

State of Arkansas

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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

February 11, 2015

ARKANSAS
STATE POLICE
COMMISSION

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Senator Larry Teague
Representative Lane Jean
Co-chairmen
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR. 72201

Dear Senator Teague and Representative Jean:

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 month ending 1/31/15. If you have any further questions, please contact this office at 501-618-8720.

Thank you

Sincerely,

Major Stan Witt
Administrative Services Division

**Arkansas State Police Uniformed Health Plan
Fund Balance-January 2015**

DESCRIPTION	MONTH END 1/31/15	ACTUAL YEAR TO DATE
BEGINNING FUND BALANCE:	<u>\$3,633,461.00</u>	<u>\$3,633,461.00</u>
PLUS RECEIPTS:		
Active Employees	547,400.00	547,400.00
Active Dental/Vision	37,703.59	37,703.59
Retirees	114,520.60	114,520.60
COBRA	0.00	0.00
Act 1500 DL Fees	244,675.30	244,675.30
Refunds & Voids	0.00	0.00
Interest Earned	656.16	656.16
Other-Stop Loss	409,246.87	409,246.87
Other-Retiree Drug Subsidy	0.00	0.00
Other-Drug Card Rebate	0.00	0.00
Other-LWOP Premiums	0.00	0.00
Other-Suspension Premiums	0.00	0.00
Other-Additional Premiums	0.00	0.00
Other-Returned Security Deposit	0.00	0.00
SUBTOTAL RECEIPTS:	<u>1,354,202.52</u>	<u>1,354,202.52</u>
FUND BALANCE AVAILABLE:	<u>\$4,987,663.52</u>	<u>\$4,987,663.52</u>
LESS DISBURSEMENTS:		
Health, Dental & Vision Claims	976,656.04	976,656.04
Reinsurance Premiums	63,392.18	63,392.18
QualChoice/LDIRX	30,867.50	30,867.50
Delta Dental Admin.	3,854.44	3,854.44
DataPath Admin.	844.50	844.50
Part D Advisors	0.00	0.00
Miscellaneous-Premium Refund	0.00	0.00
Other-Hatcher Agency	0.00	0.00
Other-Transitional Reinsurance Fee	185,220.00	185,220.00
Other-Professional Svc(GASB report)	0.00	0.00
SUBTOTAL DISBURSEMENTS:	<u>\$1,260,834.66</u>	<u>\$1,260,834.66</u>
ENDING FUND BALANCE:	<u>\$3,726,828.86</u>	<u>\$3,726,828.86</u>
CERTIFICATES OF DEPOSIT		
TOTAL FUND BALANCE	<u>\$5,000,000.00</u>	<u>5,000,000.00</u>
	<u>\$8,726,828.86</u>	<u>\$8,726,828.86</u>

MO/YR	Dental/Vision Employees				Dental Claims Paid	Vision Claims Paid	Total Claims Paid
	EE	ES	EC	FAM			
JAN	170	204	58	278	\$ 43,096.95	\$ 6,495.00	\$ 49,591.95
FEB							
MAR							
APR							
MAY							
JUN							
JUL							
AUG							
SEP							
OCT							
NOV							
DEC							
Totals					\$ 43,096.95	\$ 6,495.00	\$ 49,591.95



**Arkansas State Police
2015 Total Medical & RX Cash Flow Report
Paid Report**

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.

MO/YR	Medical/RX Employees			QualChoice Claims	LDI RX Card Claims	Total Combined Med/RX Claims	Exclusions under Aggregate	Add'l 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
	S	ES	EC																
14-Jan	229	360	70	467	\$ 300,403.01	\$ 914,461.16	\$ -	\$ -	\$ -	\$ -	\$ 914,461.16	\$ 1,201,583.38	\$ 9,927.50	\$ 30,867.50	\$ 40,795.00	\$ 55,517.79	\$ 4,166.40	\$ 59,684.19	\$ 1,014,940.35
14-Feb	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Mar	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Apr	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-May	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Jun	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Jul	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Aug	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Sep	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Oct	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Nov	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Dec	0	0	0	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS:					\$ 614,058.15	\$ 300,403.01	\$ 914,461.16	\$ -	\$ -	\$ -	\$ 914,461.16	\$ 1,201,583.38	\$ 9,927.50	\$ 30,867.50	\$ 40,795.00	\$ 55,517.79	\$ 4,166.40	\$ 59,684.19	\$ 1,014,940.35

Less Total Specific Reimbursements to date
Total Plan Costs: \$ -

Specific Contract:	24/12	Medical & RX	Specific Rates:	
Specific Deductible:	\$	210,000.00	EO:	\$ 19.02
Aggregating Specific:	\$	140,000.00	EF:	\$ 61.43
Aggregate Contract:	24/12	Medical & RX	Aggregate Factors:	
Aggregate Premium:	\$	3.69	EO:	\$ 525.40
			EF:	\$ 1,208.94

Lasers:
 Laser 1 \$ 275,000.00
 Laser 2 \$ 350,000.00 (contingent) \$ 14,419,000.56
 Laser 3 \$ 525,000.00

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

Specific Reimbursements:	
Member 1	\$ -
Member 2	\$ -
Member 3	\$ -
Year to Date Loss Ratio:	6.34%

\$ -