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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Nashville

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Senator Mary Anne Salmon Representative Tommy Lee Baker Co-chairmen Arkansas Legislative Council 315 State Capitol Little Rock, AR 72201

Dear Senator Salmon and Representative Baker:

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 4/30/11. If you have any further questions, please contact this office at 501-618-8720.

Thank you.

Sincerely,

Kathy D. Sparks, Major

Administrative Services Division

thy J. Sparks

KS/ba

Arkansas State Police Uniformed Employee Health Plan April 2011

DESCRIPTION		MONTH END 4/30/11	ACTUAL YEAR TO DATE
BEGINNING FUND BALAN	ICE:	\$4,684,914.72	\$4,092,252.21
PLUS RECEIPTS:			
	ve Employees	518,520.00	2,074,080.00
	ve Dental/Vision	72,308.73	179,196.81
Retir	rees	103,656.24	412,652.46
COB	BRA	1,397.51	5,101.43
Act 1	1500 DL Fees	278,235.68	990,760.14
Refu	ınds & Voids	9,495.23	21,032.86
Inter	est Earned	2,096.92	6,200.23
	er-Retiree Drug		
	sidy/Reimbursements/	40 455 07	170 224 72
Reba	ates er-Stop	19,455.97	170,334.73
	/Suspension premium	215,725.71	406,687.89
SUBTOTAL RECEIPTS:		1,220,891.99	4,266,046.55
FUND BALANCE AVAILAB	BLE:	5,905,806.71	<u>\$8,358,298.76</u>
LESS DISBURSEMENTS:			
Heal	th Claims	1,044,401.81	3,201,682.68
Rein	surance Premiums	45,535.66	182,102.01
UMF	R Administration/LDIRx	33,712.45	133,994.20
UMF	R Discount Recovery		0.00
Delta	a Dental Admin.	3,239.99	12,650.73
Data	Path Admin.	799.50	3,178.50
Part	D Advisors	4,863.99	34,309.91
Othe	er		15,290.00
Misc	ellaneous/Refunds	303.40	2,140.82
SUBTOTAL DISBURSEME	NTS:	1,132,856.80	<u>3,585,348.85</u>
ENDING FUND BALANCE:	;	\$4,772,949.91	\$4,772,949.91
CERTIFICATES OF DEPOS TOTAL FUND BALANCE	SIT	3,000,000.00 \$ 7,772,949.91	3,000,000.00 \$7,772,949.91

MO/YR		Dental/Visio	n Employee	s	Don	tal Claims Paid	Vision Claims Paid		Total Claima Daid		
	EE	ES	EC	FAM	Den	iai Ciaims Paid	VISIO	i Cialins Palu	Total Claims Paid		
JAN	130	207	51	270	\$	42,984.27	\$	4,983.90	\$	47,968.17	
FEB	127	205	48	270	\$	28,539.73	\$	6,486.00	\$	35,025.73	
MAR	129	202	48	272	\$	43,145.22	\$	6,657.90	\$	49,803.12	
APR	128	203	47	273	\$	55,690.98	\$	4,418.95	\$	60,109.93	
MAY									\$	-	
JUN									\$	-	
JUL									\$	-	
AUG									\$	-	
SEP									\$	-	
OCT									\$	-	
NOV									\$	-	
DEC									\$	-	
Totals					\$	170,360.20	\$	22,546.75	\$	192,906.95	





ARKANSAS STATE POLICE

2011 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 per

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
	Med	ical/RX	Employ	/ees																		
Ī									Total					Monthly	LDI RX			Total				
						UMR	Coresource	LDI RX	Combined	Exclusions	Addl Fees	Specific	Specific	Eligible	Card	UMR	CoreSource	Combined			Total	Total
					Stop Loss	Medical	Run Off	Card	Med/RX	under	Eligible for	Claims	Claims	Aggregate	Admin	Admin	Run off	Admin	Specific	Aggregate	Fixed	Medical/Fixed
MO/YR	S	ES	EC	F	Point	Claims	Claims	Claims	Claims	Aggregate	Aggregate	Requested	Received	Claims	Fees	Fees	Admin Fees	Fees	Cost	Cost	Cost	Cost
11-Jan		332	68	415	1,129,889	565,804	0	219,041	784,845	0	9,268	0	0	798,946	9,467	23,603	0	33,070	41,596	3,117	44,713	862,62
11-Feb	224	335	67	429	1,155,310	349,727	0	244,931	594,658	0	6,170	0	0	607,617	9,874	24,087	0	33,961	42,620	3,165	45,785	674,404
11-Mar	237	328	67	430	1,148,611	405,821	0	213,244	619,065	0	0	0	0	628,065	9,000	25,251	0	34,251	42,862	3,186	46,048	699,364
11-Apr	236	329	65	435	1,153,246	725,728	0	226,423	952,151						9,644	24,048	0	33,692	42,572	3,195	45,767	1,031,610
11-May																						
11-Jun																						
11-Jul																						
11-Aug																						
11-Sep																						
11-Oct																						
11-Nov																						
11-Dec											ĺ											
OTALS:					4,587,056	2.047.079	0	903,639	2,950,718	0	15,438	0	0	2,034,628	37,985	96,989	0	134,974	169,650	12,663	182,313	3,268,005

Less Total Specific Reimbursements to date
Total Plan Costs: 3,268,005

AGGREGATE STOP LOSS FACTORS
AGGREGATE PREMIUM (MED & RX)
SPECIFIC PREMIUM (\$175,000 ded with \$140,000 Aggregating Specific)

Laser #1 250,000 Laser #2 425,000

\$434.59 Single \$ 3.00 Per Employee \$15.49 Single

\$1,267.41 Family

\$45.15 Family