

**INSTRUCTION, RESEARCH, AND STUDENT AFFAIRS**  
**APRIL 18, 2012**

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<b>TAB</b>	<b>DESCRIPTION</b>	<b>ACTION</b>
1	<b>STUDENT HEALTH INSURANCE PROGRAM (SHIP)</b>	Approval Item

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**APRIL 18, 2012**

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**SUBJECT**

Student Health Insurance Program (SHIP)

**REFERENCE**

April 2010

Board approval of Student Health Insurance Program Consortium contract

**APPLICABLE STATUTES, RULE OR POLICY**

Idaho State Board of Education Governing Policies & Procedures, Section III.P.16.

**BACKGROUND / DISCUSSION**

Board policy III.P.16 provides that “Every full-fee paying student ... attending classes in Idaho shall be covered by health insurance. Students shall purchase health insurance offered through the institution, or may instead, at the discretion of each institution, present evidence of health insurance coverage that is at least substantially equivalent to the health insurance coverage offered through the institution.”

In 2009, in an effort to combat the rate at which SHIP premiums were impacting students, Boise State University (BSU), Idaho State University (ISU) and Lewis-Clark State College (LCSC) joined forces in a consortium to negotiate a new contract. The consortium initially provided additional benefits at a reduced cost to all students. The contract was awarded by the State Division of Purchasing to Renaissance Agencies, a national student health insurance provider. Renaissance partnered with Nationwide as underwriter. The original rates were guaranteed for the first two years of the contract. Contractually, the rate may increase a maximum of 4% per year. Since the initial agreement, Renaissance was purchased by Ascension. It should be noted that while Eastern Idaho Technical College (EITC) is not a party to the consortium, they too use Renaissance/Ascension as their SHIP provider and benefitted indirectly from the consortium rate negotiations.

In early April, the institutions were provided its new rates for the 2012-2013 academic year as shown in the table on the next page. By way of comparison, University of Idaho (UI) is not part of the consortium but its SHIP carrier is United Health Care (the same carrier that came with the lowest bid for the consortium in AY 2012-13). UI is looking at a five percent (5%) increase in SHIP premiums next fall. The difference, in part, could be attributed to the fact that UI's plan is already Patient Protection and Affordable Care Act (PPACA) compliant.

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	Academic Year		% Chg
	2011-12	2012-13	
<b>BSU</b>	\$1,622	\$2,124	30.9%
<b>ISU</b>	\$1,270	\$1,861	46.5%
<b>LCSC</b>	\$1,232	\$1,703	38.2%
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<b>EITC</b>			
(option 1)	\$252	\$1,620	542.9%
(option 2)	\$252	\$942	273.8%
=====			
<b>UI</b>	\$1,424	\$1,495	5.0%

SHIP premium increases of this magnitude are clearly of grave concern to the institutions. To further complicate matters, the constitutionality of PPACA has been challenged in the U.S. Supreme Court, with a decision expected in June.

The PPACA coverage requirements has raised the age of dependents who can be covered on their parents' policies to 26, which captures the age group of the majority of students. In addition, BSU has suggested that students would be better served if the university focused on managing an affordable voluntary plan for the 28% of students who need insurance, rather than spending their time on the 70% who waive out of SHIP due to existing coverage.

**IMPACT**

With the SHIP premium cost estimates for next year, the annual premium is approaching a cost equal to a semester of tuition and fees, or in the case of EITC the annual cost of tuition and fees.

**ATTACHMENTS**

Attachment 1 – Board Policy III.P.16. Excerpt	Page 5
Attachment 2 – 2012-13 Carrier Response	Page 7

**STAFF COMMENTS AND RECOMMENDATIONS**

BSU, ISU, LCSC and EITC have requested that the Board waive its policy for mandatory student health insurance for one year. This would give time for the legal status of PPACA to manifest and for the institutions to evaluate student health insurance options. Although UI is not part of the consortium, waiver of the SHIP policy would impact UI and may even place its plan in jeopardy given its already low participation rate of 25%.

Another option would be to amend the policy provision which allows a student to opt-out of purchasing student health insurance by showing “evidence of health insurance coverage that is at least substantially equivalent to the health

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insurance coverage offered through the institution.” The Board could determine that evidence of any coverage is sufficient for purposes of the policy.

A third alternative could be to leave the mandate in place, but get out of the insurance business altogether. The volatile regulatory and pricing environment of health insurance is such that it may be time to reevaluate whether institutions are in the business of providing education or health insurance. One consortium institution has noted that an outside carrier began offering a high deductible plan to students, reducing participation in SHIP by 15%.

Staff recommends the institutions be prepared to answer the following questions:

1. If the Board waives the mandatory health insurance for one year, how would your institution ensure that the SHIP students get the best available coverage? What would the institution’s role be if students can't obtain coverage?
2. What programs can your institution realistically develop prior to fall term, and what tools would you use (e.g. institution health center, contract with external health center, develop a list of vendors that would come to campus, etc.)?
3. How is your institution handling athletes under the current SHIP and how would you manage this if the mandatory requirement were waived (assuming coverage must be obtained in order to compete in NCAA or NAIA)?
4. There are many unknowns about PPACA which may or may not be resolved in the next year. Given these unknowns and the short timeline for notifying current student participants, how could your institution make the most of the current situation so that a better long term solution can be developed in the next year when more might be determined about PPACA?

**BOARD ACTION**

I move to waive Board policy III.P.16. for Fiscal Year 2013 only, and to direct the institutions to evaluate student health insurance options and report findings and recommendation to the Board by no later than the December 2012 regular Board meeting.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_ Carried Yes \_\_\_\_\_ No \_\_\_\_\_

**OR**

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I move to waive Board policy III.P.16.b. for Fiscal Year 2013, only with respect to students presenting “evidence of health insurance coverage that is at least substantially equivalent to the health insurance coverage offered through the institution,” to allow students to present evidence of any health insurance coverage for purposes of satisfying the policy’s coverage mandate.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_ Carried Yes \_\_\_\_ No \_\_\_\_

**OR**

I move to waive Board policy III.P.16. for Fiscal Year 2013, only with respect to requiring institutions to provide the opportunity for students to purchase health insurance, and to direct staff to bring a revised policy forward at the regular June meeting.

Moved by \_\_\_\_\_ Seconded by \_\_\_\_\_ Carried Yes \_\_\_\_ No \_\_\_\_

**Idaho State Board of Education**  
**GOVERNING POLICIES AND PROCEDURES**  
**SECTION: III. POSTSECONDARY AFFAIRS**  
**SUBSECTION: P. STUDENTS**

**June 2010**

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16. Student Health Insurance (Effective July 1, 2003)

The Board's student health insurance policy is a minimum requirement. Each institution, at its discretion, may adopt policies and procedures more stringent than those provided herein.

a. Health Insurance Coverage Offered through the Institution

Each institution shall provide the opportunity for students to purchase health insurance. Institutions are encouraged to work together to provide the most cost effective coverage possible. Health insurance offered through the institution shall provide benefits in accordance with state and federal law.

b. Mandatory Student Health Insurance

Every full-fee paying student (as defined by each institution) attending classes in Idaho shall be covered by health insurance. Students shall purchase health insurance offered through the institution, or may instead, at the discretion of each institution, present evidence of health insurance coverage that is at least substantially equivalent to the health insurance coverage offered through the institution. Students without evidence of health insurance coverage shall be ineligible to enroll at the institution.

i. Students presenting evidence of health insurance coverage not acquired through the institution shall provide at least the following information:

- (1) Name of health insurance carrier
- (2) Policy number
- (3) Location of an employer, insurance company or agent who can verify coverage

ii. Each institution shall monitor and enforce student compliance with this policy.

iii. Each institution shall develop procedures that provide for termination of a student's registration if he or she is found to be out of compliance with this policy while enrolled at the institution. Each institution, at its discretion, may provide a student found to be out of compliance the opportunity to come into compliance before that student's registration is terminated, and may provide that a student be allowed to re-enroll upon meeting the conditions set forth herein, and any others as may be set forth by the institution.

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**2012-2013 Final Cost Menu**

Boise State University

		<b>United Health Care</b>
		<b>2012-2013 TOTAL Annual Cost</b>
	<b>Student</b>	<b>\$ 2,123.88</b>
	<b>Spouse</b>	<b>\$ 3,040.60</b>
	<b>Children</b>	<b>\$ 2,606.72</b>

<b>BENEFIT OPTIONS</b>		<b>ANNUAL</b>
<b>PPACA Compliance for 2012-2013</b>		<b>Mandatory</b>
1.	Incorporate compliance with PPACA requirements, including those changes listed below, at a plan maximum of \$250,000 per policy year for all conditions.	
	Allow coverage for dependent children under age 26 (currently age 25) DEPENDENT RATE	<i>Included</i>
	Waive pre-existing condition limitation for covered dependent children under age 19 DEPENDENT RATE	<i>Included</i>
	Incorporate coverage of preventive services at 100% in-network (with deductible and copays waived) and 60% out-of-network (deductible and copays apply), including the following:	<i>Included</i>
	a. evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force (USPSTF)	
	b. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved	
	c. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration	
	d. with respect to women, such additional preventive care and screenings, not described in (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration	
	Remove treatment of inpatient mental disorders and/or alcohol and substance abuse maximum of \$7,000 per policy year. Paid up to \$100,000 subject to 15 days per Policy Year.	<i>Included</i>
	Remove outpatient prescription drug maximum of \$500 per policy year (paid up to \$100,000) and waive co pays for prescription contraceptives.	<i>Included</i>
	Remove durable medical equipment/braces and appliances maximum of \$2,500 per policy year (paid up to \$100,000)	<i>Included</i>
	Remove infusion therapy maximum of \$3,000 per policy year (paid up to \$100,000)	<i>Included</i>
	Remove prosthetic devices maximum of \$2,500 per policy year (paid up to \$100,000) and limit of single purchase.	<i>Included</i>

	Remove exclusions for :	
	sterilization (women only)	Included
	obesity and weight loss treatment	Included
	routine physical exams including well-baby and well-child visits	Included
	routine newborn care	Included
	preventive testing or treatment, including STD screenings as required under preventive services above	Included
	immunizations, vaccines, inoculations, preventive shots	Included
	vitamins and minerals provided for specific preventive services	Included
	treatment of addiction, including drug, alcohol, nicotine and non-chemical addictions	Included
	hearing and vision screening (for children only)	Included
	orthotics	Included
	contraceptives and morning after pill	Included
	organ transplants	Included
	growth hormones	Included
	<b>Other Requested Benefit Changes</b>	
3.	Remove ICS coverage.	pending State Contract review
4.	Included Basic Dental Coverage (Voluntary).	677.00
5.	Add a voluntary part time (9 to 11 credits undergraduate and 6 to 8 credits graduate) student enrollment option (non-PPACA and capitation not included).	
	a. Student	295.34
	b. Spouse	0.00
	c. Child(ren)	0.00
6.	Quote for BSU standalone policy (out of Consortium, non-PPACA and capitation not included).	8.42
7.	Amend the Policy Year Deductible \$250 In-Network providers/ \$500 Out-of-Network to:	
	i. waived at the University Health Center:	
	a. \$500 In-Network/\$1,000 Out-of-Network	-59.07
	b. \$1,000 In-Network/\$2,000 Out-of-Network	-162.44
	c. \$2,000 in-Network/\$4,000 Out-of-Network	-295.34
	d. \$3,000 in-Network/\$6,000 Out-of-Network	-383.95
	e. \$4,000 in-Network/\$8,000 Out-of-Network	-443.02
	f. \$5,000 in-Network/\$10,000 Out-of-Network	-502.08
8.	Remove "full fee paying" requirement from eligibility.	0.00
9.	Remove waiver option for all international students.	-4.61

10.	Incorporate Athletic training into Outpatient Rehabilitation Services as a covered service outside of the health center:	
	a. upto 20 visits	5.54
	b. upto 36 visits	7.38
	c. unlimited visits	9.23
11.	Amend the Chiropractic Treatment benefit office visit (limited to one visit per day) maximum of 24 visits to :	
	a. 10 visits per Policy Year	Not Offered
	b. 15 visits per Policy Year	Not Offered
12.	Vision quote (offered through VSP) annual enrollment only (12/12/12):	
	i. Bundled (mandatory with enrollment in the SHIP plan) with a \$10/\$10 co-pay:	
	a. student only	88.44
	b. student +1	176.64
	c. student + family	207.60
	ii. Bundled (mandatory with enrollment in the SHIP plan) with a \$10/\$25 co-pay:	
	a. student only	71.16
	b. student +1	142.08
	c. student + family	166.92
	iii. Voluntary plan with a \$10/\$10 co-pay:	
	a. student only	114.64
	b. student +1	227.80
	c. student + family	267.56
	iv. Voluntary plan with a \$10/\$25 co-pay:	
	a. student only	93.12
	b. student +1	185.88
	c. student + family	218.32

**2012-2013 Final Cost Menu**

Eastern Idaho Technical College

	United Health Care Option 1 2012-2013 TOTAL Annual Cost	United Health Care Option 2 2012-2013 TOTAL Annual Cost
Student	\$ 1,620.00	\$ 942.00
Student Voluntary	\$ 2,896.36	\$ 2,350.00
Each Dependent	\$ 2,896.36	\$ 2,896.36

BENEFIT OPTIONS		ANNUAL	ANNUAL
PPACA Compliance for 2012-2013		Mandatory	Mandatory
1.	Incorporate compliance with PPACA requirements, including those changes listed below, and changing the plan maximum from \$50,000 aggregate maximum benefit per injury or sickness to \$100,000 per policy year maximum for all conditions.	Included	Included
	Allow coverage for dependent children under age 26 DEPENDENT RATE ONLY	Included	Included
	Waive pre-existing condition limitation for covered dependent children under age 19 DEPENDENT RATE ONLY	Included	Included
	Incorporate coverage of preventive services at 100% in-network (with deductible and copays waived) and 60% out-of-network (deductible and copays apply), including the following:	Included	Included
	a. evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force (USPSTF)		
	b. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved		
	c. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration		
	d. with respect to women, such additional preventive care and screenings, not described in (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration		
	Remove ambulance maximum of \$1,500 per policy year (Nationwide Quote is paid up to \$100,000 Maximum per Policy Year)	Included	Included
	Remove outpatient day surgery miscellaneous maximum of \$1,000 per policy year (Nationwide Quote is paid up to \$100,000 Maximum per Policy Year)	Included	Included
	Remove outpatient mental disorder maximum of \$5,000 per policy year. (Nationwide Quote is paid up to \$100,000 Maximum per Policy Year subject to 30 visits per policy year)	Included	Included
	Remove outpatient prescription drug maximum of \$10,000 per policy year (paid up to \$100,000 Maximum per Policy Year for all conditions)	Included	Included
	Remove inpatient surgical expense maximum of \$1,000 per policy year (Nationwide Quote is paid up to \$100,000 Maximum per Policy Year)	Included	Included

	Remove outpatient surgical expense maximum of \$1,000 per policy year (Nationwide Quote is paid up to \$100,000 Maximum per Policy Year)	<i>Included</i>	<i>Included</i>
	Remove exclusions for any of the following:		
	sterilization (for women only)	<i>Included</i>	<i>Included</i>
	learning disabilities, autism, ADD and ADHD	<i>Included</i>	<i>Included</i>
	routine physical exams including well-baby and well-child visits	<i>Included</i>	<i>Included</i>
	preventive testing or treatment, including STD screenings as required under preventive services above	<i>Included</i>	<i>Included</i>
	immunizations or vaccines	<i>Included</i>	<i>Included</i>
	organ transplants	<i>Included</i>	<i>Included</i>
	hearing and vision screening (for children only)	<i>Included</i>	<i>Included</i>
	allergy testing	<i>Pending</i>	<i>Pending</i>
<b>Other Requested Benefit Changes</b>			
1.	Add a plan deductible of \$250 per policy year.		<i>Included</i>
2.	Change office visit copay from \$15 per visit to \$25 per visit.		<i>Included</i>
3.	Incorporate an Outpatient Emergency Room Expense (waived if admitted) co-pay of \$150 per visit.		<i>Included</i>
4.	Incorporate outpatient prescription drug copays of \$10 generic/\$25 brand.		<i>Included</i>
5.	Change PPO/Non-PPO co-insurance of 80% of Preferred Allowance/60% of R&C to 70% of Preferred Allowance/50% of R&C.		<i>Included</i>

**2012-2013 Final Cost Menu**

Idaho State University

		<b>United Health Care 2012-2013 TOTAL Annual Cost</b>
	Student	\$ 1,861.08
	Spouse	\$ 2,437.30
	Child(ren)	\$ 2,090.14

<b>BENEFIT OPTIONS</b>		<b>ANNUAL</b>
<b>PPACA Compliance for 2012-2013</b>		<b>Mandatory</b>
1.	Incorporate compliance with PPACA requirements, including those changes listed below, and changing the plan maximum from \$250,000 lifetime aggregate per condition to \$250,000 per policy maximum for all conditions.	<i>Included</i>
	Allow coverage for dependent children under age 26 (currently under age 25) DEPENDENT RATE ONLY	<i>Included</i>
	Waive pre-existing condition limitation for covered dependent children under age 19 DEPENDENT RATE ONLY	<i>Included</i>
	Incorporate coverage of additional preventive services at 100% in-network and at the SHC (with deductible and copays waived) and 60% out-of-network (deductible and copays apply), including the following:	<i>Included</i>
	a. evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force (USPSTF)	
	b. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved	
	c. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration	
	d. with respect to women, such additional preventive care and screenings, not described in (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration	
	Remove inpatient mental disorder maximum of \$7,000 per policy year; (Nationwide Quote will pay up to \$100K subject to 15 days per Policy Year)	<i>Included</i>
	Remove physical therapy maximum of \$50 per visit and \$750 per policy year; (Nationwide Quote will pay up to \$100,000 subject to 5 visits each per calendar year for PT, Chiro and OT)	<i>Included</i>
	Include an outpatient prescription drug benefit up to \$100,000 per policy year	<i>Included</i>
	Emergency Room benefit paid at 80% in/out of network	<i>Included</i>
	Remove exclusions for any of the following:	
	prescription contraceptives, including the morning after pill	<i>Included</i>
	sterilization (for women only)	<i>Included</i>
	learning disabilities, autism, ADD and ADHD	<i>Included</i>
	routine physical exams including well-baby and well-child visits	<i>Included</i>
	preventive testing or treatment, including STD screenings as required under preventive services above	<i>Included</i>

	immunizations or vaccines	Included
	injury due to use of alcohol or drugs	Included
	organ transplants	Included
	hearing and vision screening (for children only)	Included
	allergy testing or treatment	Included
	outpatient prescription drugs	Included
<b>Other Requested Benefit Changes</b>		
2.	Implement an SHC Referral Requirement when within a 25-mile radius, except in the case of an emergency or when treated at Unity Health Center-Meridian	-39.00
3.	Incorporate coverage for Antibody Titers at SHC and Unity	1.56
4.	Allow access to Student Health Center for PPACA preventive services (paid at 100%):	
	a. spouse	Pending
	b. children	Pending
5.	Incorporate coverage for mental disorders/substance abuse at the SHC and Unity (paid at 100%):	
	a. up to current maximum of 12 visits per policy year	0.00
	b. up to maximum of 25 visits per policy year	4.68
	c. up to maximum of 50 visits per policy year	7.02
	d. with unlimited visits per policy year	12.48
6.	Incorporate coverage for allergy treatment at SHC and Unity (paid at 100%)	12.48
7.	Incorporate coverage of diabetic counseling at SHC and Unity (paid at 100%)	4.68
9.	Change waiver submission requirement from once per term to once per school year	0.00
10.	Amend the Policy Year Deductible \$250 In-Network providers/ \$500 Out-of-Network to:	
	i. waived at the University Health Center;	
	a. \$500 In-Network/\$1,000 Out-of-Network	-49.92
	b. \$1,000 In-Network/\$2,000 Out-of-Network	-137.28
	c. \$2,000 in-Network/\$4,000 Out-of-Network	-249.60
	d. \$3,000 in-Network/\$6,000 Out-of-Network	-324.48
	e. \$4,000 in-Network/\$8,000 Out-of-Network	-374.40
	f. \$5,000 in-Network/\$10,000 Out-of-Network	-424.32
11.	Include a prescription drug plan with Express Scripts as the network and the following co-pays (except on prescription contraceptives), paid up to \$100,000:	
	a. Generic \$10 / Brand \$20	Pending
	b. Generic \$10 / Brand \$20; \$250 deductible (waived at the SHC)	Pending
	c. Generic \$20 / Brand \$50	Pending
	d. Generic \$20 / Brand \$50; \$250 deductible (waived at the SHC)	Pending
	e. Generic \$5 / Preferred \$25 / Non-preferred \$50	Pending
	f. Generic \$5 / Preferred \$25 / Non-preferred \$50; \$250 deductible (waived at the SHC)	Included

2012-2013 Final Cost Menu

Lewis Clark State College

		<b>United Health Care</b>
		<b>2012-2013</b>
		<b>TOTAL</b>
		<b>Annual Cost</b>
	<b>Student</b>	<b>\$ 1,702.84</b>
	<b>Spouse</b>	<b>\$ 2,259.84</b>
	<b>Child(ren)</b>	<b>\$ 1,938.47</b>

BENEFIT OPTIONS		ANNUAL
<b>PPACA Compliance for 2012-2013</b>		<b>Mandatory</b>
1.	Incorporate compliance with PPACA requirements, including those changes listed below, and changing the plan maximum from \$250,000 per policy year to \$250,000 per policy year for all conditions.	
	Allow coverage for dependent children under age 26 (Currently under age 25 ) DEPENDENT RATE ONLY	Included
	Waive pre-existing condition limitation for covered dependent children under age 19 DEPENDENT RATE ONLY	Included
	Incorporate coverage of additional preventive services at 100% in-network and at the SHC (with deductible and copays waived) and 60% out-of-network (deductible and copays apply), including the following:	Included
	a. evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force (USPSTF)	
	b. immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved	
	c. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration	
	d. with respect to women, such additional preventive care and screenings, not described in (a) above, as provided for in comprehensive guidelines supported by the Health Resources and Services Administration	
	Remove durable medical equipment maximum of \$1,000 per policy year paid up to \$100,000 per policy year	Included
	Remove inpatient mental disorder maximum of \$7,000 per policy year paid up to \$100,000 subject to 15 day per policy year max	Included
	Remove physical therapy maximum of \$750 per condition paid up to \$100,000, subject to 5 visit per year max	Included
	Remove outpatient prescription drug maximum of \$500 per policy year paid up to \$100,000 per policy year	Included
	Waive copays for prescription contraceptives	Included
	Add coverage for contraceptives	Included
	Remove exclusions for any of the following:	
	sterilization (for women only)	Included
	learning disabilities, autism, ADD and ADHD	Included
	routine physical exams including well-baby and well-child visits	Included
	preventive testing or treatment, including STD screenings as required under preventive services above	Included
	immunizations or vaccines	Included
	speech therapy	Included
	hearing and vision screening (for children only)	Included



	prescription contraceptives	Included
<b>Other Requested Benefit Changes</b>		
3.	Remove ICS coverage of \$2500 per condition	-44.46
4.	Change SHC coinsurance from 80% to 100% for all treatments	Pending
5.	Change RX copays from current \$15 generic/ \$25 brand to:	
	a. \$25 generic/ \$40 brand	-10.37
	b. \$25 generic/ \$50 brand	-11.86
6.	Remove pre-existing conditions limitation for all insureds	88.92
7.	Remove Intercollegiate Sports maximum of \$2,500 per condition (paid up to plan maximum chosen above)	118.56
8.	Amend the Policy Year Deductible \$250 In-Network providers/ \$500 Out-of-Network to:	
	i. waived at the University Health Center;	
	a. \$500 In-Network/\$1,000 Out-of-Network	-47.42
	b. \$1,000 In-Network/\$2,000 Out-of-Network	-130.42
	c. \$2,000 in-Network/\$4,000 Out-of-Network	-237.12
	d. \$3,000 in-Network/\$6,000 Out-of-Network	-308.26
	e. \$4,000 in-Network/\$8,000 Out-of-Network	-355.68
	f. \$5,000 in-Network/\$10,000 Out-of-Network	-403.10
9.	Change physical therapy maximum to 15 visit per year max.	Pending

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