Mike A. Hagar

State of Arkansas

Governor Sarah Huckabee Sanders

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov

Director

Mike A. Hagar

Secretary

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Neff Basore Bella Vista

Mike Akin Monticello

Steve Edwards Marianna

June 5, 2024

Senator Terry Rice Representative Jeff Wardlaw Co-Chairs Arkansas Legislative Council 315 State Capitol Little Rock, AR. 72201

Dear Senator Rice and Representative Wardlaw:

Per Act 803 of 2023, Section 47, the Division 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 May 31, 2024. If you have any questions, please contact this office at 501-618-8749.

Thank you

Sincerely,

Major Roby Rhoads

Administrative Services Division

Mai. Ry Kho

Arkansas State Police

Arkansas Department of Public Safety

| DESCRIPTION | MONTH END | ACTUAL YEAR TO DATE | | | | | | | | |
|--|-----------------|------------------------|--|--|--|--|--|--|--|--|
| BEGINNING FUND BALANCE: | \$7,830,232.20 | \$7,599,994.47 | | | | | | | | |
| PLUS RECEIPTS: | | | | | | | | | | |
| Active Employees | 725,604.00 | 3,628,020.00 | | | | | | | | |
| Active Dental/Vision | 83,108.08 | 266,197.18 | | | | | | | | |
| Retirees | 119,759.24 | 589,844.13 | | | | | | | | |
| Retiree Dental/Vision | 27,814.95 | 137,208.36 | | | | | | | | |
| COBRA | 1,071.61 | 1,071.61 | | | | | | | | |
| Act 1500 DL Fees | 538,279.08 | 1,535,999.98 | | | | | | | | |
| Refunds & Voids | 0.00 | 126.01 | | | | | | | | |
| Interest Earned | 10,432.29 | 51,862.84 | | | | | | | | |
| Other-Retiree Drug Subsidy | 369,954.98 | 836,851.26 | | | | | | | | |
| Other-Drug Card Rebate | 0.00 | 221,553.49 | | | | | | | | |
| Other-LWOP Premiums | 0.00 | 0.00 | | | | | | | | |
| Other-Suspension Premiums | 0.00 | 0.00 | | | | | | | | |
| Other-Additional Premium Contribution | 0.00 | 0.00 | | | | | | | | |
| CD's Redeemed | 0.00 | 0.00 | | | | | | | | |
| Other | 0.00 | 0.00 | | | | | | | | |
| SUBTOTAL RECEIPTS: | 1,876,024.23 | 7,268,734.86 | | | | | | | | |
| FUND BALANCE AVAILABLE: | \$9,706,256.43 | \$14,868,729.33 | | | | | | | | |
| LESS DISBURSEMENTS: | | | | | | | | | | |
| Health, Prescription, Dental & Vision Claims | 1,481,121.27 | 6,313,926.20 | | | | | | | | |
| Health Advantage Admin Fees | 64,185.75 | 319,879.80 | | | | | | | | |
| Delta Dental Admin Fees | 6,352.14 | 31,194.42 | | | | | | | | |
| Part D Advisors Admin Fees | 4,322.30 | 14,486.44 | | | | | | | | |
| MedImpact Admin Fees | 4,795.00 | 25,915.00 | | | | | | | | |
| EBRX Admin Fees | 4,014.00 | 19,943.45 | | | | | | | | |
| IRS 1095 Reporting (Maintenance, etc) | 0.00 | 0.00 | | | | | | | | |
| Other-Transitional Reinsurance Fee | 0.00 | 0.00 | | | | | | | | |
| Other-Professional Svc(GASB report) | 0.00 | 0.00 | | | | | | | | |
| Miscellaneous-Premium Refund | 119.76 | 2,037.81 | | | | | | | | |
| PCORI | 0.00 | 0.00 | | | | | | | | |
| Bank Charge | 0.00 | 0.00 | | | | | | | | |
| Actuarial | 0.00 | 0.00 | | | | | | | | |
| SUBTOTAL DISBURSEMENTS: | \$1,564,910.22 | \$6,727,383.12 | | | | | | | | |
| ENDING FUND BALANCE: | \$8,141,346.21 | \$8,141,346.21 | | | | | | | | |
| | | | | | | | | | | |
| CERTIFICATES OF DEPOSIT | \$3,500,000.00 | 3,500,000.00 | | | | | | | | |
| TOTAL FUND BALANCE | \$11,641,346.21 | \$11,641,346.21 | | | | | | | | |
| ACT 1500 Revenue Summary | | | | | | | | | | |
| TOTAL ACT1500 REVENUE FOR THE MONTH: | 4/1/2024 | \$538,279.08 | | | | | | | | |
| MONTHLY DEPOSIT TO HEALTH PLAN INCLUDING SMP1100 | 1/ 1/2027 | \$0.00 | | | | | | | | |
| MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100 | | \$0.00 | | | | | | | | |
| | | | | | | | | | | |

\$0.00

\$0.00

CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100

CAL YEAR TO DATE TRANSFERS FROM HOLDING - SMP1100

| MO/YR | Dental/Vision Employees | | | Dental Claims Paid | | Vision Claims Paid | | Total Claims Paid | | |
|--------|-------------------------|-----|----|--------------------|--------------------|--------------------|--------------------|-------------------|-------------------|------------|
| | EE | ES | EC | FAM | Dentai Ciaims Paid | | Vision Claims Paid | | Total Claims Paid | |
| JAN | 274 | 249 | 68 | 298 | \$ | 54,100.93 | \$ | 6,121.99 | \$ | 60,222.92 |
| FEB | 279 | 247 | 68 | 302 | \$ | 53,468.13 | \$ | 4,508.94 | \$ | 57,977.07 |
| MAR | 286 | 245 | 71 | 307 | \$ | 58,892.78 | \$ | 3,134.42 | \$ | 62,027.20 |
| APR | 283 | 252 | 73 | 252 | \$ | 70,788.17 | \$ | 8,148.49 | \$ | 78,936.66 |
| MAY | 283 | 252 | 72 | 303 | \$ | 50,109.62 | \$ | 5,137.44 | \$ | 55,247.06 |
| JUN | | | | | | | | | \$ | - |
| JUL | | | | | | | | | \$ | - |
| AUG | | | | | | | | | \$ | - |
| SEP | | | | | | | | | \$ | - |
| OCT | | | | | | | | | \$ | - |
| NOV | | | | | | | | | \$ | - |
| DEC | | | | | | | | | \$ | - |
| Totals | 281 | 249 | 70 | 292 | \$ | 287,359.63 | \$ | 27,051.28 | \$ | 314,410.91 |