

ARKANSAS STATE POLICE

1 State Police Plaza Drive Little Rock, Arkansas 72209-4822 www.asp.arkansas.gov "SERVING WITH PRIDE AND DISTINCTION SINCE 1935"

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Director

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October 7, 2008

Senator Henry Wilkins, IV Representative Scott Sullivan Co-chairmen Arkansas Legislative Council 315 State Capitol Little Rock, AR 72201

Dear Senator Wilkins and Representative Sullivan:

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 9/30/08. If you have any further questions, please contact this office at 501-618-8720. Thank you.

Sincerely,

Kathy D. Sparks, Major

Harry J. Sparke

Administrative Services Division

KS/ma

Arkansas State Police Uniformed Employee Health Plan September 2008

DESCRIPTION	MONTH END 9/30/08	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	\$7,538,615.08	\$7,497,691.12
PLUS RECEIPTS:		
Active Employees Active Dental/Vision Retirees COBRA Act 1500 DL Fees Refunds & Voids Interest Earned	407,588.00 30,138.25 95,987.51 2,020.00 254,798.40 3,272.88 11,452.73	3,399,240.00 ,301,993.67 931,197.83 14,332.03 2,184,111.42 49,356.67 119,639.52
Other/Reimbursements	22,636.18	114,759.69
SUBTOTAL RECEIPTS:	827,893.95	7,114,630.83
FUND BALANCE AVAILABLE:	\$8,366,509.03	\$14,612,321.9 <u>5</u>
LESS DISBURSEMENTS:		
Health Claims Reinsurance Premiums CoreSource Administration Miscellaneous/Other	1,096,215.47 30,651.31 25,198.87 686.00	6,889,308.07 272,521.56 224,548.94 12,186,00
SUBTOTAL DISBURSEMENTS:	<u>1,152,751.65</u>	<u>7,398,</u> 564.57
ENDING BALANCE:	\$7,213,757.38	\$7,213,757.38

Jan08 Active

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.

ARKANSAS STATE POLICE - ACTIVE EMPLOYEES

						DRUG	DELTA		
L	MEDICAL/RX	EMPLOYEES	DENTAL/VISION	N EMPLOYEES	MEDICAL	CARD	DENTAL	VISION	TOTAL
MO./YR.	SINGLE	FAMILY	SINGLE	FAMILY	CLAIMS	CLAIMS	CLAIMS	CLAIMS	CLAIMS
Jan-08	78	584	53	351	447,948	77,094	22,513	6,276	553,831
Feb-08	75	582	51	350	367,787	84,624	24,572	6,638	483,621
Mar-08	76	595	54	356	253,273	80,780	25,961	7,071	367,085
Apr-08	77	597	54	355	455,346	77,696	42,444	6,765	582,251
May-08	78	615	56	366	258,809	79,387	23,061	5,503	366,760
Jun-08	78	617	57	366	298,376	84,534	15,880	6,504	405,294
Jul-08	77	614	56	364	323,005	82,383	37,097	8,307	450,792
Aug-08	76	613	55	364	398,237	80,363	18,505	8,773	505,878
Sep-08	76	611	55	361	0	0	0	0	0
Oct-08	0	0	0	0	0	0	. 0 .	0	0
Nov-08	0	0	0	0	0	0	0	0	0
Dec-08	0	.0	0	0	0	0	0	0	0
TOTALS:					2,802,781	646,861	210,033	55,837	3,715,512

Jan08 Ret

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.

	ARKANSAS STATE POLICE - RETIRED EMPLOYEES														
	ANIVARIONO OTATE I OLICE - NETIKED EMPLOTEES														
	MEDICAL/RX EMPLOYEES		DENTAL/VISION	 EMPLOYEES	MEDICAL	DRUG CARD	DELTA DENTAL	VISION	TOTAL						
MO./YR.	SINGLE	FAMILY	SINGLE	FAMILY	CLAIMS	CLAIMS	CLAIMS	CLAIMS	CLAIMS						
Jan-08	114	228	73	130	116,396	83,821	8,782	2,467	211,46						
Feb-08	113	229	229 72		134,841	85,961	9,882	1,682	232,36						
Mar-08	111	111 234 71		132	168,932	83,465	5,335	1,641	259,37						
Apr-08	111	235	71	132 133	116,744	91,186	12,871	2,281 1,116	223,082 277,901						
May-08	112	234	70		182,248	85,079	9,458								
Jun-08	112	234	70	133	90,854	82,836	5,690	3,031	182,41						
Jul-08	112	235	69	135	247,810	87,842	6,145	1,820	343,61						
Aug-08	112	235	69	135	155,665	93,635	7,398	3,501	260,19						
Sep-08	113	236	69	136	0	0	0	0							
Oct-08	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	0	0	0	0								
Nov-08	0	0	0	0	0	0	0	0							
Dec-08	0	0	0	0	0	0	0	0							
OTALS:					1,213,490	693,825	65,561	17,539	1,990,415						

Jan08 Total

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.

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
MO./YR.	SINGLE	FAMILY	SINGLE	ON EMPLOYEES FAMILY	EXPECTED CLAIMS	STOP LOSS POINT	MEDICAL CLAIMS	DRUG CARD CLAIMS	ELIGIBLE AGGREGATE CLAIMS	DELTA DENTAL CLAIMS	VISION CLAIMS	TOTAL CLAIMS	ADMIN FEES	SPECIFIC COST	AGGREGATE COST	*OTHER FEES	PPO FEES FROM INVOICE	TOTAL COST
Jan-08	192	812	126	481	736,801	921,001	564,344	160,915	725,503	31,295	8,743	765,297	18,495	27,161	2,410	1,939	5,063	818,364
Feb-08	188	811	123	479	734,538	918,173	502,628	170,585	684,915	34,454	8,320	715,987	16,450	27,077	2,398	3,279	3,775	768,965
Mar-08	187 188	829	125	488	748,979	936,223	422,205	164,245	587,456	31,296	8,712	626,458	16,709	27,609	2,438	3,174	5,126	681,514
Apr-08 May-08	190	832	125	487	751,805	939,757	572,090	168,882	742,338	55,315	9,046	805,333	16,566	27,713	2,448	4,584	5,109	861,753
Jun-08	190	849 851	126 127	499	766,504	958,130	441,057	164,466	606,682	32,519	6,619	644,661	17,015	28,255	2,494	4,868	5,220	702,512
Jul-08	189	849	127	499	768,148	960,185	389,230	167,370	555,595	21,570	9,535	587,705	17,015	28,315	2,498	5,159	5,221	645,914
Aug-08	189	848	124	499	766,144	957,680	570,816	170,225	743,873	43,242	10,127	794,410	17,015	28,241	2,491	9,690	5,220	857,067
Sep-08	189	847	124	497	765,321 764,499	956,652	553,902	173,998	725,970	25,903	12,274	766,077	17,037	28,211	2,489	11,629	5,226	830,669
Oct-08	0	0	0	0	704,499	955,624	0	0	0	0	0	0	0	28,181	2,486	0	0	30,667
Nov-08	0	0	ó	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Dec-08	0	0	0	0	0	0	0	0	0	0	0	0	0	0	- 0	0	0	0
TOTALS:	5000		9(3)		6,802,739	8,503,424	4,016,272	1,340,686	5,372,332	275,594	73 376	5.705.928	134,302	250,762	22,152	44,322	39,960	6 107 126
CLAIMS ELI	GIBLE FOR S	SPECIFIC REIN	SURANCE:		-,,	.,,	.,	.,0.0,000	0,0,2,002	2,0,004	70,010	0,700,020	104,002	200,702	ZZ, 13Z	44,022	39,900	6,197,426
				,					5,372,332									6 107 426
AGGREGATE STOP LOSS POINT 24/12 \$ 450.10 SINGLE \$1,027.81 FAMILY AGGREGATE PREMIUM (MED & RX) \$24/12 \$ 450.10 SINGLE \$1,027.81 FAMILY SPECIFIC PREMIUM (\$115,000 Offset Fund) (\$150,000 DEDUCTIBLE) 24/12 \$13.36 SINGLE \$30.29 FAMILY											6,197,426							

SPECIFIC PREMIUM (\$115,000 Offset Fund)
MEDICAL ADMIN FEE, PRE-CERT, COBRA/HIPAA & MEDICARE D DENTAL/VISION ADMIN FEE PPO FEES

\$13.36 SINGLE \$30.29 FAMILY \$16.55 PER EMPLOYEE

\$4.59 PER EMPLOYEE

\$3.75 PER EMPLOYEE (AMCO)

\$4.25 PER EMPLOYEE (SHARP)