

**Arkansas State Police Uniformed Health Plan  
Fund Balance-June 2017**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
<b>BEGINNING FUND BALANCE:</b>	<u>\$2,477,802.13</u>	<u>\$1,292,932.87</u>
<b>PLUS RECEIPTS:</b>		
Active Employees	600,814.00	4,404,884.00
Active Dental/Vision	67,409.14	250,133.57
Retirees	114,042.67	746,751.77
COBRA	619.85	3,099.25
Act 1500 DL Fees	234,925.55	1,412,544.22
Refunds & Voids	18,085.14	28,674.87
Interest Earned	867.82	4,020.93
Other-Stop Loss	31,493.79	539,555.13
Other-Retiree Drug Subsidy	23,349.32	136,335.71
Other-Drug Card Rebate	0.00	96,346.75
Other-LWOP Premiums	0.00	918.79
Other-Suspension Premiums	130.26	427.11
Other-Additional Premiums	0.00	47.29
Other-Additional Premium Contribution	450,000.00	450,000.00
CD's Redeemed	0.00	1,500,000.00
<b>SUBTOTAL RECEIPTS:</b>	<u>1,541,737.54</u>	<u>9,573,739.39</u>
<b>FUND BALANCE AVAILABLE:</b>	<u>\$4,019,539.67</u>	<u>\$10,866,672.26</u>
<b>LESS DISBURSEMENTS:</b>		
Health, Dental & Vision Claims	1,366,445.82	7,442,328.21
Reinsurance Premiums	73,256.18	446,485.36
QualChoice	32,532.00	198,583.00
Delta Dental Admin.	4,365.19	26,524.27
DataPath & Primepay COBRA	780.00	4,680.00
Part D Advisors	5,837.33	34,083.93
Miscellaneous-Premium Refund	0.00	1,284.51
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	1,128.50	6,782.00
LDI Admin	34,490.00	141,150.00
PCORI	0.00	63,270.45
LDI Audit	0.00	795.88
<b>SUBTOTAL DISBURSEMENTS:</b>	<u>\$1,518,835.02</u>	<u>\$8,365,967.61</u>
<b>ENDING FUND BALANCE:</b>	<u>\$2,500,704.65</u>	<u>\$2,500,704.65</u>
<b>CERTIFICATES OF DEPOSIT</b>	\$3,500,000.00	3,500,000.00
<b>TOTAL FUND BALANCE</b>	<u>\$6,000,704.65</u>	<u>\$6,000,704.65</u>

**ACT 1500 Revenue Summary**

TOTAL ACT1500 REVENUE FOR THE MONTH :	05/31/2017	\$469,851.10
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$234,925.55
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$234,925.55
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$1,177,106.13
PROJECTED HOLDING BY 12/31/17		\$3,000,000.00
		<u>\$1,822,893.87</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	188	207	64	272	\$ 54,713.02	\$ 3,015.44	\$ 57,728.46
FEB	186	209	65	269	\$ 51,593.31	\$ 6,467.37	\$ 58,060.68
MAR	183	209	64	264	\$ 56,028.92	\$ 7,853.71	\$ 63,882.63
APR	182	209	64	259	\$ 36,430.74	\$ 5,225.09	\$ 41,655.83
MAY	181	206	64	255	\$ 42,127.14	\$ 4,509.64	\$ 46,636.78
JUN	183	206	64	254	\$ 41,867.05	\$ 5,038.94	\$ 46,905.99
JUL							\$ -
AUG							\$ -
SEP							\$ -
OCT							\$ -
NOV							\$ -
DEC							\$ -
<b>Totals</b>	<b>184</b>	<b>208</b>	<b>64</b>	<b>262</b>	<b>\$ 282,760.18</b>	<b>\$ 32,110.19</b>	<b>\$ 314,870.37</b>



Arkansas State Police  
2017 Total Medical & RX Cash Flow Report  
"Paid" Reporting

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

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MO/YR																				S																				ES																				EC																				F																				QualChoice Claims																				LDI RX Card Claims																				Total Combined Med/RX Claims																				Exclusions under Aggregate																				Add'l 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																			
17-Jan	259	362	70	462	\$ 1,028,430.71	\$ 288,124.26	\$ 1,316,554.97	\$ -	\$ -	\$ -	\$ 139,393.88	\$ 1,316,554.97	\$ 1,264,137.77	\$ 24,277.50	\$ 33,315.00	\$ 57,592.50	\$ 68,879.46	\$ 6,404.50	\$ 75,283.96	\$ 1,449,431.43	17-Feb	259	365	70	457	\$ 953,973.51	\$ 290,003.02	\$ 1,243,976.53	\$ 179,008.31	\$ -	\$ -	\$ 106,496.82	\$ 1,261,622.81	\$ 23,405.00	\$ 33,422.00	\$ 56,827.00	\$ 68,697.30	\$ 6,421.80	\$ 75,119.10	\$ 1,375,922.63	17-Mar	256	364	71	454	\$ 769,023.36	\$ 322,670.37	\$ 1,091,693.73	\$ 91,213.16	\$ -	\$ -	\$ 1,000,480.57	\$ 1,256,229.32	\$ 24,467.50	\$ 32,993.50	\$ 57,461.00	\$ 67,730.69	\$ 6,349.21	\$ 74,079.90	\$ 1,223,234.63	17-Apr	255	365	70	452	\$ 699,194.19	\$ 260,575.87	\$ 959,770.06	\$ 59,231.72	\$ -	\$ -	\$ 900,538.34	\$ 1,253,174.01	\$ 22,375.00	\$ 33,064.00	\$ 55,439.00	\$ 68,117.92	\$ 6,360.64	\$ 74,478.56	\$ 1,089,687.62	17-May	255	360	72	447	\$ 1,205,905.32	\$ 275,187.30	\$ 1,481,092.62	\$ 185,546.81	\$ -	\$ 357,923.04	\$ 324,735.97	\$ 937,622.77	\$ 1,243,114.17	\$ 23,250.00	\$ 32,828.00	\$ 56,078.00	\$ 67,940.38	\$ 6,327.28	\$ 74,267.66	\$ 1,611,438.28	17-Jun	256	360	71	449	\$ 687,002.97	\$ 280,545.24	\$ 967,548.21	\$ -	\$ -	\$ 64,276.15	\$ 61,191.00	\$ 967,548.21	\$ 1,244,912.00	\$ 22,505.00	\$ 32,532.00	\$ 55,037.00	\$ 66,995.62	\$ 6,260.56	\$ 73,256.18	\$ 1,095,841.39	17-Jul					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	17-Aug					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	17-Sep					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	17-Oct					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	17-Nov					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	17-Dec					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	TOTALS:					\$ 5,343,530.06	\$ 1,717,106.06	\$ 7,060,636.12	\$ 515,000.00	\$ -	\$ 422,199.19	\$ 525,320.85	\$ 6,187,713.08	\$ 7,523,190.08	\$ 140,280.00	\$ 198,154.50	\$ 338,434.50	\$ 408,361.37	\$ 38,123.99	\$ 446,485.36	\$ 7,845,555.98																																																																																																																																																						
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Less Total Specific Reimbursements to date \$ 525,320.85  
 Total Plan Costs: \$ 7,320,235.13

<b>Specific Contract:</b> 24/12 Medical & RX Specific Deductible: \$ 210,000.00 EO: \$ 21.40 Aggregating Specific: \$ 200,000.00 EF: \$ 70.54	<b>2017 Specific Reimbursements:</b> Member 1 \$ 326,796.21 Member 2 \$ 95,402.98 Member 3 \$ - Member 4 \$ - Member 5 \$ -	<b>2016 Specific Reimbursements:</b> Member 1 \$ 56,093.51 Member 2 \$ 2,028.11 Member 3 \$ 13,760.08 Member 4 \$ 67,512.18 Member 5 \$ -
<b>Aggregate Contract:</b> 24/12 Medical & RX Aggregate Premium: \$ 5.56 Aggregate Factors: EO: \$ 540.35 EF: \$ 1,257.48	<b>Lasers:</b> Laser 1 \$ 300,000.00 (contingent) Minimum Attachment Point: Laser 2 \$ 525,000.00 \$ 15,169,653.24 Laser 3	
<b>Year to Date Loss Ratio:</b> 39.69%		

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