

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"*



**Asa Hutchinson**  
Governor

**William J. Bryant**  
Director

ARKANSAS  
STATE POLICE  
COMMISSION

Bob Burns  
Chairman  
*Little Rock*

Jane Dunlap Christenson  
Vice-Chairman  
*Harrison*

Neff Basore  
Secretary  
*Bella Vista*

Bill Benton  
*Heber Springs*

Stephen Edwards  
*Marianna*

Jeffery Teague  
*El Dorado*

John Allison  
*Conway*

February 13, 2019

Senator Larry Teague  
Representative Lane Jean  
Joint Budget Committee Chairs  
315 State Capitol  
Little Rock, AR. 72201

Dear Senator Teague and Representative Jean:

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 1/31/19. If you have any questions, please contact this office at 501-618-8749.

Thank you

Sincerely,

*Major Charles Hubbard #293*

Major Charles Hubbard  
Administrative Services Division

**Arkansas State Police Uniformed Health Plan  
Fund Balance-January 2019**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
<b>BEGINNING FUND BALANCE:</b>	<u>\$2,592,161.64</u>	<u>\$2,592,161.64</u>
<b>PLUS RECEIPTS:</b>		
Active Employees	591,332.00	591,332.00
Active Dental/Vision	35,342.40	35,342.40
Retirees	129,105.88	129,105.88
COBRA	0.00	0.00
Act 1500 DL Fees	196,576.75	196,576.75
Refunds & Voids	10.54	10.54
Interest Earned	4,818.25	4,818.25
Other-Stop Loss	0.00	0.00
Other-Retiree Drug Subsidy	0.00	0.00
Other-Drug Card Rebate	80,213.75	80,213.75
Other-LWOP Premiums	762.61	762.61
Other-Suspension Premiums	37.20	37.20
Other-Additional Premiums	0.00	0.00
Other-Additional Premium Contribution	0.00	0.00
CD's Redeemed	0.00	0.00
<b>SUBTOTAL RECEIPTS:</b>	<u>1,038,199.38</u>	<u>1,038,199.38</u>
<b>FUND BALANCE AVAILABLE:</b>	<u>\$3,630,361.02</u>	<u>\$3,630,361.02</u>
<b>LESS DISBURSEMENTS:</b>		
Health, Prescription, Dental & Vision Claims	1,054,929.97	1,054,929.97
Reinsurance Premiums	71,241.10	71,241.10
QualChoice	33,867.84	33,867.84
Delta Dental Admin.	4,492.86	4,492.86
DataPath & Primepay COBRA	780.00	780.00
Part D Advisors	0.00	0.00
Miscellaneous-Premium Refund	98.28	98.28
Other-Health Plan Consultant	0.00	0.00
Other-Transitional Reinsurance Fee	0.00	0.00
Other-Professional Svc(GASB report)	0.00	0.00
Other-Hodges/Mace Admin	1,139.50	1,139.50
LDI Admin	21,301.08	21,301.08
PCORI	0.00	0.00
LDI Audit	9.36	9.36
Other-Bank charge	0.00	0.00
<b>SUBTOTAL DISBURSEMENTS:</b>	<u>\$1,187,859.99</u>	<u>\$1,187,859.99</u>
<b>ENDING FUND BALANCE:</b>	<u>\$2,442,501.03</u>	<u>\$2,442,501.03</u>
<b>CERTIFICATES OF DEPOSIT</b>	\$3,500,000.00	3,500,000.00
<b>TOTAL FUND BALANCE</b>	<u>\$5,942,501.03</u>	<u>\$5,942,501.03</u>

**ACT 1500 Revenue Summary**

TOTAL ACT1500 REVENUE FOR THE MONTH :	12/01/2018	\$393,116.54
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$196,576.75
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$196,576.75
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$2,696,014.66
PROJECTED HOLDING BY 12/31/18		\$3,000,000.00
		\$303,985.34

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	222	204	56	257	\$ 58,756.20	\$ 7,796.52	\$ 66,552.72
FEB					\$ -	\$ -	\$ -
MAR					\$ -	\$ -	\$ -
APR					\$ -	\$ -	\$ -
MAY					\$ -	\$ -	\$ -
JUN					\$ -	\$ -	\$ -
JUL					\$ -	\$ -	\$ -
AUG					\$ -	\$ -	\$ -
SEP					\$ -	\$ -	\$ -
OCT					\$ -	\$ -	\$ -
NOV					\$ -	\$ -	\$ -
DEC					\$ -	\$ -	\$ -
<b>Totals</b>	<b>222</b>	<b>204</b>	<b>56</b>	<b>257</b>	<b>\$ 58,756.20</b>	<b>\$ 7,796.52</b>	<b>\$ 66,552.72</b>



Arkansas State Police  
2019 Total Medical & RX Cash Flow Report  
Paid Year 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	
#####	275	345	68	460	\$ 640,815.82	\$ 360,992.00	\$ 1,001,807.82	\$ -	\$ -	\$ -	\$ -	\$ 1,001,807.82	\$ 1,172,300.35	\$ 21,940.00	\$ 33,867.84	\$ 55,807.84	\$ 63,969.12	\$ 7,271.98	\$ 71,241.10	\$ 1,128,856.76	
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<b>TOTALS:</b>					\$ 640,815.82	\$ 360,992.00	\$ 1,001,807.82	\$ -	\$ -	\$ -	\$ -	\$ 1,001,807.82	\$ 1,172,300.35	\$ 21,940.00	\$ 33,867.84	\$ 55,807.84	\$ 63,969.12	\$ 7,271.98	\$ 71,241.10	\$ 1,128,856.76	

**Less Total Specific Reimbursements to date** \$ -  
**Total Plan Costs:** \$ 1,128,856.76

<b>Specific Contract:</b> 24/12 Medical & RX Specific Deductible: \$ 250,000.00 Aggregating Specific: \$ 340,000.00	<b>Specific Rates:</b> EO: \$ 19.48 EF: \$ 67.02	<b>2018 Specific Reimbursements:</b> Member 1 \$ - Member 2 \$ - Member 3 \$ - Member 4 \$ - Member 5 \$ -
<b>Aggregate Contract:</b> 12/12 Medical & RX Aggregate Premium: \$ 6.34	<b>Aggregate Factors:</b> EO: \$ 511.55 EF: \$ 1,181.70	<b>2019 Specific Reimbursements:</b> Member 1 \$ - Member 2 \$ - Member 3 \$ - Member 4 \$ - Member 5 \$ -
<b>Lasers:</b> Laser 1 \$ 300,000.00 Laser 2 \$ 1,000,000.00 Laser 3 \$ -	<b>Minimum Attachment Point:</b> \$ 14,067,604.20	<b>Year to Date Loss Ratio:</b> 7.12%

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