### 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"



ARKANSAS STATE POLICE COMMISSION

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July 10, 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 6/30/12. 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 Fund Balance-June 2012

DESCRIPTION	MONTH END 6/30/12	ACTUAL YEAR TO DATE		
BEGINNING FUND BALANCE:	\$4,000,442.93	\$5,136,028.70		
PLUS RECEIPTS:				
Active Employees	507,345.00	3,044,070.00		
Active Dental/Vision	36,523.19	234,281.51		
Retirees	105,101.85	626,777.10		
COBRA	1,126.25	6,406.31		
Act 1500 DL Fees	242,325.18	1,486,761.95		
Refunds & Voids	0.00	124,270.23		
Interest Earned	1,222.61	7,692.56		
Other-Retiree Drug Subsidy/Reimbursements/ Rebates	25,746.85	236,558.12		
Other-Stop Loss/Suspension premium	0.00	161,333.76		
SUBTOTAL RECEIPTS:	<u>919,390.93</u>	<u>5,928,151.54</u>		
FUND BALANCE AVAILABLE:	<u>\$4,919,833.86</u>	<u>\$11,064,180.24</u>		
LESS DISBURSEMENTS:				
Health, Dental & Vision Claims	797,390.40	4,470,097.47		
Reinsurance Premiums	58,336.83	346,490.94		
UMR Administration/LDIRx	25,684.25	154,118.37		
Delta Dental Admin.	3,281.82	22,558.40		
DataPath Admin.	811.50	4,792.50		
Part D Advisors	6,436.71	30,877.21		
Miscellaneous/Refunds	0.00	4,053.00		
Transfer to Certificate of Deposit	0.00	2,000,000.00		
Other	14,500.00	17,800.00		
SUBTOTAL DISBURSEMENTS:	<u>\$906,441.51</u>	<u>\$7,050,787.89</u>		
ENDING FUND BALANCE:	\$4,013,392.35	\$4,013,392.35		
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00		
TOTAL FUND BALANCE	\$9,013,392.35	\$9,013,392.35		
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MO/YR	Dental/Vision Employees			Dental Claims Daid	Vision Claims Paid		Total Claima Daid			
	EE	ES	EC	FAM	Dental Claims Paid		vision Claims Paid		Total 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	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	141	212	53	250	\$	36,404.91	\$	3,577.20	\$	39,982.11
JUL									\$	-
AUG									\$	-
SEP									\$	-
OCT									\$	-
NOV									\$	-
DEC									\$	-
Totals					\$	242,826.04	\$	33,487.05	\$	276,313.09





### 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. 2 3 4 5 10 11 12 13 15 17 18 19 20 21 9 16 Medical/RX Employees Monthly LDI RX Total Total UMR Eligible Card UMR Combined Combined Total Exclusions Addl Fees Specific Specific Total Medical LDI RX Card Admin Specific Med/RX under Eligible for Claims Claims Aggregate Admin Admin Aggregate Fixed Medical/Fixed MO/YR ES EC F Stop Loss Point Claims Claims Claims Aggregate Aggregate Requested Received Claims Fees Fees Fees Cost Cost Cost 239 423 647,247 12-Jan 314 66 1,001,660 419,659 227,588 648,178 8,431 25,602 34,033 50,470 3,876 54,346 735,627 67 425 12-Feb 236 316 1,006,155 371,045 236,122 607,167 0 0 0 636,275 8.744 25,651 34,395 50,696 3.884 54,580 696,142 12-Mar 248 319 440 578,485 821,174 815,125 8,804 26,486 35,290 52,186 4,010 56,196 912,660 71 1,035,714 242,689 0 0 12-Apr 248 320 72 437 1,034,582 345,299 255,657 600,956 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 1,036,069 360,821 236,993 597,814 0 0 615,000 8,786 26,462 35,248 52,204 4,006 56,210 689,272 12-Jun 247 322 71 435 508,922 215,882 724,804 8,299 26,413 34,712 52,052 3,999 56,051 815,567 12-Jul 12-Aug 12-Sep 12-Oct 12-Nov 0 12-Dec Laser

Less Total Specific Reimbursements to date

Total Plan Costs: 4,541,396

0

3,318,087

0

AGGREGATE STOP LOSS FACTORS

AGGREGATE PREMIUM (MED & RX)

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

5,114,180 2,584,231 1,414,931 **3,999,162** 

Laser 1 475,000

TOTALS:

Laser 2 300,000

Single \$388.12 Family

51,639 157,076

\$1,131.88

**208,715** 309,737

Specific

19.56

23,782 333,519

4,541,396

57.03

Agg 3.72