



**Asa Hutchinson**  
Governor

## State of Arkansas

# ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 [www.asp.arkansas.gov](http://www.asp.arkansas.gov)

*"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"*



**William J. Bryant**  
Director

March 10, 2016

**ARKANSAS  
STATE POLICE  
COMMISSION**

Frank Guinn, Jr.  
Vice-Chairman  
*Paragould*

Dr. Lewis Shepherd  
Secretary  
*Arkadelphia*

John Allison  
*Conway*

Bob Burns  
*Little Rock*

Jane Dunlap Christenson  
*Harrison*

Neff Basore  
*Bella Vista*

Bill Benton  
*Heber Springs*

Senator Bill Sample  
Representative David L. Branscum  
Co-chairmen  
Arkansas Legislative Council  
315 State Capitol  
Little Rock, AR. 72201

Dear Senator Sample and Representative Branscum:

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 month ending 2/29/16. If you have any further questions, please contact this office at 501-618-8720.

Thank you

Sincerely,

Captain Mike Kennedy  
Administrative Services Division

**Arkansas State Police Uniformed Health Plan**  
**Fund Balance-February 2016**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
<b>BEGINNING FUND BALANCE:</b>	<b>\$1,967,276.10</b>	<b>\$2,219,014.30</b>
<b>PLUS RECEIPTS:</b>		
Active Employees	582,910.00	1,165,820.00
Active Dental/Vision	37,241.79	74,794.84
Retirees	124,774.77	250,297.30
COBRA	663.09	1,326.18
Act 1500 DL Fees	211,132.92	476,488.00
Refunds & Voids	0.00	186.00
Interest Earned	623.40	1,389.96
Other-Stop Loss		208,204.68
Other-Retiree Drug Subsidy	17,507.06	35,304.70
Other-Drug Card Rebate	55,951.16	55,951.16
Other-LWOP Premiums	0.00	0.00
Other-Suspension Premiums	0.00	210.10
Other-Additional Premiums	1,105.36	1,105.36
<b>SUBTOTAL RECEIPTS:</b>	<b><u>1,031,909.55</u></b>	<b><u>2,271,078.28</u></b>
<b>FUND BALANCE AVAILABLE:</b>	<b><u>\$2,999,185.65</u></b>	<b><u>\$4,490,092.58</u></b>
<b>LESS DISBURSEMENTS:</b>		
Health, Dental & Vision Claims	1,315,269.36	2,553,312.95
Reinsurance Premiums	74,171.56	149,264.78
QualChoice/LDIRX	30,975.00	62,198.00
Delta Dental Admin.	4,247.02	8,339.64
DataPath Admin.	855.00	1,711.50
Part D Advisors	4,376.77	8,826.18
Miscellaneous-Premium Refund	0.00	145.84
Other-Hatcher Agency	0.00	0.00
Other-Transitional Reinsurance Fee	0.00	133,144.00
Other-Professional Svc(GASB report)	0.00	0.00
Other-Hodges/Mace Admin	0.00	3,858.75
<b>SUBTOTAL DISBURSEMENTS:</b>	<b><u>\$1,429,894.71</u></b>	<b><u>\$2,920,801.64</u></b>
<b>ENDING FUND BALANCE:</b>	<b><u>\$1,569,290.94</u></b>	<b><u>\$1,569,290.94</u></b>
<b>CERTIFICATES OF DEPOSIT</b>	<b>\$5,000,000.00</b>	<b>5,000,000.00</b>
<b>TOTAL FUND BALANCE</b>	<b><u>\$6,569,290.94</u></b>	<b><u>\$6,569,290.94</u></b>

**Arkansas State Police Uniformed Health Plan  
Fund Balance-February 2016**

**ACT 1500 Revenue Summary**

TOTAL ACT1500 REVENUE FOR THE MONTH :	01/31/2016	\$0.00
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$211,132.92
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$211,132.92
 CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		 \$211,132.92
 <i>PROJECTED HOLDING BY 12/31/2016</i>		 <i>\$3,000,000.00</i>
<i>REMAINING HOLDING TO COLLECT FOR CY16</i>		<i>\$2,788,867.08</i>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	182	205	64	272	\$ 51,084.09	\$ 6,330.00	\$ 57,414.09
FEB	181	208	64	271	\$ 50,289.62	\$ 6,454.41	\$ 56,744.03
MAR							
APR							
MAY							
JUN							
JUL							
AUG							
SEP							
OCT							
NOV							
DEC							
<b>Totals</b>	<b>181.5</b>	<b>206.5</b>	<b>64</b>	<b>271.5</b>	<b>\$ 101,373.71</b>	<b>\$ 12,784.41</b>	<b>\$ 114,158.12</b>



Arkansas State Police  
2016 Total Medical & RX Cash Flow Report  
"Paid" Reporting

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	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Medical/RX Employees																				
MO/YR	S	ES	EC	F	QualChoice Claims	LDI RX Card Claims	Total Combined Med/RX Claims	Exclusions under Aggregate	Addl Fees Eligible for Aggregate	Specific Claims Requested	Specific Claims Received	Monthly Eligible Aggregate Claims	Monthly Attachment Point	LDI RX Card Admin Fees	QualChoice Admin Fees	Total Combined Admin Fees	Specific Cost	Aggregate Cost	Total Fixed Cost	Total Medical/Fixed Cost
16-Jan	239	357	72	462	\$ 749,130.77	\$ 252,687.59	\$ 1,001,818.36	\$ -	\$ -	\$ -	\$ -	\$ 1,001,818.36	\$ 1,249,528.97	\$ 22,800.00	\$ 31,223.00	\$ 54,023.00	\$ 68,398.60	\$ 6,649.20	\$ 75,047.80	\$ 1,130,889.16
16-Feb	242	359	71	458	\$ 1,084,432.42	\$ 269,376.66	\$ 1,353,809.08	\$ -	\$ -	\$ -	\$ -	\$ 1,353,809.08	\$ 1,247,396.36	\$ 23,600.00	\$ 30,975.00	\$ 54,575.00	\$ 67,557.58	\$ 6,613.98	\$ 74,171.56	\$ 1,482,555.64
16-Mar							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Apr							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-May							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Jun							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Jul							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Aug							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Sep							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Oct							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Nov							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16-Dec							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS:					\$ 1,833,563.19	\$ 522,064.25	\$ 2,355,627.44	\$ -	\$ -	\$ -	\$ -	\$ 2,355,627.44	\$ 2,496,925.33	\$ 46,400.00	\$ 62,198.00	\$ 108,598.00	\$ 135,956.18	\$ 13,263.18	\$ 149,219.36	\$ 2,613,444.80
Less Total Specific Reimbursements to date																				\$ -
Total Plan Costs:																				\$ 2,613,444.80

**Specific Contract:** 24/12 Medical & RX  
Specific Deductible: \$ 210,000.00 EO: \$ 21.33  
Aggregating Specific: \$ 140,000.00 EF: \$ 70.73

**Aggregate Contract:** 24/12 Medical & RX  
Aggregate Premium: \$ 5.87 EO: \$ 545.26  
EF: \$ 1,256.13

**Specific Reimbursements:**  
Member 1 \$ -  
Member 2 \$ -  
Member 3 \$ -

**Lasers:**  
Laser 1 \$ 300,000.00 (contingent) Minimum Attachment Point:  
Laser 2 \$ 450,000.00 (contingent) \$ 14,994,347.64  
Laser 3 \$ 525,000.00

**Year to Date Loss Ratio:** 15.71%

\*The Exclusions under Aggregate are the claims above \$210,000 for those members who are lasered and any Aggregating Specific amount.