



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"



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ARKANSAS STATE POLICE COMMISSION

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Arkadelphia

June 17, 2011

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 5/31/11. If you have any further questions, please contact this office at 501-618-8720.

Thank you.

Sincerely,

Kathy D. Sparks, Major
Administrative Services Division

KS/ba

**Arkansas State Police
Uniformed Employee Health Plan
May 2011**

DESCRIPTION	MONTH END 5/31/11	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$4,772,949.91</u>	<u>\$4,092,252.21</u>
PLUS RECEIPTS:		
Active Employees	518,520.00	2,592,600.00
Active Dental/Vision	102,881.58	282,078.39
Retirees	36,213.59	448,909.29
COBRA	1,397.51	6,455.70
Act 1500 DL Fees	219,465.65	1,210,225.79
Refunds & Voids	19,951.57	40,984.43
Interest Earned	491.64	6,691.87
Other-Retiree Drug Subsidy/Reimbursements/ Rebates	84,171.63	254,506.36
Other-Stop Loss/Suspension premium		406,687.89
SUBTOTAL RECEIPTS:	<u>983,093.17</u>	<u>5,249,139.72</u>
FUND BALANCE AVAILABLE:	<u>5,756,043.08</u>	<u>\$9,341,391.93</u>
LESS DISBURSEMENTS:		
Health Claims	663,209.83	3,864,892.51
Reinsurance Premiums	45,766.84	227,868.85
UMR Administration/LDIRx	32,733.20	166,727.40
UMR Discount Recovery		0.00
Delta Dental Admin.	3,239.99	15,890.72
DataPath Admin.	795.75	3,974.25
Part D Advisors	5,878.14	40,188.05
Other		15,290.00
Miscellaneous/Refunds	12.30	2,153.12
SUBTOTAL DISBURSEMENTS:	<u>751,636.05</u>	<u>4,336,984.90</u>
ENDING FUND BALANCE:	<u>\$5,004,407.03</u>	<u>\$5,004,407.03</u>
CERTIFICATES OF DEPOSIT	3,000,000.00	3,000,000.00
TOTAL FUND BALANCE	<u>\$ 8,004,407.03</u>	<u>\$8,004,407.03</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	130	207	51	270	\$ 42,984.27	\$ 4,983.90	\$ 47,968.17
FEB	127	205	48	270	\$ 28,539.73	\$ 6,486.00	\$ 35,025.73
MAR	129	202	48	272	\$ 43,145.22	\$ 6,657.90	\$ 49,803.12
APR	128	203	47	273	\$ 55,690.98	\$ 4,418.95	\$ 60,109.93
MAY	125	203	46	270	\$ 40,011.20	\$ 5,350.00	\$ 45,361.20
JUN							\$ -
JUL							\$ -
AUG							\$ -
SEP							\$ -
OCT							\$ -
NOV							\$ -
DEC							\$ -
Totals					\$ 210,371.40	\$ 27,896.75	\$ 238,268.15



ARKANSAS STATE POLICE

2011 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	22	23
MO/YR	Medical/RX Employees				Stop Loss Point	UMR Medical Claims	Coresour ce Run Off 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	CoreSource Run off Admin Fees	Total Combined Admin Fees	Specific Cost	Aggregate Cost	Total Fixed Cost	Total Medical/Fixed Cost
11-Jan	224	332	68	415	1,129,889	565,804	0	219,041	784,845	0	4,634	0	0	798,946	9,467	23,603	0	33,070	41,596	3,117	44,713	862,628
11-Feb	224	335	67	429	1,155,310	349,727	0	244,931	594,658	0	3,085	0	0	607,617	9,874	24,087	0	33,961	42,620	3,165	45,785	674,404
11-Mar	237	328	67	430	1,149,444	405,821	0	213,244	619,065	0	3,998	0	0	632,064	9,000	25,251	0	34,251	42,862	3,186	46,048	699,364
11-Apr	236	329	65	435	1,153,246	725,738	0	226,423	952,161	0	0	0	0	961,805	9,644	24,048	0	33,692	42,572	3,195	45,767	1,031,620
11-May	236	327	65	434		394,992	0	202,637	597,630						8,685	23,981	0	32,666	42,491	3,180	45,671	675,966
11-Jun																						
11-Jul																						
11-Aug																						
11-Sep																						
11-Oct																						
11-Nov																						
11-Dec																						
Laser										57,439				-57,439								
TOTALS:					4,587,889	2,442,082	0	1,106,277	3,548,358	57,439	11,717	0	0	2,942,993	46,670	120,970	0	167,640	212,141	15,843	227,984	3,943,982

Less Total Specific Reimbursements to date 0

Total Plan Costs: 3,943,982

AGGREGATE STOP LOSS FACTORS
AGGREGATE PREMIUM (MED & RX) \$434.59 Single \$1,267.41 Family
SPECIFIC PREMIUM (\$175,000 ded with \$140,000 Aggregating Specific) \$ 3.00 Per Employee
Laser #1 250,000 :57,438.82 excluded
Laser #2 425,000 :0 excluded