

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                               | <u>Unlimited</u>         | \$1,000,000  | <u>Unlimited</u>        | \$1,000,000  |                          |
| Deductible (Individual / Family)               | \$500 / \$1,000          |  | \$1,000 / \$3,000       |  | \$500 / \$500            |
| 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><br>Deductible & Coinsurance | \$20 Copay              | <u>30 Day per Year</u><br>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                                    |                          | <u>\$25 Copay; One Eye Exam Every Year</u>         |                         | <u>\$20 Copay; One Eye Exam Every Year</u>         |                          |
| 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            |                 |                 | \$3,300,871     |
| Annual Premium         |                | \$844,806       |                 | \$4,300,871     |
| Total Annual Premium   |                |                 | \$5,745,078     |                 |

# MOREHOUSE SCHOOL OF MEDICINE

## 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

# MOREHOUSE SCHOOL OF MEDICINE

## Premium Summary

|                              | 2019             |                   | 2018             |                    | 2017             |                   |                    |
|------------------------------|------------------|-------------------|------------------|--------------------|------------------|-------------------|--------------------|
|                              | Actual           | Change            | Actual           | Change             | Actual           | Change            | Total              |
| <b>Inforce</b>               | <b>\$215,364</b> |                   | <b>\$342,666</b> |                    | <b>\$139,493</b> |                   | <b>\$697,522</b>   |
| <b>North Carolina Mutual</b> | <b>\$317,737</b> | <b>\$102,373</b>  | <b>\$308,918</b> | <b>(\$53,747)</b>  | <b>\$107,205</b> | <b>(\$32,290)</b> | <b>\$36,336</b>    |
| <b>Prudential</b>            | <b>\$185,294</b> | <b>(\$30,070)</b> | <b>\$166,141</b> | <b>(\$176,525)</b> | <b>\$87,829</b>  | <b>(\$51,664)</b> | <b>(\$258,259)</b> |
| <b>Inum Provident</b>        | <b>\$268,860</b> | <b>\$52,197</b>   | <b>\$171,333</b> | <b>(\$171,222)</b> | <b>\$95,570</b>  | <b>(\$12,011)</b> | <b>(\$101,751)</b> |

MORRHOUSE SCHOOL OF MEDICINE

Group Life / AD&D Review

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

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

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

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

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

Accelerated Death Benefit Included  
 Waiver of Premium Included  
 Conversion Included  
 Participation Requirements 100%  
 Non-Contributory Yes  
 Provider Website [www.sunlife.com](http://www.sunlife.com)

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 Waiver of Premium Included  
 Conversion Included  
 Participation Requirements 100%  
 Non-Contributory Yes  
 Provider Website [www.sunlife.com](http://www.sunlife.com)

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 Waiver of Premium Included  
 Conversion Included  
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 Conversion Included  
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 Conversion Included  
 Participation Requirements 100%  
 Non-Contributory Yes  
 Provider Website [www.sunlife.com](http://www.sunlife.com)

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 Waiver of Premium Included  
 Conversion Included  
 Participation Requirements 100%  
 Non-Contributory Yes  
 Provider Website [www.sunlife.com](http://www.sunlife.com)

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  
 Volume \$100,000-\$119,999 \$312 \$1,400,000  
 Life Rate \$0.140 \$1.200 \$0.270

Employee Child Spouse  
 Volume \$100,000-\$119,999 \$50 \$1,400,000  
 Life Rate \$0.145 \$1.200

Employee Dependent  
 Volume \$100,000-\$119,999 \$50 \$1,400,000  
 Life Rate \$0.126 \$1.200

Employee Dependent  
 Volume \$100,000-\$119,999 \$50 \$1,400,000  
 Life Rate \$0.140 \$1.200

Employee Dependent  
 Volume \$100,000-\$119,999 \$50 \$1,400,000  
 Life Rate \$0.140 \$1.200

Employee Dependent  
 Volume \$100,000-\$119,999 \$50 \$1,400,000  
 Life Rate \$0.140 \$1.200

**MOREHOUSE SCHOOL OF MEDICINE**  
**Group Life / AD&D Review**

*Inforce Plan*

*Proposed*

|                            | Class II: All Eligible Employees 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 Per Week in a 35 Hour Work Week | Minimum of 17.5 Hours Per Week                 | Scheduled to Work at Least 17.5 Hours Per Week in a 35 Hour Work Week | Scheduled to Work at Least 17.5 Hours Per Week in a 35 Hour Work Week |  |
|----------------------------|--|--|--|---|---|--|
| Child: \$2,500             | Child: \$2,500   | Child: \$2,500   | Child: \$2,500                                 | Child: 15 Days to 6 Months \$500 C.J.                                 | Child: \$2,500  | Child: \$2,500                                 |
| Guarantee Issue            | Employee: \$500,000<br>Child: \$2,500  | Employee: \$500,000  | Employee: \$500,000                            | Employee: \$500,000<br>Child: \$10,000                                | Employee: \$500,000   | Employee: \$500,000<br>Ages 60 to 69: \$25,000 |
| 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                                       |
| Participation Requirements | 100%   | 100%   | 100%   | 100%  | 100%  | 100%   |
| Provider Website           | <a href="http://www.gulife.com">www.gulife.com</a>   | <a href="http://www.hartfordlife.com">www.hartfordlife.com</a>                                       | <a href="http://www.life.com">www.life.com</a> |   |   |  |

Months to Age 19



| Life Guarantee | 30 Months | 30 Months | 24 Months | 30 Months | 24 Months | 24 Months |           |
|----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|                | Employee  | Child     | Spouse    | Employee  | Dependent | Employee  | Dependent |

**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 |
|----------------------------------|---|---|--|---|---|---|
| <b>Insurance Schedule</b>        | 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  |
| <b>Critback</b>                  | 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   |
| <b>Spouse</b>                    | \$5,000   | \$5,000   | \$5,000  | \$5,000   | \$5,000   | \$5,000   |
| <b>Child</b>                     | \$2,500   | \$2,500   | \$2,500  | \$2,500   | \$2,500   | \$2,500   |
| <b>Accelerated Death Benefit</b> | Included  | Included  | Included   | Included  | Included  | Included  |
| <b>Waiver of Premium</b>         | Included  | Included  | Included   | Included  | Included  | Included  |
| <b>Conversion</b>                | Included  | Included  | Included   | Included  | Included  | Included  |
| <b>Non-Contributory</b>          | Yes   | Yes   | Yes  | Yes   | Yes   | Yes   |
| <b>Provider Website</b>          | <a href="http://www.sunlife.com">www.sunlife.com</a>  | <a href="http://www.prudential.com">www.prudential.com</a>  | <a href="http://www.prudential.com">www.prudential.com</a>   | <a href="http://www.prudential.com">www.prudential.com</a>  | <a href="http://www.prudential.com">www.prudential.com</a>  | <a href="http://www.prudential.com">www.prudential.com</a>  |