



CampusCare
University-Based Health Benefits Program

Looking Back & Moving Forward

Presented by Roger Carlson

How did we get here

- Prior to 2001 Student Health Plan was UHMO
 - Exited Medicaid market (2000 Unable to grow business)
 - Closed due to potential insurance liabilities (insolvency)
 - High Cost of Alumni members (200% Medical Loss Ratio)
- 2001 Mega Life selected as new Student Health Plan Carrier
 - 39% increase in rates in 3 years
 - 30 % denial rate on claims processed (provider & students held responsible)
- 2004 *CampusCare* selected as new Student Health Plan
 - Provide better benefits (Less than 3% denial rate)
 - Control premium increases (Total increase 10% since 2004)
 - Drive more business to University Providers

Why this way

- Benefit design came from Student Health Insurance Task Force Report (9/03) and prior carriers benefit design
- 80-90% of students already receiving their care at UIC
- Controlled Network allowed increase in benefits and lower out-of-pocket expenses for students

Health Service Fee

- No allocation of this fee for *CampusCare*
 - Family Medicine
 - Pharmacy
 - Counseling Center
 - Wellness Center

U of I Research Fellows Program

April 1, 2010

Presented by

MEDICAL Carrier	Plan #	1	2	3	4	5	6	7	8	9
Aetna	Spectrum 500/90	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	Spectrum 500/80	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	Spectrum 1000/90	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	Spectrum 1000/80	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	Spectrum 5000/100	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	HSA 1500/80	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	HSA 2500/100	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	HSA 3500/80	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna
Aetna	HSA 5000/100	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna	Aetna

Units	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums
53	\$ 562.90	\$ 544.31	\$ 517.09	\$ 494.15	\$ 374.83	\$ 446.79	\$ 448.22	\$ 367.47	\$ 355.05	\$ 355.05
Employee Only	\$ 1,344.83	\$ 1,300.40	\$ 1,235.38	\$ 1,180.58	\$ 895.52	\$ 1,067.43	\$ 1,070.84	\$ 877.91	\$ 848.24	\$ 848.24
Employee & Spouse	\$ 1,269.28	\$ 1,227.34	\$ 1,165.97	\$ 1,114.25	\$ 845.20	\$ 1,007.46	\$ 1,010.68	\$ 828.59	\$ 800.58	\$ 800.58
Employee & Child(ren)	\$ 2,021.18	\$ 1,954.40	\$ 1,856.68	\$ 1,774.32	\$ 1,345.89	\$ 1,604.27	\$ 1,609.39	\$ 1,319.43	\$ 1,274.84	\$ 1,274.84
Employee & Family	\$ 71,523.43	\$ 69,160.83	\$ 65,702.55	\$ 62,787.93	\$ 47,627.11	\$ 56,770.20	\$ 56,951.70	\$ 46,691.12	\$ 45,113.09	\$ 45,113.09

Notes: HSA Deduct must be met first before any 1st \$ benefits are paid

OPTIONAL	Units	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life
DENTAL	53	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58
Employee Only	31	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16
Employee & Spouse	0	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24
Employee & Child(ren)	0	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09
Employee & Family	84	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70	\$ 3,976.70

OPTIONAL	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re
LIFE & AD&D	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE
Volume	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Rate per 1,000	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13

Life & AD&D Monthly Premiums	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re
84	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00

OPTIONAL	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re
Combined Monthly Premiums	\$ 75,773.13	\$ 73,410.53	\$ 69,952.25	\$ 67,037.63	\$ 51,876.81	\$ 61,019.90	\$ 61,201.40	\$ 50,940.82	\$ 49,362.79

Notes: Optional Dental - Indemnity plan; Annual \$1,000; Class I - 100% Preventative; \$50 Deduct Class II Basic 80% - Class III 50% ... any dentist

U of I Research Fellows Program

Presented by [REDACTED]

April 1, 2010

MEDICAL Carrier	Plan #	PRO Network	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana
			Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS	Choice POS
			Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana	Humana
Deductible (In / Out) *			\$1,000 / \$3,000	\$1,500 / \$4,500	\$2,000 / \$6,000	\$2,500 / \$7,500	\$5,000 / \$15,000	\$4,500 / \$4,500	\$2,000 / \$6,000	\$2,500 / \$7,500	\$5,000 / \$15,000	\$4,500 / \$4,500	\$2,000 / \$6,000	\$2,500 / \$7,500	\$5,000 / \$15,000	\$4,500 / \$4,500	\$2,000 / \$6,000
Coinsurance (In / Out) *			90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%	90% / 60%
Coinsurance Max (In / Out) *			\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000
OV Copay (Primary / Specialist)			\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50	\$30/\$50
Emergency Room Copay			\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Rx Copay			\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50
* Per Member x per family			2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
MEDICAL																	
Employee Only	Units	Premiums	\$310.06	\$293.72	\$281.04	\$273.58	\$287.27	\$514.63	\$656.12	\$599.16	\$561.28	\$408.62	\$575.79	\$185.74	\$255.13	\$561.28	\$408.62
Employee & Spouse	31	\$	678.54	663.19	615.10	587.27	514.63	656.12	599.16	561.28	408.62	575.79	185.74	255.13	561.28	408.62	575.79
Employee & Child(ren)	0	\$	585.42	554.57	530.59	514.60	446.04	566.65	517.45	484.74	352.90	575.79	185.74	255.13	561.28	408.62	575.79
Employee & Family	0	\$	949.89	897.04	857.64	832.29	713.38	924.54	844.27	790.90	575.79	185.74	255.13	561.28	408.62	575.79	185.74
Medical Monthly Premiums	84	\$	37,467.92	35,506.05	33,963.22	32,705.11	28,582.37	36,146.44	33,007.98	30,921.57	22,511.44						

Notes: HSA Deduct must be met first before any 1st \$ benefits are paid

OPTIONAL	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life
DENTAL																	
Employee Only	Units	Premiums	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58	\$34.58
Employee & Spouse	31	\$	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16	69.16
Employee & Child(ren)	0	\$	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24	74.24
Employee & Family	0	\$	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09	107.09
Dental Monthly Premiums	84	\$	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70	3,976.70
OPTIONAL																	
LIFE & AD&D	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re
Volume	84	\$25,000 / EE	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Rate per 1,000		\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13
Life & AD&D Monthly Premiums		\$	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00	273.00
Combined Monthly Premiums		\$	41,717.62	39,755.75	38,212.92	36,954.81	32,832.07	40,396.14	37,257.68	35,171.27	26,761.14						

Notes: Optional Dental - Indemnity plan; Annual \$1,000; Class I - 100% Preventative; \$50 Deduct Class II Basic 80% - Class III 50% ... any dentist

U of I Research Fellows Program

April 1, 2010

Presented by

Medical Carrier	Plan #	UHC	Humana	Humana	Humana	Humana	Nippon Life	Nippon Life	Nippon Life	Nippon Life	Nippon Life	Nippon Life
UHC	X7P	11H	11L	11I	F4J	F4I	X1J	X1O				
PPO Network	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC				
Deductible (In / Out) *	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,000 / \$6,000	\$5,000 / \$6,000	\$5,000 / \$6,000	\$5,000 / \$6,000	\$5,000 / \$6,000	\$5,000 / \$6,000
Coinsurance (In / Out) *	90% / 70%	80% / 60%	90% / 70%	80% / 60%	90% / 70%	80% / 60%	100% / 80%	80% / 60%	80% / 60%	80% / 60%	80% / 60%	80% / 60%
Coinsurance Max (In / Out) *	\$3,000 / \$4,000	\$3,000 / \$6,000	\$3,500 / \$6,000	\$3,500 / \$6,000	\$4,000 / \$6,000	\$4,000 / \$6,000	\$5,000 / \$7,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
OV Copay (Primary / Specialist)	Coinsurance	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$20 / \$50	\$30 / \$50	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Emergency Room Copay	Coinsurance	\$150	\$150	\$150	\$150	\$150	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Rx Copay	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60	Coinsurance
* Per Member x per family	3x	3x	3x	3x	3x	3x	3x	3x	3x	3x	3x	2x
MEDICAL	Units	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums
Employee Only	53	\$ 256.33	\$ 252.90	\$ 249.39	\$ 243.86	\$ 233.95	\$ 221.62	\$ 195.11	\$ 186.12	\$ 195.11	\$ 186.12	\$ 186.12
Employee & Spouse	31	\$ 538.29	\$ 531.09	\$ 523.72	\$ 512.11	\$ 491.30	\$ 465.39	\$ 409.73	\$ 390.85	\$ 409.73	\$ 390.85	\$ 390.85
Employee & Child(ren)	0	\$ 440.88	\$ 434.99	\$ 428.95	\$ 419.45	\$ 402.40	\$ 381.18	\$ 335.59	\$ 320.13	\$ 335.59	\$ 320.13	\$ 320.13
Employee & Family	0	\$ 774.11	\$ 763.76	\$ 753.16	\$ 736.47	\$ 706.53	\$ 669.28	\$ 589.24	\$ 562.08	\$ 589.24	\$ 562.08	\$ 562.08
Medical Monthly Premiums	84	\$ 30,272.48	\$ 29,867.49	\$ 29,452.99	\$ 28,799.99	\$ 27,629.65	\$ 26,172.95	\$ 23,042.46	\$ 21,980.71	\$ 23,042.46	\$ 21,980.71	\$ 21,980.71

Notes: All plans - (Coinsurance Maximum) - Out of Pocket Expense INCLUDES the Deductible

OPTIONAL	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life	Best Life
DENTAL	Units	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums	Premiums
Employee Only	53	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58	\$ 34.58
Employee & Spouse	31	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16	\$ 69.16
Employee & Child(ren)	0	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24	\$ 74.24
Employee & Family	0	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09	\$ 107.09
Dental Monthly Premiums	84	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,958.73
OPTIONAL	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re	Best Re
LIFE & AD&D	84	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE	\$25,000 / EE
Volume		2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Rate per 1,000		\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13
LIFE & AD&D Monthly Premiums	84	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00	\$ 273.00
Combined Monthly Premiums	84	\$ 30,545.48	\$ 30,140.49	\$ 29,725.99	\$ 29,072.99	\$ 27,902.65	\$ 26,445.95	\$ 23,315.46	\$ 45,212.44	\$ 23,315.46	\$ 23,315.46	\$ 45,212.44

Notes: Optional Dental - Indemnity plan. Annual \$1,000; Class I - 100% Preventative; \$50 Deduct Class II Basic 80% - Class III 50% ... any dentist