

## REPORTS REQUIRED FOR AGGREGATE

1. Monthly participation and claims paid (by line of coverage) versus monthly aggregate attachment (Loss Ratio Report).
2. Year-to-date detailed paid claims report itemized by check, **subtotaled by claimant**.
3. Previous year's Individual Stop Loss Report at 100% level (if previous year's specific had advancement or 90 day run out.)

Include paid claims report for each individual identified.

If current year's aggregate is Incurred & Paid, previous year Individual Stop-Loss Report is not necessary.

4. Voids and refunds not accounted for in paid claims report. Submit copies of overpayment letters for pending recoveries.
5. Listing of claims processed during the plan year for which checks have not been released and/or funded if applicable.
6. Enrollment and eligibility reports for all covered employees and dependents. The report should include participant(s), dates of hire, effective dates of coverage, dates of termination. Retroactive additions and terminations should be calculated back to the month they occur.
7. Proof of required funding (i.e. bank statement, or funding statement). Monthly statements should include one month following the contract expiration date.
8. Monthly check registers for each month of the policy contract.
9. A benefit analysis report in summary format for the policy period, showing payments for out-of-contract or extra contractual claims, PPO fees, medical records payments, and other administrative fees.
10. If applicable, monthly itemized billing statements, by claimant, from prescription card vendor.
11. Policyholder's monthly stop-loss premium billing statements.