

Morehouse School of Medicine
 Group Medical Insurance Review - United Healthcare Dual Option

Proposed

		In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum Benefits	Unlimited	\$1,000,000	Unlimited	\$1,000,000	
Deductible (Individual / Family)	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$3,000	N/A	\$500 / \$1,000
Coinsurance		90%	50%	90%	50%
including Deductible					
UCR		N/A	In-Network Fee Schedule	N/A	In-Network Fee Schedule
Office Visit - PCP / Specialist					
X-Ray and Lab Services Outside Doctor's Office	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room		\$100 Copay (Waived if Admitted)		\$100 Copay (Waived if Admitted)	
Hospital					
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	
Mental Health Care					
Behavioral Health Care					
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	\$25 Copay	<u>30 Day per Year</u> Deductible & Coinsurance	\$20 Copay	<u>30 Day per Year</u> Deductible & Coinsurance	Deductible & Coinsurance
		<u>20 Visits per Year</u>		<u>20 Visits per Year</u>	
Prescription Drug Copays			\$10 / \$20 / \$40		\$10 / \$20 / \$40
Vision Care		\$25 Copay; One Eye Exam Every Year		\$20 Copay; One Eye Exam Every Year	
Child Dependents					

	Effective Date	January 1, 2007	January 1, 2007	January 1, 2007
Total # of EEs				
Employee	532	63	\$317.19	469
Employee + Spouse	74	9	\$655.00	102
Employee + Child (emb)	128	20	\$492.89	106
Family	734	92	\$465.08	677
	898			\$3,300,371
Annual Premium		\$844,506		\$4,300,371
Total Annual Premium			\$5,745,078	

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Responses From Carriers

<u>Carriers</u>	<u>Life</u>	<u>LTD</u>	<u>STD</u>
Aetna	Q	Q	Q
Assurant	DTQ	DTQ	DTQ
First Reliance	Q	Q	Q
Guardian	Q	Q	Q
Lincoln Financial	Q	Q	Q
Mutual of Omaha	Q	Q	Q
Principal	N/A	N/A	N/A
Standard	Q	Q	Q
Unum Provident	Q	Q	Q

Legend: Q = Quoted, included in proposal
 DTQ = Declined to quote
 NC = Quoted but not competitive & not included in proposal
 NA = Does not underwrite particular line of coverage
 DNRC = Did not request quote

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Premium Summary

	2014		2013		2012		
	Actual	Change	Actual	Change	Actual	Change	Total
Inforce	\$215,364		\$342,666		\$139,493		\$697,522
North Carolina Mutual	\$317,737	\$102,373	\$308,918	(\$53,747)	\$107,205	(\$52,290)	\$36,336
Prudential	\$185,294	(\$30,070)	\$166,141	(\$176,525)	\$87,829	(\$51,664)	(\$258,259)
Unum Provident	\$268,860	\$52,197	\$171,333	(\$171,333)	\$95,870	(\$42,014)	(\$101,754)

Inforce Plan

Proposed

In Work at Least 17.5 Hours Per Week in a 35 Hour Work Week
Class II: All Eligible Employees Scheduled to Work at Least 20 Hours Per Week in a 40 Hour Work Week

Scheduled to Work at Least 17.5 Hours Per Week in a 35 Hour Work Week
Class II: All Eligible Employees Scheduled to Work at Least 20 Hours

of 30 Hours Per Week

of 30 Hours Per Week

of 30 Hours Per Week

of 30 Hours Per Week

Spouse: \$5,000
 Child: \$2,500

Spouse: \$5,000
 Child: \$2,500

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Spouse: \$5,000
 Child: \$2,500

Spouse: \$5,000
 Child: \$2,500

Accelerated Death Benefit
 Waiver of Premium
 Conversion
 Participation Requirements
 Non-Contributory
 Provider Website

Included
 Included
 Included
 100%
 Yes

Included
 Included
 Included
 100%
 Yes

Included
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 Yes

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 Yes

www.sunlife.com

www.sunlife.com

www.sunlife.com

www.sunlife.com

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Effective Date: July 1, 2004

Effective Date: July 1, 2007

Effective Date: July 1, 2007

Effective Date: July 1, 2007

Effective Date: July 1, 2007

Effective Date: July 1, 2007

Employee Dependent

Employee Child Spouse

Employee Dependent

Employee Dependent

Employee Dependent

Employee Dependent

Employee

Volume

\$108,000-\$118,000

\$108,000-\$118,000

\$108,000-\$118,000

\$108,000-\$118,000

\$108,000-\$118,000

\$108,000-\$118,000

Life Rate

\$0.140 \$1.200 \$0.270

\$0.145 \$1.200

\$0.126 \$1.200

\$0.140 \$1.200

\$0.140 \$1.200

\$0.140 \$1.200

\$1.200

MOREHOUSE SCHOOL OF MEDICINE
Group Life / AD&D Review

Inforce Plan

Proposed

Class Definition	Class I: All Eligible Employees Scheduled to Work at Least 30 Hours Per Week in a 40-Hour Work Week	Class II: All Full-Time Employees Scheduled to Work at Least 35 Hours Per Week in a 40-Hour Work Week	Class III: All Part-Time Employees Scheduled to Work at Least 20 Hours Per Week in a 40-Hour Work Week	Class IV: All Part-Time Employees Scheduled to Work at Least 10 Hours Per Week in a 40-Hour Work Week	Class V: All Part-Time Employees Scheduled to Work at Least 5 Hours Per Week in a 40-Hour Work Week	Class VI: All Part-Time Employees Scheduled to Work at Least 1 Hour Per Week in a 40-Hour Work Week
Insurance Schedule	Class I & II: 2 x Earnings to \$500,000	Employees: 2 x Earnings to \$500,000	Employees: 2 x Earnings to \$500,000	Employees: 2 x Earnings to \$500,000	Employees: 2 x Earnings to \$500,000	Employees: 2 x Earnings to \$500,000
Critback	To 65% @ Age 65, 45% @ Age 70, 20% @ Age 75, 20% @ Age 80	To 65% @ Age 65, 45% @ Age 70, 20% @ Age 75, 20% @ Age 80	To 65% @ Age 65, 45% @ Age 70, 20% @ Age 75, 20% @ Age 80	To 65% @ Age 65, 45% @ Age 70, 20% @ Age 75, 20% @ Age 80	To 65% @ Age 65, 45% @ Age 70, 20% @ Age 75, 20% @ Age 80	To 65% @ Age 65, 45% @ Age 70, 20% @ Age 75, 20% @ Age 80
Spouse	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Child	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Accelerated Death Benefit	Included	Included	Included	Included	Included	Included
Waiver of Premium	Included	Included	Included	Included	Included	Included
Conversion	Included	Included	Included	Included	Included	Included
Non-Contributory	Yes	Yes	Yes	Yes	Yes	Yes
Provider Website	www.sunlife.com	www.mutual.com	www.mutual.com	www.mutual.com	www.mutual.com	www.mutual.com