

Table 1

SUMMARY OF UCAT HEALTH INSURANCE INCREASES

Since 2001-02

	01-02	02-03	03-04	04-05	05-06	06-07	07-08	Average ⁽¹⁾
BATC ⁽²⁾	14.4%	12.6%	0.0%	13.3%			7.8%	9.6%
DATC	17.0%	12.0%	7.8%	5.4%	10.6%	6.7%	10.3%	10.0%
DXATC ⁽³⁾	11.5%	7.5%	-8.3%	17.0%	14.0%	7.2%	10.3%	8.5%
MATC ⁽⁴⁾	n/a	n/a	n/a	n/a	11.9%	8.6%	7.7%	9.4%
OWATC	13.0%	0.7%	7.4%	11.5%	20.0%	8.1%	6.0%	9.5%
SLTATC	18.3%	12.0%	8.5%	5.0%	12.0%	7.2%	10.3%	10.5%
SWATC	7.5%	13.0%	10.3%	7.0%	10.0%	2.2%	6.3%	8.0%
UBATC	12.0%	12.0%	8.5%	5.5%	11.8%	7.2%	10.3%	9.6%
Average ⁽¹⁾	12.8%	10.4%	5.1%	9.5%	10.5%	6.8%	8.6%	

*(1) Simple averages**(2) BATC 2005-06 & 2006-07 Rate increases not available at the time of printing**(3) DXATC is an average increase across the two plans for 2006-07. As of 2006-07 DXATC is on its own insurance plan**(4) Mountainland Applied Technology College has implemented its own plan for 04-05. Previously used UVSC's plan.*

Table 2
UCAT Health Insurance Plans
2007-08

	<u>BATC</u>	<u>DATC</u>			<u>DXATC</u>		<u>MATC</u>	<u>OWATC</u>	
<i>Insurance Provider</i>	EMIA	PHEP Advantage	PHEP Preferred	PEHP Summit Care	PHEP Advantage	PHEP Preferred	EMIA	PEHP Summit Care	PHEP Advantage
2007-08 Total Premium Increase (Percent)	7.8%	10.3%	10.3%	10.3%	10.3%	10.3%	7.7%	6.0%	6.0%
Annual Premium Cost to Institution per Employee									
Single	\$4,734	\$4,472	\$4,564	\$4,472	\$4,426	\$4,760	\$4,380	\$3,373	\$3,764
Employee + 1 dependent	\$10,704	\$9,221	\$9,409	\$9,221	\$9,127	\$9,814	\$10,119	\$6,982	\$7,793
Family	\$15,394	\$12,310	\$12,561	\$12,310	\$12,184	\$13,102	\$14,615	\$9,444	\$10,541
Annual Premium Cost to Employee per Employee									
Single	\$0	\$91	\$343	\$91	\$137	\$147	\$0	\$334	\$372
Employee + 1 dependent	\$0	\$188	\$708	\$188	\$282	\$304	\$0	\$691	\$771
Family	\$0	\$251	\$945	\$251	\$377	\$405	\$0	\$934	\$1,042
Employee Premium % Share									
Single	0.0%	2.0%	7.0%	2.0%	3.0%	3.0%	0.0%	9.0%	9%
Employee + 1 dependent	0.0%	2.0%	7.0%	2.0%	3.0%	3.0%	0.0%	9.0%	9%
Family	0.0%	2.0%	7.0%	2.0%	3.0%	3.0%	0.0%	9.0%	9%
Key Coverage Provisions									
Yearly Out of Pocket Max									
Individual	\$1,500	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000	\$2,000	\$2,000
Family	\$3,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$2,000	\$4,000	\$4,000
Hospitalization (1st day)									
Deductible	\$0	\$250 / \$500	\$250 / \$500	\$250 / \$500	\$0	\$0	0	\$500/\$1000	\$500/\$1000
Co-pay	\$150	\$0	\$0	\$0	\$150	\$150	\$100	\$0	\$0
Coverage after deductible/co-pay	100%	90%	85%	90%	90%	85%	100%	80%	80%
Emergency Room									
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Co-pay	\$50	75/125 non-contracted	\$75	75/125 non-contracted	\$75	\$75	\$100	\$50	\$50
Coverage after deductible/co-pay	100%	100%	100%	100%	100%	100%	100%	80%	80%
Office Visit Co-pay	\$10	PCP 20/Specialist 25	PCP 25/Specialist 25/Uof U 40	PCP 20/Specialist 25	\$20	\$25	\$20	\$20	\$20
Prescription Benefits									
Generic	\$5	25% 30 day/5 minimum	25% 90 day/5 minimum	5/30 day	75% of discounted cost; \$5 min.	75% of discounted cost; \$5 min.	20% (min \$7, max \$25)	20%	20%
Brand Name - Preferred	\$15	30% 30 day/5 minimum	30% 90 day/5 minimum	15/30 day	70% of discounted cost; \$5 min.	70% of discounted cost; \$5 min.	n/a	25%	25%
Brand Name - Non-preferred	Not Covered	35% 30 day/30 minimum/60 max	50% 90day/5 minimum	35/30 day	50% of discounted cost; \$5 min.	50% of discounted cost; \$5 min.	30% (min \$14, max \$30)	50%	50%

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UCAT Health Insurance Plans
 2007-08

<i>Insurance Provider</i>	<u>SLTATC</u>			<u>SWATC</u>	<u>UBATC</u>	
	PHEP Preferred	PEHP Summit Care	PHEP Advantage	EMIA	PEHP Altius	PEHP Preferred
2007-08 Total Premium Increase (Percent)	10.3%	10.3%	10.3%	6.3%	10.3%	10.32%
Annual Premium Cost to Institution per Employee						
Single	\$4,564	\$4,472	\$4,472	\$3,397	\$4,472	\$4,564
Employee + 1 dependent	\$9,409	\$9,221	\$9,221	\$7,564	\$9,221	\$9,409
Family	\$12,561	\$12,310	\$12,310	\$10,837	\$12,310	\$12,561
Annual Premium Cost to Employee per Employee						
Single	\$343	\$91	\$91	\$273	\$91	\$343
Employee + 1 dependent	\$708	\$188	\$188	\$608	\$188	\$708
Family	\$945	\$251	\$251	\$871	\$251	\$945
Employee Premium % Share						
Single	7%	2%	2%	7%	2%	7%
Employee + 1 dependent	7%	2%	2%	7%	2%	7%
Family	7%	2%	2%	7%	2%	7%
Key Coverage Provisions						
Yearly Out of Pocket Max						
Individual	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Family	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
Hospitalization (1st day)						
Deductible	\$0	\$0	\$0	\$250	\$250	\$250
Co-pay	0%	0%	0%	\$0	10%	15%
Coverage after deductible/co-pay	85%	90%	90%	100%	90%	85%
Emergency Room						
Deductible	0	\$0	\$0	10%	\$0	\$0
Co-pay	\$75	\$75	\$75	0%	\$75	\$75
Coverage after deductible/co-pay	80%	90%	90%	90%	100%	100%
Office Visit Co-pay	\$25	\$20	\$20	\$25	\$20	\$25
Prescription Benefits						
Generic	Plan pays 75% of discounted cost	\$5 copay	Plan pays 75% of discounted cost	20%	\$5	25%
Brand Name - Preferred	Plan pays 70% of discounted cost	\$15 copay	Plan pays 70% of discounted cost	30%	\$15	30%
Brand Name - Non-preferred	Plan pays 50% of discounted cost	\$35 copay	Plan pays 50% of discounted cost	50%	\$35	50%

UCAT Health Insurance Costs and Coverage

Coverage Provision Changes Effective July 1, 2007

<u>Category Changes</u>	<u>BATC</u>	<u>DATC</u>	<u>DXATC</u>	<u>MATC</u>	<u>OWATC</u>	<u>SLTATC</u>	<u>SWATC</u>	<u>UBATC</u>
Hospitalization (1st day)								
Deductible								
OWATC - Increased from \$250/\$500 to \$500/\$1,000					✓			
Other Changes								
DATC - Preferred - Well Care services now have a \$25 copay		✓						
DATC - Preferred - Specialty Pharmacy change - Member pays 20% of discounted cost, up to maximum copayment		✓						
DATC - Advantage - Specialty Pharmacy change - Member pays 20% of discounted cost, up to \$100 maximum copayment		✓						
UBATC - PEHP - Prescription speciality from \$50 copy to %80 coverage up to \$100 maximum								✓
UBATC - PEHP - Well Care now has an office copay of \$25 instead of \$300 year allowance								✓

Table 4
UCAT Dental Insurance Providers, Premiums, and Enrollment
 2007-08

	BATC	DATC			DXATC	MATC	OWATC	SLTATC			SWATC	UBATC
<i>Insurance Provider</i>	EMIA	PEHP Traditional	PEHP Select	PEHP Preferred	PEHP	EMIA	EMIA	PEHP Traditional	PEHP Preferred	Dental Select Platinum	EMIA	PEHP Preferred
<i>2007-08 Total Premium Increase (Percent)</i>	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.8%	0.0%
<i>Annual Premium Cost to Institution</i>												
Single	\$604	\$526	\$471	\$526	\$526	\$588	\$522	\$0	\$0	\$0	\$277	\$526
Employee + 1 dependent	\$768	\$669	\$671	\$669	\$669	\$748	\$662	\$0	\$0	\$0	\$202	\$669
Family	\$1,117	\$969	\$972	\$969	\$969	\$1,088	\$964	\$0	\$0	\$0	\$336	\$969
<i>Annual Premium Cost to Employee</i>												
Single	\$0	\$168	\$0	\$28	\$28	\$0	\$52	\$694	\$554	\$471	\$0	\$28
Employee + 1 dependent	\$0	\$220	\$137	\$35	\$35	\$0	\$65	\$888	\$704	\$808	\$60	\$35
Family	\$0	\$315	\$203	\$51	\$51	\$0	\$95	\$1,284	\$1,020	\$1,176	\$154	\$51

NOTES: