Out of Contract Amount:		(\$1,335.37)			
			0		\$35,142.07	\$0.00	\$0.00	\$0.00	\$0.00	58.6%
			0		\$63,231.88	\$3,231.88	(\$3,231.88)	\$0.00	(\$3,231.88)	105.4%
					Amount Reimbursed Includes Out of Contract Amount:		(\$3,231.88)			
			0		\$201,891.20	\$141,891.20	(\$144,573.98)	\$0.00	(\$79,107.03)	336.5%
					Amount Reimbursed Includes Out of Contract Amount:		(\$76,424.25)			
			0		\$111,129.57	\$51,129.57	(\$53,367.10)	\$0.00	(\$3,275.38)	185.2%
					Amount Reimbursed Includes Out of Contract Amount:		(\$1,037.85)			
			0		\$207,569.75	\$147,569.75	(\$17,569.75)	\$0.00	\$129,822.98	345.9%
					Amount Reimbursed Includes Out of Contract Amount:		(\$177.02)			
Group: 59 Totals			8 Claimants		\$808,459.42	\$385,099.05	(\$260,019.36)	\$0.00	\$42,873.32	
Master Group: 59 Totals			8 Claimants		\$808,459.42	\$385,099.05	(\$260,019.36)	\$0.00	\$42,873.32	
Over Specific: \$385,099.05					- Specific Corridor: \$130,000.00	- Amount Reimbursed: \$260,019.36	= Net Due: (\$4,920.31)			

Anchor Benefit Consulting, Inc.
Run: 11/24/2021 10:03 AM

Claims Over Specific Analysis Report

SPECRPTS

Oper No: 80

Page: 2

Specific: \$60,000.00
Corridor: \$130,000.00

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
Paid From 10/01/2019 To 12/31/2020
Incurred From 10/01/2019 To 09/30/2020
Effective Date of Plan: 10/1/1995

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
Report Total		8 Claimants			\$808,459.42	\$385,099.05	(\$260,019.36)	\$0.00	\$42,873.32	

Net Due: \$255,099.05

***** End of Report *****

Claims Over Specific Analysis Report

SPECRPTS

Oper No: 80

Page: 3

Specific: \$60,000.00
Corridor: \$130,000.00

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
Paid From 10/01/2019 To 12/31/2020
Incurred From 10/01/2019 To 09/30/2020
Effective Date of Plan: 10/1/1995

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
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Report Selection Criteria

Report Type **Specific Claims Analysis Report**

Select

<input type="radio"/> All Groups	<input checked="" type="radio"/> Group Number	<input type="radio"/> Group Range
<input checked="" type="checkbox"/> Master Group	Group No <input type="text" value="59"/>	Thru <input type="text" value=""/>
<input type="checkbox"/> Location	<input type="text" value=""/>	
<input type="checkbox"/> Employee	<input type="text" value=""/>	
<input type="checkbox"/> Dependent	<input type="text" value=""/>	
<input checked="" type="checkbox"/> Percent of Specific	<input type="text" value="50"/>	
<input type="checkbox"/> Amount of Specific	<input type="text" value="0.00"/>	
<input type="checkbox"/> Through Date	<input type="text" value=""/>	
<input type="checkbox"/> Include Open Claims		
<input type="checkbox"/> Omit Lasered Employee / Dependents		
<input type="checkbox"/> Multi-Group Spec		
<input type="checkbox"/> Include Diagnostic Description		
Contract Year <input type="text" value="2019"/>	<input type="checkbox"/> Override Contract Dates	
	From <input type="text" value=""/>	Thru <input type="text" value=""/>
Incurred <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Paid <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Listing Options

<input type="checkbox"/> List Claims	From <input type="text" value=""/>	Thru <input type="text" value=""/>
<input type="checkbox"/> Print Master Group Summary Only	<input type="checkbox"/> Summarize Claims Not Subject To Specific	
<input type="checkbox"/> Summarize By Claim	<input type="checkbox"/> Include Reinsurance In Listing	
<input type="checkbox"/> Summarize By Location	<input type="checkbox"/> Include Diag Codes In Listing	
	<input checked="" type="checkbox"/> Suppress SSN	
	<input type="checkbox"/> Print Summary By Month	

Anchor Benefit Consulting, Inc.
Run: 11/24/2021 10:04 AM

Claims Over Specific Analysis Report

SPECRPTS

Oper No: 80
Page: 1

Specific: \$65,000.00
Corridor: \$130,000.00

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
CITY OF SEBRING BASE HDHP (Group: 61)
Paid From 10/01/2021 To 09/30/2022
Incurred From 10/01/2021 To 09/30/2022
Effective Date of Plan: 1/1/2021

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
			0		\$68,207.56	\$3,207.56	\$0.00	\$3,207.56	\$0.00	104.9%
Group: 61 Totals			1 Claimants		\$68,207.56	\$3,207.56	\$0.00	\$3,207.56	\$0.00	
Master Group: 59 Totals			1 Claimants		\$68,207.56	\$3,207.56	\$0.00	\$3,207.56	\$0.00	
Over Specific: \$3,207.56		- Specific Corridor: \$130,000.00		- Amount Reimbursed: \$0.00		= Net Due: (\$126,792.44)				
Report Total			1 Claimants		\$68,207.56	\$3,207.56	\$0.00	\$3,207.56	\$0.00	
		Net Due: (\$126,792.44)								

***** End of Report *****

Anchor Benefit Consulting, Inc.
Run: 11/24/2021 10:04 AM

Specific: \$65,000.00
Corridor: \$130,000.00

Claims Over Specific Analysis Report

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
CITY OF SEBRING BASE HDHP (Group: 61)
Paid From 10/01/2021 To 09/30/2022
Incurred From 10/01/2021 To 09/30/2022
Effective Date of Plan: 1/1/2021

SPECRPTS

Oper No: 80

Page: 2

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
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Report Selection Criteria

Report Type **Specific Claims Analysis Report**

Select

☐ All Groups

☒ Group Number

☐ Group Range

☒ Master Group

Group No **59**

Thru

☐ Location

☐ Employee

☐ Dependent

☒ Percent of Specific

50

☐ Amount of Specific

0.00

☐ Through Date

//

☐ Include Open Claims

☐ Omit Lasered Employee / Dependents

☐ Multi-Group Spec

☐ Include Diagnosis Description

Contract Year **2021**

☐ Override Contract Dates

From

Thru

Incurred

//

//

Paid

//

//

Listing Options

☐ List Claims

From **//**

Thru **//**

☐ Print Master Group Summary Only

☐ Summarize By Claim

☐ Summarize Claims Not Subject To Specific

☐ Include Reinsurance In Listing

☐ Include Diag Codes In Listing

☒ Suppress SSN

Anchor Benefit Consulting, Inc.
Run: 11/24/2021 09:58 AM

Claims Over Specific Analysis Report

SPECRPTS

Oper No: 80

Page: 1

Specific: \$60,000.00
Corridor: \$130,000.00

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
Paid From 10/01/2020 To 12/31/2021
Incurred From 10/01/2020 To 09/30/2021
Effective Date of Plan: 10/1/1995

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
			0		\$61,276.23	\$1,276.23	\$0.00	\$204.38	\$1,071.85	102.1%
			0		\$76,975.56	\$16,975.56	(\$16,342.15)	\$0.00	\$633.41	128.3%
			0		\$81,036.90	\$21,036.90	(\$20,936.34)	\$0.00	\$100.56	135.1%
			0		\$230,061.09	\$170,061.09	(\$53,389.01)	\$0.00	\$116,672.08	383.4%
			0		\$62,029.64	\$2,029.64	\$0.00	\$1,353.12	\$676.52	103.4%
			0		\$35,916.26	\$0.00	\$0.00	\$0.00	\$0.00	59.9%
			0		\$43,555.25	\$0.00	\$0.00	\$0.00	\$0.00	72.6%
			0		\$38,364.95	\$0.00	\$0.00	\$0.00	\$0.00	63.9%
Group: 59 Totals			8 Claimants		\$629,215.88	\$211,379.42	(\$90,667.50)	\$1,557.50	\$119,154.42	
Master Group: 59 Totals			8 Claimants		\$629,215.88	\$211,379.42	(\$90,667.50)	\$1,557.50	\$119,154.42	
Over Specific: \$211,379.42			- Specific Corridor: \$130,000.00		- Amount Reimbursed: \$90,667.50		= Net Due: (\$9,288.08)			
Report Total			8 Claimants		\$629,215.88	\$211,379.42	(\$90,667.50)	\$1,557.50	\$119,154.42	
Net Due: \$81,379.42										

***** End of Report *****

Anchor Benefit Consulting, Inc.
Run: 11/24/2021 09:58 AM

Claims Over Specific Analysis Report

SPECRPTS

Oper No: 80

Page: 2

Specific: \$60,000.00
Corridor: \$130,000.00

CITY OF SEBRING MED PREMIUM PLAN (Master Group: 59)
Paid From 10/01/2020 To 12/31/2021
Incurred From 10/01/2020 To 09/30/2021
Effective Date of Plan: 10/1/1995

Percent of Specific: 50%
Contract: Paid & Incurred Basis

Insured	Claimant	Emp	Loc	Social Security	Amount Paid	Amount Over Specific	Amount Reimbursed	Amount Open Current Month	Amt Open Previous	% of
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Report Selection Criteria

Report Type **Specific Claims Analysis Report**

Select

☐ All Groups

☒ Group Number

☐ Group Range

☒ Master Group

Group No

☐ Location

☐ Employee

☐ Dependent

☒ Percent of Specific

☐ Amount of Specific

☐ Through Date

☐ Include Open Claims

☐ Omit Lasered Employee / Dependents

☐ Multi-Group Spec

☐ Include Diagnosis Description

Contract Year

☐ Override Contract Dates

Incurred From Thru
Paid

Listing Options

☐ List Claims

From

Thru

☐ Print Master Group Summary Only

☐ Summarize By Claim

☐ Summarize By Location

☐ Summarize Claims Not Subject To Specific

☐ Include Reinsurance In Listing

☐ Include Diag Codes In Listing

☒ Suppress SSN

☐ Exclude SSN with AKA