



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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June 7, 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 5/31/12. 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
May 2012

DESCRIPTION	MONTH END 5/31/12	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	\$3,750,644.14	\$5,136,028.70
PLUS RECEIPTS:		
Active Employees	507,345.00	2,536,725.00
Active Dental/Vision	36,479.24	197,758.32
Retirees	104,535.25	521,675.25
COBRA	908.10	5,280.06
Act 1500 DL Fees	225,213.31	1,244,436.77
Refunds & Voids	96,856.13	124,270.23
Interest Earned	1,366.67	6,469.95
Other-Retiree Drug Subsidy/Reimbursements/ Rebates	80,307.37	210,811.27
Other-Stop Loss/Suspension premium	145.30	161,333.76
SUBTOTAL RECEIPTS:	<u>1,053,156.37</u>	<u>5,008,760.61</u>
FUND BALANCE AVAILABLE:	<u>\$4,803,800.51</u>	<u>\$10,144,789.31</u>
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	708,995.56	3,672,707.07
Reinsurance Premiums	58,415.76	288,154.11
UMR Administration/LDIRx	25,801.85	128,434.12
Delta Dental Admin.	3,291.78	19,276.58
DataPath Admin.	813.00	3,981.00
Part D Advisors	6,039.63	24,440.50
Miscellaneous/Refunds	0.00	4,053.00
Transfer to Certificate of Deposit	0.00	2,000,000.00
Other	0.00	3,300.00
SUBTOTAL DISBURSEMENTS:	<u>\$803,357.58</u>	<u>\$6,144,346.38</u>
ENDING FUND BALANCE:	<u>\$4,000,442.93</u>	<u>\$4,000,442.93</u>
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00
TOTAL FUND BALANCE	<u>\$9,000,442.93</u>	<u>\$9,000,442.93</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	141	211	52	257	\$ 52,891.25	\$ 4,815.70	\$ 57,706.95
MAY	141	212	54	252	\$ 33,663.73	\$ 7,212.10	\$ 40,875.83
JUN							\$ -
JUL							\$ -
AUG							\$ -
SEP							\$ -
OCT							\$ -
NOV							\$ -
DEC							\$ -
Totals					\$ 206,421.13	\$ 29,909.85	\$ 236,330.98



m

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	25,602	34,033	50,470	3,876	54,346	735,627
12-Feb	236	316	67	425	1,006,155	371,045	236,122	607,167	0	0	0	0	636,275	8,744	25,651	34,395	50,696	3,884	54,580	696,142
12-Mar	248	319	71	440	1,035,714	578,485	242,689	821,174	0	0	0	0	815,125	8,804	26,486	35,290	52,186	4,010	56,196	912,660
12-Apr	248	320	72	437	1,034,582	345,299	255,657	600,956	0	0	0	0	603,509	8,575	26,462	35,037	52,129	4,006	56,135	692,128
12-May	246	323	71	437		360,821	236,993	597,814	0	0	0	0		8,786	26,462	35,248	52,204	4,006	56,210	689,272
12-Jun	-	-	-	-		-		-												
12-Jul	-	-	-	-		-		-								0				
12-Aug	-	-	-	-		-		-								0				
12-Sep	-	-	-	-		-		-								0				
12-Oct	-	-	-	-		-		-								0				
12-Nov	-	-	-	-		-		-								0				
12-Dec	-	-	-	-		-		-								0				
Laser	0	0	0	0																
TOTALS:					4,078,111	2,075,309	1,199,049	3,274,358	0	0	0	0	2,703,087	43,340	130,663	174,003	257,685	19,783	277,468	3,725,829

Less Total Specific Reimbursements to date

0

Total Plan Costs:

3,725,829

AGGREGATE STOP LOSS FACTORS

AGGREGATE PREMIUM (MED & RX)

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

Single

\$388.12 Family

\$1,131.88

Specific

19.56

57.03

Agg

3.72

Laser 1 475,000

Laser 2 300,000