



Mike Beebe
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"



JR Howard
Director

ARKANSAS STATE POLICE COMMISSION

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April 9, 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 3/31/12. 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
March 2012

DESCRIPTION	MONTH END 3/31/12	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	\$3,575,747.51	\$5,136,028.70
PLUS RECEIPTS:		
Active Employees	507,345.00	1,522,035.00
Active Dental/Vision	53,909.95	106,173.44
Retirees	104,095.49	312,555.95
COBRA	908.10	3,463.86
Act 1500 DL Fees	261,724.04	750,412.02
Refunds & Voids	6,054.52	8,684.05
Interest Earned	1,405.73	3,649.16
Other-Retiree Drug Subsidy/Reimbursements/ Rebates	28,506.59	108,872.14
Other-Stop Loss/Suspension premium	356.90	142,512.45
SUBTOTAL RECEIPTS:	<u>964,306.32</u>	<u>2,958,358.07</u>
FUND BALANCE AVAILABLE:	<u>\$4,540,053.83</u>	<u>\$8,094,386.77</u>
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	854,694.50	2,227,103.47
Reinsurance Premiums	57,934.86	170,958.09
UMR Administration/LDIRx	25,573.58	76,667.25
Delta Dental Admin.	3,231.02	12,683.06
DataPath Admin.	0.00	2,355.75
Part D Advisors	7,126.65	12,992.93
Miscellaneous/Refunds	0.00	133.00
Transfer to Certificate of Deposit	0.00	2,000,000.00
Other	3,300.00	3,300.00
SUBTOTAL DISBURSEMENTS:	<u>\$951,860.61</u>	<u>\$4,506,193.55</u>
ENDING FUND BALANCE:	<u>\$3,588,193.22</u>	<u>\$3,588,193.22</u>
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00
TOTAL FUND BALANCE	<u>\$8,588,193.22</u>	<u>\$8,588,193.22</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
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	139	204	50	270	\$ 36,701.83	\$ 7,862.10	\$ 44,563.93
APR							\$ -
MAY							\$ -
JUN							\$ -
JUL							\$ -
AUG							\$ -
SEP							\$ -
OCT							\$ -
NOV							\$ -
DEC							\$ -
Totals					\$ 119,866.15	\$ 17,882.05	\$ 137,748.20



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
Medical/RX Employees																				
MO/YR	S	ES	EC	F	Stop Loss Point	UMR Medical 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	LDI RX Card Admin Fees	UMR Admin Fees	Total Combined Admin Fees	Specific Cost	Aggregate Cost	Total Fixed Cost	Total Medical/Fixed 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	736,648
12-Feb	236	316	67	425	1,006,155	371,045	236,122	607,167					636,275	8,744	25,074	33,818	53,743	4,192	57,935	698,920
12-Mar	248	319	71	440		578,485	242,689	821,174						8,804	25,465	34,269	54,524	4,256	58,780	914,223
12-Apr	-	-	-	-		-	-	-								0				
12-May	-	-	-	-		-	-	-								0				
12-Jun	-	-	-	-		-	-	-								0				
12-Jul	-	-	-	-		-	-	-								0				
12-Aug	-	-	-	-		-	-	-								0				
12-Sep	-	-	-	-		-	-	-								0				
12-Oct	-	-	-	-		-	-	-								0				
12-Nov	-	-	-	-		-	-	-								0				
12-Dec	-	-	-	-		-	-	-								0				
Laser	0	0	0	0		1,369,189														
TOTALS:					2,007,815	1,369,189	706,399	2,075,588	0	0	0	0	1,284,453	25,979	74,962	100,941	160,721	12,540	173,261	2,349,791

Less Total Specific Reimbursements to date 0

Total Plan Costs: 2,349,791

AGGREGATE STOP LOSS FACTORS

Single \$388.12 Family \$1,131.88

AGGREGATE PREMIUM (MED & RX)

Specific 19.56
57.03

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

Agg 3.72

Laser 1 475,000
Laser 2 300,000

