

Faculty Student Association of Downstate Medical Center Inc
RFP Proposal Analysis Presented to Student Health Advisory Committee (SHAC) May 23, 2018
Health Science Assurance Consultants, Inc. (HSAC)

| Bidder Name & Carrier: | Haylor, Frayer & Coon | | | | Option#1: UHC Student Resouces (SHAC) RECOMMENDED AWARD | | | | Option#2: Aetna Student Health | | | | Option#3: Empire Blue Cross Blue Shield | | | | University Health Plans | |
|--|-----------------------------------|--|----------------------------|--|---|--|-----------------------------------|--|-----------------------------------|--|-----------------------------------|--|---|--|-------------------------------------|--|---|--|
| | Carrier Information | | | | In-Network | | Out-Of-Network | | In-Network | | Out-Of-Network | | In-Network | | Out-Of-Network | | University Health Plans | |
| | In-Network | | Out-Of-Network | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | |
| Plan Type | Managed Care incl Worldwide Cover | | Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | | Managed Care incl Worldwide Cover | |
| Policy Annual Premiums: | | | | | | | | | | | | | | | | | | |
| -Student | | | \$4,597.00 | | \$4,840.00 | | \$4,840.00 | | \$4,858.00 | | \$4,858.00 | | \$4,893.04 | | \$4,893.04 | | \$4,853.00 | |
| -Student + Spouse/Domestic Partner | | | \$4,597.00 | | \$9,680.00 | | \$9,680.00 | | \$9,716.00 | | \$9,716.00 | | \$9,786.08 | | \$9,786.08 | | dependents may obtain coverage for the same rate as the student. | |
| -Student + Child(ren) | | | \$4,597.00 | | \$9,680 (1CH)/ \$14,520 (2+CH) | | \$9,680 (1CH)/ \$14,520 (2+CH) | | \$9,716 (1CH)/\$14,574 (2+CH) | | \$9,716 (1CH)/\$14,574 (2+CH) | | \$9,786 (1CH)/\$14,679 (2+CH) | | \$9,786.08 (1CH)/\$14,679.12 (2+CH) | | dependents may obtain coverage for the same rate as the student. | |
| -Student + Family | | | \$9,194.00 | | \$19,360.00 | | \$19,360.00 | | \$19,432.00 | | \$19,432.00 | | \$19,572.16 | | \$19,572.16 | | dependents may obtain coverage for the same rate as the student. | |
| Maximum Benefit | | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | | Unlimited | |
| Out-Of-Pocket Maximum Per Person | \$ | 2,500.00 | \$ | 10,000.00 | \$ | 2,500.00 | \$ | 10,000.00 | \$ | 2,500.00 | \$ | 10,000.00 | \$ | 2,500.00 | \$ | 10,000.00 | \$ | 10,000.00 |
| Out-Of-Pocket Maximum Per Family | \$ | 5,000.00 | \$ | 20,000.00 | \$ | 5,000.00 | \$ | 20,000.00 | \$ | 5,000.00 | \$ | 20,000.00 | \$ | 5,000.00 | \$ | 20,000.00 | \$ | 20,000.00 |
| Deductible Per Person (Annual) | \$ | - | \$ | 1,000.00 | \$ | 1,000.00 | \$ | 1,000.00 | \$ | - | \$ | 1,000.00 | \$ | - | \$ | 1,000.00 | \$ | - |
| Deductible Per Family (Annual) | \$ | - | \$ | 2,000.00 | \$ | - | \$ | 2,000.00 | \$ | - | \$ | 2,000.00 | \$ | - | \$ | 2,000.00 | \$ | - |
| Inpatient Benefits: | | | | | | | | | | | | | | | | | | |
| Hospital Room & Board | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 20% | 40% |
| Maternity Services | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 20% | 40% |
| Mental Health Care | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 20% | 40% |
| Mental Health Maximum Visits/Benefits | No Maximums | No Maximums | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | no max | no max |
| Substance Abuse Care | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 20% | 40% |
| Substance Abuse Care Maximum Visits/Benefits | No Maximums | No Maximums | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | no max | no max |
| Surgical Benefits | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 20% | 40% |
| Outpatient Benefits: | | | | | | | | | | | | | | | | | | |
| Mental Health Care | \$20 Copay, then plan plays 100% | 30% Costshare after Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20 copay | 40% |
| Mental Health Maximum Visits/Benefits | No Maximums | No Maximums | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | no max | no max |
| Substance Abuse Care | \$20 Copay, then plan plays 100% | 30% Costshare after Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20 copay | 40% |
| Substance Abuse Care Maximum Visits/Benefits | may be used for family counseling | | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | no max | no max |
| Surgical Benefits | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 20% | 40% |
| Physician Office | \$20 Copay, then plan plays 100% | 30% Costshare after Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20.00 Copay | 60% of R&C After Deductible | \$20 copay | 40% |
| Emergency Care | Plan pays 100% after Copay | Plan pays 100% after Copay | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | 100% of R&C | \$50 Copay | \$50 Copay |
| Emergency Care Copay | \$50 | \$50 | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | 50.00 Copay | | |
| Ambulance Expense | Plan pays 100% | 0% member cost share after deductible | 100% of R&C | 100% of R&C After Deductible | 100% of R&C | 100% of R&C After Deductible | 100% of R&C | 100% of R&C After Deductible | 100% of R&C | 100% of R&C After Deductible | 100% of R&C | 100% of R&C After Deductible | 100% of R&C | 100% of R&C After Deductible | 100% of R&C | 100% of R&C After Deductible | 0% | 0% after deductible |
| Prescription Drug Benefits | \$7/\$20/\$50 | \$7/\$20/\$50 | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 Copay | \$7/\$20/\$50 | \$7/\$20/\$50 |
| Accident Related Dental | 20% member cost sharing | 40% member cost sharing | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | 80% of R&C | 60% of R&C After Deductible | covered as any other injury | covered as any other injury |
| *R&C = Reasonable & customary Charges | | | | | | | | | | | | | | | | | | |
| OPTIONAL DENTAL/VISION PROPOSALS | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program | Dental plan | Vision, Dental, Health & Wellness Discount Program |
| Plan Summary | | | Voluntary Insured PPO Plan | UnitedHealth Allies Discount | N/A | Vital Savings by Aetna | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | UHP offers the following dental insurance innovations: https://www.hiquote.com/quote/index.php?Plan_ID=48&code=A15A343200733535E8C8D | UHP offers the following dental discount program: https://brokers.careington.com/index.aspx?A=444556494E45 |
| Maximum per person | | | \$500 | NA | | | | | | | | | | | | | | UHP will discuss health and wellness discount programs with DMC as well. |
| Waiting Period | | | NA | NA | | | | | | | | | | | | | | |
| Annual Rates-Student | \$32.40 | | \$350.04 | \$0.00 | | | | \$32.40 | | | | | | | | | | |
| Spouse/SSP | | | \$699.96 | \$0.00 | | | | 62.2 | | | | | | | | | | |
| 1 or more children | | | \$850.32 | \$0.00 | | | | 32.40 (per child) | | | | | | | | | | |
| Family | \$52.20 | | \$1,269.72 | \$0.00 | | | | 62.2 | | | | | | | | | | |
| REFERENCES | College: | Northeast Ohio Medical | College: | NYIT College of Osetopathic M | College: | NYIT College of Osetopathic M | College: | NYIT College of Osetopathic Med | College: | NYIT College of Osetopathic Med | College: | NYIT College of Osetopathic Med | College: | NYIT College of Osetopathic Med | College: | NYIT College of Osetopathic Med | College: | Rutgers University |
| add additional rows as needed | Contact: | Dana Whittlesey | Contact: | Linda Darroch-Short | Contact: | Linda Darroch-Short | Contact: | Linda Darroch-Short | Contact: | Linda Darroch-Short | Contact: | Linda Darroch-Short | Contact: | Linda Darroch-Short | Contact: | Linda Darroch-Short | Contact: | Jim Breeding |
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| | College: | Syracuse University | College: | Albany Medical College | College: | Albany Medical College | College: | Albany Medical College | College: | Albany Medical College | College: | Albany Medical College | College: | Albany Medical College | College: | Albany Medical College | College: | University of Delaware |
| | Contact: | Ben Domingo | Contact: | Dr. Kim Kilby | Contact: | Dr. Kim Kilby | Contact: | Dr. Kim Kilby | Contact: | Dr. Kim Kilby | Contact: | Dr. Kim Kilby | Contact: | Dr. Kim Kilby | Contact: | Dr. Kim Kilby | Contact: | Lorraine Hayes |
| | Tel: | 315-296-7252 | Tel: | 518-262-5634 | Tel: | 518-262-5634 | Tel: | 518-262-5634 | Tel: | 518-262-5634 | Tel: | 518-262-5634 | Tel: | 518-262-5634 | Tel: | 518-262-5634 | Tel: | 302-831-8468 |
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DMC Student Health Advisory Committee (SHAC) has unanimously recommended award to HSAC Option #1; highlighted in bright yellow. The recommended proposal is the most cost-efficient and comprehensive plan. Also noted by SHAC was the outpatient benefits such as mental health care and substance abuse care and maternity services coverage premium is least expensive for both in-network and out-of-network providers.