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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Senator Paul Bookout Representative John Charles Edwards Co- chairmen Arkansas Legislative Council 315 State Capitol Little Rock, AR. 72201

Dear Senator Bookout and Representative Edwards:

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 6/30/13. If you have any further questions, please contact this office at 501-618-8720.

Thank you.

Sincerely

Mike Kennedy, 4ct. Acting Commander

Administrative Services Division

Arkansas State Police Uniformed Health Plan Fund Balance-June 2013

	MONTH END	ACTUAL			
DESCRIPTION	6/30/13	YEAR TO DATE			
BEGINNING FUND BALANCE:	\$4,633,250.06	\$4,763,465.18			
PLUS RECEIPTS:					
Active Employees	523,735.00	3,142,410.00			
Active Dental/Vision	53,400.46	249,006.39			
Retirees	108,508.84	653,032.56			
COBRA	1,603.40	8,168.73			
Act 1500 DL Fees	239,727.50	1,457,410.15			
Refunds & Voids	10,374.14	22,616.19			
Interest Earned	582.63	3,349.26			
Other-Stop Loss	0.00	63,650.86			
Other-Retiree Drug Subsidy	0.00	146,006.00			
Other-Drug Card Rebate	0.00	101,187.97			
Other-Suspension Premiums	1,380.12	2,195.17			
SUBTOTAL RECEIPTS:	939,312.09	<u>5,849,033.28</u>			
FUND BALANCE AVAILABLE:	<u>\$5,572,562.15</u>	<u>\$10,612,498.46</u>			
LESS DISBURSEMENTS:					
Health, Dental & Vision Claims	793,418.56	5,158,793.28			
Reinsurance Premiums	58,639.91	409,820.03			
UMR Administration/LDIRx	31,665.06	277,251.20			
Delta Dental Admin.	3,491.25	20,814.54			
DataPath Admin.	817.50	4,942.50			
Part D Advisors	0.00	36,501.52			
Miscellaneous/Refunds	206.24	5551.76			
Other-	0.00	14,500.00			
SUBTOTAL DISBURSEMENTS:	<u>\$888,238.52</u>	<u>\$5,928,174.83</u>			
ENDING FUND BALANCE:	\$4,684,323.63	\$4,684,323.63			
CERTIFICATES OF DEPOSIT	\$5,000,000.00	5,000,000.00			
TOTAL FUND BALANCE	\$9,684,323.63	\$9,684,323.63			

MO/YR	Der	ntal/Visio	n Employ	/ees	Day	tal Claima Baid	V:-:	an Claima Daid	Total Claims Paid		
	EE	ES	EC	FAM	Der	ital Claims Paid	VISI	on Claims Paid			
JAN	154	208	58	254	\$	47,774.06	\$	7,960.80	\$	55,734.86	
FEB	153	207	58	253	\$	36,623.10	\$	6,060.80	\$	42,683.90	
MAR	153	207	58	252	\$	39,293.92	\$	4,423.83	\$	43,717.75	
APR	154	207	57	250	\$	48,302.07	\$	3,042.90	\$	51,344.97	
MAY	152	209	55	249	\$	38,184.82	\$	5,848.00	\$	44,032.82	
JUN	152	210	54	249	\$	39,628.27	\$	4,069.53	\$	43,697.80	
JUL											
AUG											
SEP											
OCT											
NOV											
DEC											
Totals					\$	249,806.24	\$	31,405.86	\$	281,212.10	





2013 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																			
								Total					Monthly	LDI RX		Total				
						UMR		Combined	Exclusions	Addl Fees	Specific	Specific	Eligible	Card	UMR	Combined				Total
						Medical	LDI RX Card	Med/RX	under	Eligible for	Claims	Claims	Aggregate	Admin	Admin	Admin	Specific	Aggregate	Total Fixed	Medical/Fixed
MO/YR	S	ES	EC	F	Stop Loss Point	Claims	Claims	Claims	Aggregate	Aggregate	Requested	Received	Claims	Fees	Fees	Fees	Cost	Cost	Cost	Cost
13-Jan	252	314	68	434	1,050,901	431,157	247,996	679,153	0	0	0	0	680,651	9,648	26,241	35,889	51,466	3,973	55,439	770,480
13-Feb	262	316	67	447	1,068,816	448,342	240,254	688,596	0	0	0	0	703,385	8,537	26,830	35,367	52,460	4,062	56,522	780,486
13-Mar	260	316	67	449	1,069,977	470,015	245,707	715,722	0	0	0	0	744,737	8,972	26,830	35,802	52,535	4,062	56,597	808,121
13-Apr	263	313	65	448	1,066,925	672,571	242,205	914,776	0	0	0	0	929,996	9,008	26,757	35,764	52,251	4,051	56,302	1,006,842
13-May	257	315	66	446	1,064,172	629,433	266,146	895,579	0	0	0	0	884,531	9,579	26,634	36,213	52,191	4,032	56,223	988,015
13-Jun	254	315	67	446		523,149	230,421	753,570	0	0	0	0		8,214	26,585	34,799	52,189	4,025	56,214	844,583
13-Jul								-	0	0	0	0			0	0	0	0	0	0
13-Aug								-	0	0	0	0			0	0	0	0	0	0
13-Sep								•	0	0	0	0			0	0	0	0	0	0
13-Oct								•	0	0	0	0			0	0			0	0
13-Nov								-	0	0	0	0			0	0			0	0
13-Dec								-	0	0	0	0			0	0			0	0
Laser	0	0	0	0							_		_							
TOTALS:					5,320,792	3,174,667	1,472,729	4,647,395	0	0	0	0	3,943,299	53,958	159,877	213,834	313,091	24,206	337,297	5,198,527

Less Total Specific Reimbursements to date

Total Plan Costs: 5,198,527

AGGREGATE STOP LOSS FACTORS Single \$398.15 Family \$1,161.13

AGGREGATE PREMIUM (MED & RX)

SPECIFIC PREMIUM (\$200,000 ded with \$140,000 Aggregating Specific)

57.01

Laser 1 525,000 Agg 3.76