State of Arkansas



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

JR Howard

"SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

ARKANSAS STATE POLICE COMMISSION

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March 5, 2012

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 2/29/12. If you have any further questions, please contact this office at 501-618-8713.

Thank you.

Sincerely,

Captain Stan Witt

Administrative Services Division

SW/sw

Arkansas State Police Uniformed Health Plan February 2012

DESCRIPTION	MONTH END 2/29/12	ACTUAL YEAR TO DATE			
BEGINNING FUND BALANCE:	\$5,423,751.82	\$5,136,028.70			
PLUS RECEIPTS:					
Active Employees	507,345.00	1,014,690.00			
Active Dental/Vision	35,105.05	52,263.49			
Retirees	104,448.37	208,460.46			
COBRA	1,330.76	2,555.76			
Act 1500 DL Fees	259,953.19	488,687.98			
Refunds & Voids	2,629.53	2,629.53			
Interest Earned	1,134.14	2,243.43			
Other-Retiree Drug Subsidy/Reimbursements/ Rebates	66,289.65	80,365.55			
Other-Stop Loss/Suspension premium	31.96	142,155.55			
SUBTOTAL RECEIPTS:	<u>978,267.65</u>	<u>1,994,051.75</u>			
FUND BALANCE AVAILABLE:	\$6,402,019.47	<u>\$7,130,080.45</u>			
LESS DISBURSEMENTS:					
Health, Dental & Vision Claims	737,728.83	1,372,408.97			
Reinsurance Premiums	56,477.01	113,023.23			
UMR Administration/LDIRx	24,970.33	51,093.67			
Delta Dental Admin.	3,177.24	9,452.04			
DataPath Admin.	1,571.25	2,355.75			
Part D Advisors	2,347.30	5,866.28			
Miscellaneous/Refunds	0.00	133.00			
Transfer to Certificate of Deposit	2,000,000.00	2,000,000.00			
SUBTOTAL DISBURSEMENTS:	<u>\$2,826,271.96</u>	\$3,554,332.94			
ENDING FUND BALANCE:	\$3,575,747.51	\$3,575,747.51			
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00			
TOTAL FUND BALANCE	\$8,575,747.51	\$8,575,747.51			
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MO/YR	De	ntal/Visio	n Employ	ees	Dont	al Claims Paid	Viole	on Claims Paid	Total Claims Paid		
	EE	ES	EC	FAM	Dent	ai Ciaims Paid	VISIO	on Claims Paid			
JAN	131	198	45	264	\$	46,772.42	\$	5,259.90	\$	52,032.32	
FEB	133	202	45	268	\$	36,391.90	\$	4,760.05	\$	41,151.95	
MAR									\$	-	
APR									\$	-	
MAY									\$	-	
JUN									\$	-	
JUL									\$	-	
AUG									\$	-	
SEP									\$	-	
OCT									\$	-	
NOV									\$	-	
DEC									\$	-	
Totals					\$	83,164.32	\$	10,019.95	\$	93,184.27	





ARKANSAS STATE POLICE

2012 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 period.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
	M	edical/F	RX Emp	loyees																
													Monthly	LDI RX		Total				
						UMR		Total	Exclusions	Addl Fees	Specific	Specific	Eligible	Card	UMR	Combined				Total
					Stop Loss	Medical	LDI RX Card	CombinedMe	under	Eligible for	Claims	Claims	Aggregate	Admin	Admin	Admin	Specific	Aggregate	Total Fixed	Medical/Fixed
MO/YR	S	ES	EC	F	Point	Claims	Claims	d/RX Claims	Aggregate	Aggregate	Requested	Received	Claims	Fees	Fees	Fees	Cost	Cost	Cost	Cost
12-Jan	239	314	66	423	1,001,660	419,659	227,588	647,247	0	0	0	0	648,178	8,431	24,423	32,854	52,454	4,092	56,546	736,64
12-Feb	236	316	67	425		371,045	236,122	607,167						8,744	25,074	33,818	53,743	4,192	57,935	698,92
12-Mar	-	-	-	-		-		-								0				
12-Apr	-	-	-	-		-		-								0				
12-May	-	-	-					-								0				
12-Jun	-	-	-	-		-		-								0				
12-Jul	-	-	-	-		-		-								0				
12-Aug	-	-	-	-		-		-								0				
12-Sep	-	-	-	-		-		-								0				
12-Oct 12-Nov	-	-	-	-				-								0				
12-Nov								-								0				
	-	-	-	-		700 704		-								U		<u> </u>		
Laser	U	U	U	0	4 004 000	790,704		4 054 444			0		040.470	47.475	10 107	00.070	400 407	0.004	444.404	4 405 50
OTALS:					1,001,660	790,704	463,710	1,254,414	0	0	0	0	648,178	17,175	49,497	66,672	106,197	8,284	114,481	1,435,56

Less Total Specific Reimbursements to date

Total Plan Costs: 1,435,568

AGGREGATE STOP LOSS FACTORS AGGREGATE PREMIUM (MED & RX)

Specific 19.56 SPECIFIC PREMIUM (\$175,000 ded with \$140,000 Aggregating Specific) 57.03

475,000 Laser 1 Laser 2 300,000 Agg 3.72