State of Arkansas



ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"



ARKANSAS STATE POLICE COMMISSION

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August 6, 2013

Senator Paul Bookout Representative John Charles Edwards Co- chairmen Arkansas Legislative Council 315 State Capitol Little Rock, AR. 72201

Dear Senator Bookout and Representative Edwards:

Per Act 1422 of 2001, Section 17, the Department of Arkansas State Police shall report monthly to the Governor, the Chief Fiscal Officer of the State, and to the Arkansas Legislative Council or Joint Budget Committee regarding the activity and condition of the Uniformed Employee Health Insurance Plan.

Enclosed is the report for the month ending 7/31/13. If you have any further questions, please contact this office at 501-618-8720.

Thank you.

Sincerely,

Mike Kennedy,42.
Acting Commander

Administrative Services Division

Arkansas State Police Uniformed Health Plan Fund Balance-July 2013

	MONTH END	ACTUAL			
DESCRIPTION	7/31/13	YEAR TO DATE			
BEGINNING FUND BALANCE:	\$4,684,323.63	\$4,763,465.18			
PLUS RECEIPTS:					
Active Employees	548,964.00	3,691,374.00			
Active Dental/Vision	53,458.28	302,464.67			
Retirees	108,560.52	761,593.08			
COBRA	1,694.20	9,862.93			
Act 1500 DL Fees	234,839.19	1,692,249.34			
Refunds & Voids	4,014.80	26,630.99			
Interest Earned	738.43	4,087.69			
Other-Stop Loss	0.00	63,650.86			
Other-Retiree Drug Subsidy	26,405.15	172,411.15			
Other-Drug Card Rebate	0.00	101,187.97			
Other-LWOP Premiums	1,228.37	1,228.37			
Other-Suspension Premiums	0.00	2,195.17			
SUBTOTAL RECEIPTS:	<u>979,902.94</u>	6,828,936.22			
FUND BALANCE AVAILABLE:	\$5,664,226.57	<u>\$11,592,401.40</u>			
LESS DISBURSEMENTS:					
Health, Dental & Vision Claims	887,832.70	6,046,625.98			
Reinsurance Premiums	58,639.91	468,459.94			
UMR Administration/LDIRx	31,710.26	308,961.46			
Delta Dental Admin.	3,493.24	24,307.78			
DataPath Admin.	817.50	5,760.00			
Part D Advisors	6,601.29	43,102.81			
Miscellaneous/Refunds	0.00	5551.76			
Other-	0.00	14,500.00			
SUBTOTAL DISBURSEMENTS:	<u>\$989,094.90</u>	<u>\$6,917,269.73</u>			
ENDING FUND BALANCE:	\$4,675,131.67	\$4,675,131.67			
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00			
TOTAL FUND BALANCE	\$9,675,131.67	\$9,675,131.67			

MOVD	Der	ntal/Visio	n Employ	/ees	Day	tal Claima Daid	V:-:	ian Claima Baid	Total Claims Paid		
MO/YR	EE	ES	EC	FAM	Der	ntal Claims Paid	VIS	ion Claims Paid			
JAN	154	208	58	254	\$	47,774.06	\$	7,960.80	\$	55,734.86	
FEB	153	207	58	253	\$	36,623.10	\$	6,060.80	\$	42,683.90	
MAR	153	207	58	252	\$	39,293.92	\$	4,423.83	\$	43,717.75	
APR	154	207	57	250	\$	48,302.07	\$	3,042.90	\$	51,344.97	
MAY	152	209	55	249	\$	38,184.82	\$	5,848.00	\$	44,032.82	
JUN	152	210	54	249	\$	39,628.27	\$	4,069.53	\$	43,697.80	
JUL	152	208	54	248	\$	54,244.04	\$	6,298.88	\$	60,542.92	
AUG											
SEP											
OCT											
NOV											
DEC											
Totals					\$	304,050.28	\$	37,704.74	\$	341,755.02	





2013 Total Med/Rx

Final Aggregate Reimbursements will be calculated based on actual monthly employee counts and each client's contract basis, as audited at the end of the contract period.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	Medical/RX Employees																			
								Total					Monthly	LDI RX		Total				
						UMR	LDI RX	Combined	Exclusions	Addl Fees	Specific	Specific	Eligible	Card	UMR	Combined				Total
						Medical	Card	Med/RX	under	Eligible for	Claims	Claims	Aggregate	Admin	Admin	Admin	Specific	Aggregate	Total	Medical/Fixed
MO/YR	S	ES	EC	F	Stop Loss Point	Claims	Claims	Claims	Aggregate	Aggregate	Requested	Received	Claims	Fees	Fees	Fees	Cost	Cost	Fixed Cost	Cost
13-Jan	252	314	68	434	1,050,901	431,157	247,996	679,153	0	0	0	0	680,651	9,648	26,241	35,889	51,466	3,973	55,439	770,480
13-Feb	262	316	67	447	1,068,816	448,342	240,254	688,596	0	0	0	0	703,385	8,537	26,830	35,367	52,460	4,062	56,522	780,486
13-Mar	260	316	67	449	1,069,977	470,015	245,707	715,722	0	0	0	0	744,737	8,972	26,830	35,802	52,535	4,062	56,597	808,121
13-Apr	263	313	65	448	1,066,925	672,571	242,205	914,776	0	0	0	0	929,996	9,008	26,757	35,764	52,251	4,051	56,302	1,006,842
13-May	257	315	66	446	1,064,172	629,433	266,146	895,579	0	0	0	0	884,531	9,579	26,634	36,213	52,191	4,032	56,223	988,015
13-Jun	254	315	67	446	1,064,138	523,149	230,421	753,570	0	0	0	0	779,829	8,214	26,585	34,799	52,189	4,025	56,214	844,583
13-Jul	255	315	64	448		454,366	255,286	709,652	0	0	0	0		9,185	26,585	35,769	52,152	4,025	56,177	801,598
13-Aug								-	0	0	0	0			0	0	0	0	0	0
13-Sep								1	0	0	0	0			0	0	0	0	0	0
13-Oct								-	0	0	0	0			0	0			0	0
13-Nov								-	0	0	0	0			0	0			0	0
13-Dec								-	0	0	0	0			0	0			0	0
Laser	0	0	0	C																
TOTALS:		·	•	•	6,384,930	3,629,033	1,728,015	5,357,047	0	0	0	0	4,723,128	63,142	186,462	249,604	365,242	28,231	393,473	6,000,124

Less Total Specific Reimbursements to date

Total Plan Costs: 6,000,124

AGGREGATE STOP LOSS FACTORS
AGGREGATE PREMIUM (MED & RX)
SPECIFIC PREMIUM (\$200,000 ded with \$140,000 Aggregating Specific)

\$398.15 Family \$1,161.13 Specific

Single

19.55 57.01

Laser 1 525,000 Agg 3.76