



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"

Winford E. Phillips
Director

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STATE POLICE
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April 8, 2010

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

Dear Senator Wilkins and Representative Maxwell:

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 3/31/10. If you have any further questions, please contact this office at 501-618-8713.

Thank you.

Sincerely,

Kathy D. Sparks, Major
Administrative Services Division

KS/jc

**Arkansas State Police
Uniformed Employee Health Plan
March 2010**

DESCRIPTION	MONTH END 3/31/10	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$3,249,775.12</u>	<u>\$2,425,954.23</u>
PLUS RECEIPTS:		
Active Employees	480,670.00	1,442,010.00
Active Dental/Vision	33,688.53	95,764.26
Retirees	96,580.59	378,846.37
COBRA	943.52	2,567.39
Act 1500 DL Fees	248,148.29	723,923.55
Refunds & Voids	3,439.06	25,031.71
Interest Earned	2,053.83	6,299.00
Other-Retiree Drug Subsidy/Reimbursements/ Rebates	14,553.15	273,151.62
Other-Stop Loss/Suspension premium	21,580.36	127,349.35
SUBTOTAL RECEIPTS:	<u>901,657.33</u>	<u>3,074,943.25</u>
FUND BALANCE AVAILABLE:	<u>4,151,432.45</u>	<u>5,500,897.48</u>
LESS DISBURSEMENTS:		
Health Claims	748,349.48	1,953,133.98
Reinsurance Premiums	47,850.22	144,179.86
UMR Administration/LDIRx	19,154.55	40,828.15
Delta Dental Admin.	2,969.73	5,356.98
DataPath Administration	0.00	788.25
Part D Advisors	3,638.29	6,620.08
Other	0.00	14,500.00
Miscellaneous/Refunds	697.27	6,717.27
SUBTOTAL DISBURSEMENTS:	<u>822,659.54</u>	<u>2,172,124.57</u>
ENDING FUND BALANCE:	<u>\$ 3,328,772.91</u>	<u>\$ 3,328,772.91</u>
CERTIFICATES OF DEPOSIT	3,000,000.00	3,000,000.00
TOTAL FUND BALANCE	<u>\$ 6,328,772.91</u>	<u>\$ 6,328,772.91</u>

Delta Dental

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
Jan '10	144	195	41	277	\$ 35,769.73	\$1,063.00	\$ 36,832.73
Feb '10	141	196	42	269	\$ 40,064.74	\$ 3,054.15	\$ 43,118.89
March '10	140	196	40	274	\$ 33,767.51	\$ 5,397.00	\$ 39,164.51
April '10							\$ -
May '10							\$ -
June '10							\$ -
July '10							\$ -
Aug '10							\$ -
Sept '10							\$ -
Oct '10							\$ -
Nov '10							\$ -
Dec '10							\$ -
Totals					\$ 109,601.98	\$9,514.15	\$ 119,116.13

UMR

2010 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.

ARKANSAS STATE POLICE																
1	2	3	4	5	7	8	9	10	11	12	13	14	15	16	17	
MO/YR	Medical/RX Employees				Stop Loss Point	Medical Claims	Drug Card Claims	Admin Fees	Total Med/RX Claims	Monthly Eligible Stoploss claims	Admin Fees	Specific Cost	Aggregate Cost	Fixed Cost	Total Medical/Fixed Cost	
	SINGLE	ES	EC	FAMILY												
10-Jan	247	332	60	415	990,238	52	0	0	52	52	11,805	44,920	3,306	60,031	60,083	
10-Feb	237	332	63	417	989,418	90,887	298,129	12,683	401,699	401,599	9,869	44,956	3,147	57,972	459,671	
10-Mar	242	330	58	417	986,930	294,798	189,161	8,394	492,353	492,353	10,763	44,709	3,141	58,613	550,966	
10-Apr																
10-May																
10-Jun																
10-Jul																
10-Aug																
10-Sep																
10-Oct																
10-Nov																
10-Dec																
TOTALS:																
CLAIMS ELIGIBLE FOR SPECIFIC REINSURANCE:																
															1,070,720	
AGGREGATE STOP LOSS POINT											\$409.95 Single		\$1,102.76 Family			
AGGREGATE PREMIUM (MED & RX)											\$ 3.00 Per Employee					
SPECIFIC PREMIUM (\$150,000 ded)											\$21.38 Single		\$47.73 Family			
MEDICAL ADMIN FEES- PRE-CERT, STOP LOSS INTERFACE, PPO FEE											UHC PPO \$5.00 Per Employee					
*First Claim Payment Issued February 8th therefore claims for January are included in February claim numbers above																

Case Number: ASP0001

Claims Processed Summary

State Date: 03/01/2010

End Date: 03/31/2010

Claim Type	Relationship	Original Charge	Charge	Inel	Deduct	Co-Insurance	COB	Per Charge Deduct	Paid By Us
01	CHILD	\$180,611.25	\$178,724.89	\$43,122.17	\$1,540.00	\$6,455.24	\$2,396.99	\$285.40	\$127,322.08
	SELF	\$253,583.65	\$250,383.04	\$148,876.52	\$1,516.13	\$27,050.54	\$19,454.88	\$1,134.24	\$71,805.61
	SPOUSE	\$108,734.87	\$98,879.64	\$49,426.59	\$1,654.74	\$17,831.36	\$12,411.23	\$854.17	\$29,112.78
05	CHILD	\$615.00	\$615.00	\$380.00	\$0.00	\$70.50	\$0.00	\$0.00	\$164.50
	SELF	\$1,989.00	\$1,939.40	\$1,016.43	\$0.00	\$276.89	\$0.00	\$0.00	\$646.08
	SPOUSE	\$1,904.00	\$1,904.00	\$1,359.29	\$0.00	\$245.27	\$81.86	\$0.00	\$299.44
07	SELF	\$2,423.12	\$2,423.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,423.12
		\$549,860.89	\$534,869.09	\$244,181.00	\$4,710.87	\$51,929.80	\$34,344.96	\$2,273.81	\$231,773.61