

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"



Asa Hutchinson
Governor

William J. Bryant
Director

B.1

ARKANSAS
STATE POLICE
COMMISSION

February 13, 2019

Bob Burns
Chairman
Little Rock

Senator Larry Teague
Representative Lane Jean
Joint Budget Committee Chairs
315 State Capitol
Little Rock, AR. 72201

Jane Dunlap Christenson
Vice-Chairman
Harrison

Neff Basore
Secretary
Bella Vista

Dear Senator Teague and Representative Jean:

Bill Benton
Heber Springs

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.

Stephen Edwards
Marianna

Jeffery Teague
El Dorado

Enclosed is the report for month ending 1/31/19. If you have any questions, please contact this office at 501-618-8749.

John Allison
Conway

Thank you

Sincerely,

Major Charles Hubbard #293

Major Charles Hubbard
Administrative Services Division

**Arkansas State Police Uniformed Health Plan
Fund Balance-January 2019**

DESCRIPTION	MONTH END	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$2,592,161.64</u>	<u>\$2,592,161.64</u>
PLUS RECEIPTS:		
Active Employees	591,332.00	591,332.00
Active Dental/Vision	35,342.40	35,342.40
Retirees	129,105.88	129,105.88
COBRA	0.00	0.00
Act 1500 DL Fees	196,576.75	196,576.75
Refunds & Voids	10.54	10.54
Interest Earned	4,818.25	4,818.25
Other-Stop Loss	0.00	0.00
Other-Retiree Drug Subsidy	0.00	0.00
Other-Drug Card Rebate	80,213.75	80,213.75
Other-LWOP Premiums	762.61	762.61
Other-Suspension Premiums	37.20	37.20
Other-Additional Premiums	0.00	0.00
Other-Additional Premium Contribution	0.00	0.00
CD's Redeemed	0.00	0.00
SUBTOTAL RECEIPTS:	<u>1,038,199.38</u>	<u>1,038,199.38</u>
FUND BALANCE AVAILABLE	<u>\$3,630,361.02</u>	<u>\$3,630,361.02</u>
LESS DISBURSEMENTS:		
Health, Prescription, Dental & Vision Claims	1,054,929.97	1,054,929.97
Reinsurance Premiums	71,241.10	71,241.10
QualChoice	33,867.84	33,867.84
Delta Dental Admin.	4,492.86	4,492.86
DataPath & Primepay COBRA	780.00	780.00
Part D Advisors	0.00	0.00
Miscellaneous-Premium Refund	98.28	98.28
Other-Health Plan Consultant	0.00	0.00
Other-Transitional Reinsurance Fee	0.00	0.00
Other-Professional Svc(GASB report)	0.00	0.00
Other-Hodges/Mace Admin	1,139.50	1,139.50
LDI Admin	21,301.08	21,301.08
PCORI	0.00	0.00
LDI Audit	9.36	9.36
Other-Bank charge	0.00	0.00
SUBTOTAL DISBURSEMENTS:	<u>\$1,187,859.99</u>	<u>\$1,187,859.99</u>
ENDING FUND BALANCE:	<u>\$2,442,501.03</u>	<u>\$2,442,501.03</u>
CERTIFICATES OF DEPOSIT	\$3,500,000.00	3,500,000.00
TOTAL FUND BALANCE	<u>\$5,942,501.03</u>	<u>\$5,942,501.03</u>

ACT 1500 Revenue Summary		
TOTAL ACT1500 REVENUE FOR THE MONTH :	12/01/2018	\$393,116.54
MONTHLY DEPOSIT TO HEALTH PLAN (SEE ABOVE)		\$196,576.75
MONTHLY ACT 1500 TRANSFER TO HOLDING - SMP1100		\$196,576.75
CAL YEAR TO DATE TRANSFERS TO HOLDING - SMP1100		\$2,696,014.66
PROJECTED HOLDING BY 12/31/18		\$3,000,000.00
		\$303,985.34

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	222	204	56	257	\$ 58,756.20	\$ 7,796.52	\$ 66,552.72
FEB					\$ -	\$ -	\$ -
MAR					\$ -	\$ -	\$ -
APR					\$ -	\$ -	\$ -
MAY					\$ -	\$ -	\$ -
JUN					\$ -	\$ -	\$ -
JUL					\$ -	\$ -	\$ -
AUG					\$ -	\$ -	\$ -
SEP					\$ -	\$ -	\$ -
OCT					\$ -	\$ -	\$ -
NOV					\$ -	\$ -	\$ -
DEC					\$ -	\$ -	\$ -
Totals	222	204	56	257	\$ 58,756.20	\$ 7,796.52	\$ 66,552.72



Arkansas State Police
2019 Total Medical & RX Cash Flow Report
Paid Year Reporting

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	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Medical/RX Employees																				
MO/YR	\$	ES	EC	F	QualChoice 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	Monthly Attachment Point	LDI RX Card Admin Fees	QualChoice Admin Fees	Total Combined Admin Fees	Specific Cost	Aggregate Cost	Total Fixed Cost	Total Medical/Fixed Cost
#####	275	345	68	460	\$ 640,815.82	\$ 360,992.00	\$ 1,001,807.82	\$ -	\$ -	\$ -	\$ -	\$ 1,001,807.82	\$ 1,172,300.35	\$ 21,940.00	\$ 33,867.84	\$ 55,807.84	\$ 63,969.12	\$ 7,271.98	\$ 71,241.10	\$ 1,128,856.76
#####					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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#####					\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS:					\$ 640,815.82	\$ 360,992.00	\$ 1,001,807.82	\$ -	\$ -	\$ -	\$ -	\$ 1,001,807.82	\$ 1,172,300.35	\$ 21,940.00	\$ 33,867.84	\$ 55,807.84	\$ 63,969.12	\$ 7,271.98	\$ 71,241.10	\$ 1,128,856.76

Less Total Specific Reimbursements to date \$ -
Total Plan Costs: \$ 1,128,856.76

Specific Contract: 24/12 Medical & RX
Specific Rates:
 Specific Deductible: \$ 250,000.00 EO: \$ 19.48
 Aggregating Specific: \$ 340,000.00 EF: \$ 67.02

Aggregate Contract: 12/12 Medical & RX
Aggregate Factors:
 Aggregate Premium: \$ 6.34 EO: \$ 511.55
 EF: \$ 1,181.70

Lasers:
 Laser 1 \$ 300,000.00
 Laser 2 \$ 1,000,000.00
 Laser 3 \$ -

2018 Specific Reimbursements:
 Member 1 \$ -
 Member 2 \$ -
 Member 3 \$ -
 Member 4 \$ -
 Member 5 \$ -

2019 Specific Reimbursements:
 Member 1 \$ -
 Member 2 \$ -
 Member 3 \$ -
 Member 4 \$ -
 Member 5 \$ -

Year to Date Loss Ratio: 7.12%

*The Exclusions under Aggregate are the claims above \$210,000 for those members who are lasered and any Aggregating Specific amount.