



Asa Hutchinson  
Governor

## 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"*



William J. Bryant  
Director

March 16, 2018

### ARKANSAS STATE POLICE COMMISSION

John Allison  
Chairman  
*Conway*

Bob Burns  
Vice-Chairman  
*Little Rock*

Jane Dunlap Christenson  
Secretary  
*Harrison*

Neff Basore  
*Bella Vista*

Bill Benton  
*Heber Springs*

Stephen Edwards  
*Marianna*

Senator Bill Sample  
Representative Jim Dotson  
Co-chairmen  
Arkansas Legislative Council  
315 State Capitol  
Little Rock, AR. 72201

Dear Senator Sample and Representative Dotson:

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 2/28/18. If you have any further questions, please contact this office at 501-618-8720.

Thank you

Sincerely,

*Major Charles Hubbard #293*

Major Charles Hubbard  
Administrative Services Division

**Arkansas State Police Uniformed Health Plan  
Fund Balance-February 2018**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
<b>BEGINNING FUND BALANCE:</b>	<u>\$1,999,960.38</u>	<u>\$1,877,561.19</u>
<b>PLUS RECEIPTS:</b>		
Active Employees	605,986.00	1,211,972.00
Active Dental/Vision	17,311.97	52,131.49
Retirees	128,715.78	258,112.04
COBRA	0.00	155.96
Act 1500 DL Fees	242,434.50	431,445.98
Refunds & Voids	72.41	118.15
Interest Earned	700.03	1,447.70
Other-Stop Loss	0.00	94,507.15
Other-Retiree Drug Subsidy	0.00	14,364.04
Other-Drug Card Rebate	0.00	0.00
Other-LWOP Premiums	0.00	0.00
Other-Suspension Premiums	232.60	358.66
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>995,453.29</u>	<u>2,064,613.17</u>
<b>FUND BALANCE AVAILABLE:</b>	<u>\$2,995,413.67</u>	<u>\$3,942,174.36</u>
<b>LESS DISBURSEMENTS:</b>		
Health, Prescription, Dental & Vision Claims	960,047.09	1,747,231.42
Reinsurance Premiums	91,986.73	183,829.34
QualChoice	32,636.00	65,156.00
Delta Dental Admin.	4,424.88	8,800.32
DataPath & Primepay COBRA	780.00	1,560.00
Part D Advisors	0.00	3,591.01
Miscellaneous-Premium Refund	0.00	0.00
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	4,110.55	6,374.05
LDI Admin	24,345.00	48,480.00
PCORI	0.00	0.00
LDI Audit	0.00	65.80
Other-Bank charge	0.00	3.00
<b>SUBTOTAL DISBURSEMENTS:</b>	<u>\$1,118,330.25</u>	<u>\$2,065,090.94</u>
<b>ENDING FUND BALANCE:</b>	<u>\$1,877,083.42</u>	<u>\$1,877,083.42</u>
<b>CERTIFICATES OF DEPOSIT</b>	\$3,500,000.00	3,500,000.00
<b>TOTAL FUND BALANCE</b>	<u>\$5,377,083.42</u>	<u>\$5,377,083.42</u>

**ACT 1500 Revenue Summary**

TOTAL ACT1500 REVENUE FOR THE MONTH :	01/01/2018	\$484,869.01
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$242,434.51
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$242,434.50
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$242,434.50
PROJECTED HOLDING BY 12/31/18		\$3,000,000.00
		\$2,757,565.50

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	190	210	61	253	\$ 48,860.22	\$ 5,862.00	\$ 54,722.22
FEB	193	211	62	251	\$ 49,273.14	\$ 5,445.56	\$ 54,718.70
MAR					\$ -	\$ -	\$ -
APR					\$ -	\$ -	\$ -
MAY					\$ -	\$ -	\$ -
JUN					\$ -	\$ -	\$ -
JUL					\$ -	\$ -	\$ -
AUG					\$ -	\$ -	\$ -
SEP					\$ -	\$ -	\$ -
OCT					\$ -	\$ -	\$ -
NOV					\$ -	\$ -	\$ -
DEC					\$ -	\$ -	\$ -
<b>Totals</b>	<b>192</b>	<b>211</b>	<b>62</b>	<b>252</b>	<b>\$ 98,133.36</b>	<b>\$ 11,307.56</b>	<b>\$ 109,440.92</b>



Arkansas State Police  
2018 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				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	
MO/YR	S	ES	EC	F																
01/01/2018	254	359	70	449	\$ 628,784.38	\$ 358,253.32	\$ 987,037.70	\$ -	\$ -	\$ -	\$ 23,697.04	\$ 987,037.70	\$ 1,369,077.02	\$ 24,435.00	\$ 32,520.00	\$ 56,955.00	\$ 95,843.86	\$ 8,713.92	\$ 104,557.78	\$ 1,148,550.48
02/01/2018	253	360	73	446	\$ 547,918.01	\$ 277,874.14	\$ 825,792.15	\$ -	\$ -	\$ -	\$ 23,164.64	\$ 825,792.15	\$ 1,369,857.69	\$ 21,712.50	\$ 32,636.00	\$ 54,348.50	\$ 84,300.25	\$ 7,686.48	\$ 91,986.73	\$ 972,127.38
03/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
04/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
05/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
06/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
07/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
08/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
09/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12/01/2018					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTALS:</b>					\$ 1,176,702.39	\$ 636,127.46	\$ 1,812,829.85	\$ -	\$ -	\$ -	\$ 46,861.68	\$ 1,812,829.85	\$ 2,738,934.71	\$ 46,147.50	\$ 65,156.00	\$ 111,303.50	\$ 180,144.11	\$ 16,400.40	\$ 196,544.51	\$ 2,120,677.86

**Less Total Specific Reimbursements to date** \$ 46,861.68  
**Total Plan Costs:** \$ 2,073,816.18

<b>Specific Contract:</b> 24/12 Medical & RX	<b>Specific Rates:</b>	<b>2018 Specific Reimbursements:</b>	<b>2017 Specific Reimbursements:</b>
Specific Deductible: \$ 210,000.00	EO: \$ 26.59	Member 1 \$ -	Member 1 \$ 23,697.04
Aggregating Specific: \$ 200,000.00	EF: \$ 88.16	Member 2 \$ -	Member 2 \$ 23,164.64
		Member 3 \$ -	Member 3 \$ -
<b>Aggregate Contract:</b> 24/12 Medical & RX	<b>Aggregate Factors:</b>	Member 4 \$ -	Member 4 \$ -
	EO: \$ 603.93	Member 5 \$ -	Member 5 \$ -
Aggregate Premium: \$ 6.80	EF: \$ 1,384.60		

<b>Lasers:</b>		<b>Minimum Attachment Point:</b>	<b>Year to Date Loss Ratio:</b>	10.75%
Laser 1 \$ 300,000.00		\$ 16,428,924.24		
Laser 2 \$ 1,250,000.00				
Laser 3				

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