



EDW Underwriting Reporting

Premium & Claims Summary Report – Paid Basis

Parameter Name	Parameter Values	Parameter Description
Customer	704060	NORTHERN KENTUCKY UNIVERSITY
Platform	EM	METAVANCE
Type of Customer	ENTERPRISE	CUSTOMER AND PLATFORM ABOVE ARE ENTERPRISE-LEVEL FIELDS
Auto Cross-Reference	YES	SELECT ALL SOURCE CUSTOMERS IN THE ENTERPRISE CUSTOMER
Division	BLANK	ALL SOURCE DIVISION IDS
Benefit ID	BLANK	ALL SOURCE CUSTOMER BENEFIT IDS
From Date	10-01-2019	
To Date	09-30-2021	
As Of Date	11-30-2021	
Reporting Level	ENT CUST	ENTERPRISE CUSTOMER
Product Line Codes	MEDICAL (Only product line code of Medical)	
Financial Product Codes	Display all Separately	



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Enterprise Platform: EM	Platform: ALL SRC PLATFORMS SELECTED	Financial Product: ASO
Ent Platform Name: METAVANCE	Customer: ALL SRC CUSTOMERS SELECTED	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: ALL SRC BENEFIT IDS SELECTED	Reporting Level: ENT CUST
Src Platform Name: ALL SOURCE PLATFORMS SELECTED	Group Number: ALL SRC CUSTOMERS SELECTED	From Date: 10-01-2019
Src Customer Name: ALL SOURCE CUSTOMERS SELECTED	MTV Ben/CAS Subgrp: ALL SRC BENEFIT IDS SELECTED	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

*****SUBSCRIBER COVERAGE TYPES ******

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2019	628	191	150	277	1,246	2,505	36,075	1,410,171	491,731	1,901,902
11-2019	626	190	152	276	1,244	2,502	36,016	1,033,503	460,756	1,494,259
12-2019	626	189	151	273	1,239	2,491	35,872	1,255,299	494,082	1,749,381
01-2020	623	199	152	269	1,243	2,501	54,761	828,944	-22,940	806,004
02-2020	627	196	148	269	1,240	2,490	54,585	869,541	0	869,541
03-2020	627	195	149	272	1,243	2,504	54,717	930,556	-280	930,276
04-2020	626	196	152	272	1,246	2,510	54,849	1,094,824	-1,240	1,093,585
05-2020	627	197	151	277	1,252	2,529	55,113	956,253	0	956,253
06-2020	625	195	151	278	1,249	2,525	54,981	1,078,117	-93	1,078,024
07-2020	615	190	152	271	1,228	2,479	54,057	1,178,711	0	1,178,711
08-2020	613	193	156	269	1,231	2,490	54,189	1,179,329	-5,111	1,174,219
09-2020	616	198	155	265	1,234	2,488	54,321	853,418	0	853,418
	7,479	2,329	1,819	3,268	14,895	30,014	599,533	12,668,666	1,416,906	14,085,572

Total Cost PMPM*: 469.30
Premium PMPM: 19.98

*****SUBSCRIBER COVERAGE TYPES ******

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Total Cost*
10-2020	625	198	160	273	1,256	2,538	55,333	1,069,072	-267	1,068,805
11-2020	623	198	157	269	1,247	2,513	-440	1,125,258	0	1,125,258
12-2020	625	194	158	269	1,246	2,509	54,849	1,352,200	0	1,352,200
01-2021	632	193	158	274	1,257	2,528	55,333	987,863	0	987,863
02-2021	634	191	156	277	1,258	2,535	55,377	1,103,204	0	1,103,204
03-2021	635	192	155	276	1,258	2,536	55,377	1,215,507	0	1,215,507
04-2021	636	190	154	276	1,256	2,527	55,333	995,694	0	995,694
05-2021	630	190	156	275	1,251	2,518	55,069	794,670	0	794,670
06-2021	630	187	157	279	1,253	2,528	55,157	1,018,118	0	1,018,118
07-2021	622	179	161	271	1,233	2,485	54,277	1,009,309	0	1,009,309
08-2021	617	175	161	272	1,225	2,474	53,925	1,058,996	0	1,058,996
09-2021	607	175	159	274	1,215	2,467	53,484	1,638,623	0	1,638,623
	7,516	2,262	1,892	3,285	14,955	30,158	603,074	13,368,513	-267	13,368,246

Total Cost PMPM*: 443.27
Premium PMPM: 20.00



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Enterprise Platform: EM	Platform: ALL SRC PLATFORMS SELECTED	Financial Product: HMOC
Ent Platform Name: METAVANCE	Customer: ALL SRC CUSTOMERS SELECTED	Type of Customer: ENTERPRISE
Enterprise Customer: 704060	MTV Div/CI Class: ALL SRC DIVISIONS SELECTED	Auto Cross-Ref: YES
Ent Customer Name: NORTHERN KENTUCKY UNIVERSITY	Benefit Plan: ALL SRC BENEFIT IDS SELECTED	Reporting Level: ENT CUST
Src Platform Name: ALL SOURCE PLATFORMS SELECTED	Group Number: ALL SRC CUSTOMERS SELECTED	From Date: 10-01-2019
Src Customer Name: ALL SOURCE CUSTOMERS SELECTED	MTV Ben/CAS Subgrp: ALL SRC BENEFIT IDS SELECTED	To Date: 09-30-2021
Division Name: ALL SOURCE DIVISIONS SELECTED	Product Line: MEDICAL	As of Date: 11-30-2021

*****SUBSCRIBER COVERAGE TYPES ******

Date	EE Only	EE + Sp	EE + Ch	Family	Total	Members	Premium	Medical*	RX*	Med & Rx Total*
08-2020	0	0	0	0	0	0	0	-9,979	0	-9,979
09-2020	0	0	0	0	0	0	0	-68	0	-68
	0	0	0	0	0	0	0	-10,047	0	-10,047
								IBNR:		-204
								Total Cost PMPM*:		0.00
								Premium PMPM:		0.00