

**Table 1**  
**SUMMARY OF USHE HEALTH INSURANCE INCREASES**  
**SINCE 1997-98**

	97-98	98-99	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	Average <sup>(1)</sup>
UU	5.0%	4.0%	0.0%	14.0%	35.0%	12.4%	9.5%	10.1%	15.0%	7.8%	9.8%	11.1%
USU	7.6%	1.9%	2.5%	8.2%	13.3%	13.9%	7.0%	5.5%	11.8%	8.2%	10.9%	8.3%
WSU <sup>(2)</sup>	3.0%	3.0%	20.8%	9.1%	0.0%	13.1%	12.0%	14.4%	13.2%	10.0%	8.7%	9.8%
SUU	12.1%	12.0%	10.5%	12.5%	6.0%	2.0%	8.0%	5.5%	5.1%	6.4%	5.9%	7.8%
Snow	5.0%	7.7%	3.0%	17.0%	14.0%	11.0%	6.4%	11.5%	5.7%	7.2%	10.3%	9.0%
DSC	5.0%	4.3%	18.5%	15.0%	11.5%	7.5%	-8.3%	17.0%	14.0%	7.2%	10.3%	9.3%
CEU	7.0%	2.9%	37.0%	15.0%	8.4%	13.0%	6.2%	11.5%	-6.6%	7.2%	10.3%	10.2%
UVSC	5.0%	9.2%	12.9%	23.0%	13.3%	1.4%	10.6%	9.7%	10.8%	6.4%	9.3%	10.1%
SLCC	5.0%	5.0%	24.8%	8.2%	11.0%	10.5%	18.7%	6.1%	11.8%	5.4%	10.0%	10.6%
Average <sup>(1)</sup>	6.1%	5.6%	14.4%	13.6%	12.5%	9.4%	7.8%	10.1%	9.0%	7.3%	9.5%	9.6%

**Notes:**

*(1) Simple averages*

*(2) WSU 2006-07 increase is an average between 2 plans (12.8% and 7.2%)*

Table 2  
USHE Health Insurance Plans  
2007-08

Insurance Provider	UofU								
	Blue Cross Blue Shield			Value Care			University of Utah Health Plan		
	Basic	Comprehensive	Advantage	Basic	Comprehensive	Advantage	Basic	Comprehensive	Advantage
Length of Contract (Years)	1	1	1	1	1	1	1	1	1
2007-08 Total Premium Increase (Percent)	9.8%	9.8%	9.8%	9.8%	9.8%	9.8%	9.8%	9.8%	9.8%
<b>Annual Premium Cost to Institution</b>									
Single	\$4,673	\$4,673	\$4,673	\$4,673	\$4,673	\$4,673	\$4,673	\$4,673	\$4,673
Employee + 1 dependent	\$7,895	\$7,895	\$7,895	\$7,895	\$7,895	\$7,895	\$7,895	\$7,895	\$7,895
Family	\$10,602	\$10,602	\$10,602	\$10,602	\$10,602	\$10,602	\$10,602	\$10,602	\$10,602
<b>Annual Premium Cost to Employee</b>									
Single	\$508	\$876	\$508	\$242	\$610	\$813	\$145	\$513	\$715
Employee + 1 dependent	\$858	\$1,479	\$1,821	\$410	\$1,031	\$1,373	\$245	\$866	\$1,208
Family	\$1,152	\$1,987	\$2,446	\$550	\$1,385	\$1,844	\$328	\$1,163	\$1,622
<b>Employee Premium % Share</b>									
Single	9.8%	15.8%	9.8%	9.8%	15.8%	9.8%	9.8%	15.8%	9.8%
Employee + 1 dependent	9.8%	15.8%	18.7%	9.8%	15.8%	18.7%	9.8%	15.8%	18.7%
Family	9.8%	15.8%	18.7%	9.8%	15.8%	18.7%	9.8%	15.8%	18.7%
<b>Key Coverage Provisions</b>									
Yearly Out of Pocket Max Individual	Medical : \$2,000 in-net & \$3,000 out-net / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$1,500 / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$1,500 in-net & \$3,000 out-net / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$2,000 in-net & \$3,000 out-net / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$1,500 / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$1,500 in-net & \$3,000 out-net / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$2,000 in-net & \$3,000 out-net / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$1,500 / Rx: \$1,000 UUHC - \$2,154 Non-UUHC	Medical : \$1,500 in-net & \$3,000 out-net / Rx: \$1,000 UUHC - \$2,154 Non-UUHC
Family	Medical: \$6,000 in-net & \$6,000 out-net / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$4,500 / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$4,500 in-net & \$6,000 out-net / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$6,000 in-net & \$6,000 out-net / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$4,500 / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$4,500 in-net & \$6,000 out-net / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$6,000 in-net & \$6,000 out-net / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$4,500 / Rx: \$3,000 UUHC - \$6,462 Non-UUHC	Medical: \$4,500 in-net & \$6,000 out-net / Rx: \$3,000 UUHC - \$6,462 Non-UUHC
Hospitalization (1st day) Deductible	\$500 (Overall deductible - not Hospital specific)	\$250 (Overall deductible - not Hospital specific)	\$250 (Out-of-network only - Deductible not Hospital specific)	\$500 (Overall deductible - not Hospital specific)	\$250 (Overall deductible - not Hospital specific)	\$250 (Out-of-network only - Deductible not Hospital specific)	\$500 (Overall deductible - not Hospital specific)	\$250 (Overall deductible - not Hospital specific)	\$250 (Out-of-network only - Deductible not Hospital specific)
Co-pay	30% in-network / 50% out-of-network	20%	10% in-network / 35% out-of-network	30% in-network / 50% out-of-network	20%	10% in-network / 35% out-of-network	30% in-network / 50% out-of-network	20%	10% in-network / 35% out-of-network
Coverage after deductible/co-pay	70% in-network / 50% out-of-network	80%	90% in-network / 65% out-of-network	70% in-network / 50% out-of-network	80%	90% in-network / 65% out-of-network	70% in-network / 50% out-of-network	80%	90% in-network / 65% out-of-network
Emergency Room Deductible	\$500 (Overall deductible - not ER specific)	\$250 (Overall deductible - not ER specific)	\$0	\$500 (Overall deductible - not ER specific)	\$250 (Overall deductible - not ER specific)	\$0	\$500 (Overall deductible - not ER specific)	\$250 (Overall deductible - not ER specific)	\$0
Co-pay	30% in-network / 50% out-of-network	20%	\$75 for Medical Emergency	30% in-network / 50% out-of-network	20%	\$75 for Medical Emergency	30% in-network / 50% out-of-network	20%	\$75 for Medical Emergency
Coverage after deductible/co-pay	70% in-network / 50% out-of-network	80%	100% for Medical Emergency	70% in-network / 50% out-of-network	80%	100% for Medical Emergency	70% in-network / 50% out-of-network	80%	100% for Medical Emergency
Office Visit Co-pay	30% after deductible	20% after deductible	\$20 in-network / 35% after deductible out-of-network	30% after deductible	20% after deductible	\$20 in-network / 35% after deductible out-of-network	30% after deductible	20% after deductible	\$20 in-network / 35% after deductible out-of-network
<b>Prescription Benefits</b>									
Yearly Out of Pocket Max Individual									
Family Deductible									
Generic	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC
Brand Name - Preferred	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC	20% UUHC Pharmacy / 25% Non-UUHC
Brand Name - Non-Preferred	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC	20% UUHC Pharmacy / 35% Non-UUHC

Table 2  
USHE Health Insurance Plans  
2007-08

Insurance Provider	USU								WSU	
	Regence BCBS - "White Plan" (Premiums Based on Salary Levels)				Regence BCBS - "Blue Plan" (Premiums Based on Salary Levels)				EMIA	Allius
	Salary <\$23,000	Salary \$23,001 - \$35,000	Salary \$35,001 - \$54,000	Salary >\$54,001	Salary <\$23,000	Salary \$23,001 - \$35,000	Salary \$35,001 - \$54,000	Salary >\$54,001		
Length of Contract (Years)	1	1	1	1	1	1	1	1	1	1
2007-08 Total Premium Increase (Percent)	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	10.9%	8.2%	9.3%
<b>Annual Premium Cost to Institution</b>										
Single	\$3,838	\$3,838	\$3,838	\$3,838	\$3,838	\$3,838	\$3,838	\$3,838	\$3,840	\$3,826
Employee + 1 dependent	\$8,665	\$8,665	\$8,665	\$8,665	\$8,665	\$8,665	\$8,665	\$8,665	\$8,908	\$7,910
Family	\$12,504	\$12,504	\$12,504	\$12,504	\$12,504	\$12,504	\$12,504	\$12,504	\$12,871	\$11,428
<b>Annual Premium Cost to Employee</b>										
Single	\$176	\$205	\$251	\$304	\$337	\$412	\$528	\$665	\$288	\$288
Employee + 1 dependent	\$326	\$388	\$495	\$594	\$722	\$879	\$1,153	\$1,405	\$668	\$668
Family	\$448	\$540	\$693	\$837	\$1,033	\$1,266	\$1,659	\$2,025	\$965	\$965
<b>Employee Premium % Share</b>										
Single	4%	5%	6%	7%	8%	10%	12%	15%	7%	7%
Employee + 1 dependent	4%	4%	5%	6%	8%	9%	12%	14%	7%	8%
Family	3%	4%	5%	6%	8%	9%	12%	14%	7%	8%
<b>Key Coverage Provisions</b>										
Yearly Out of Pocket Max										
Individual	\$3,000	\$3,000	\$3,000	\$3,000	\$2,500	\$2,500	\$2,500	\$2,500	\$1,200	\$1,200
Family	\$6,000	\$6,000	\$6,000	\$6,000	\$5,000	\$5,000	\$5,000	\$5,000	\$2,400	\$2,400
Hospitalization (1st day)										
Deductible	\$750	\$750	\$750	\$750	\$250	\$250	\$250	\$250	\$400	\$400
Co-pay	\$250	\$250	\$250	\$250	\$200	\$200	\$200	\$200	\$30	\$30
Coverage after deductible/co-pay	70%	70%	70%	70%	80%	80%	80%	80%	95%	95%
Emergency Room										
Deductible	\$750	\$750	\$750	\$750	\$250	\$250	\$250	\$250	\$400	\$400
Co-pay	\$250	\$250	\$250	\$250	\$200	\$200	\$200	\$200	\$100	\$100
Coverage after deductible/co-pay	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Office Visit Co-pay	\$35	\$35	\$35	\$35	\$30	\$30	\$30	\$30	20	20
<b>Prescription Benefits</b>										
Yearly Out of Pocket Max										
Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,250	\$1,250	\$1,250	\$1,250		
Family										
Deductible	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100		
Generic	\$5	\$5	\$5	\$5	\$5	\$5	\$5	\$5	20% (\$5 min)	20% (\$5 min)
Brand Name - Preferred	30%	30%	30%	30%	35%	35%	35%	35%	25% (\$10 min)	25% (\$10 min)
Brand Name - Non -Preferred	50%	50%	50%	50%	50%	50%	50%	50%	35% (\$20 min)	35% (\$20 min)

Table 2  
 USHE Health Insurance Plans  
 2007-08

	<u>SUU</u>	<u>Snow</u>			<u>DSC</u>		<u>CEU</u>		<u>UVSC</u>	<u>SLCC</u>
<i>Insurance Provider</i>	Regence BCBS	PHEP Preferred	PHEP Advantage	PHEP Summit	PHEP Advantage	PHEP Preferred	PHEP Preferred	PEHP Summit	EMIA	BCBS
<i>Length of Contract (Years)</i>	1	1	1	1	1	1	1	1	1	1
<i>2007-08 Total Premium Increase (Percent)</i>	5.9%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	9.3%	10.0%
<b>Annual Premium Cost to Institution</b>										
Single	\$3,611	\$4,407	\$4,376	\$4,376	\$4,460	\$4,551	\$4,611	\$4,563	\$4,257	\$4,676
Employee + 1 dependent	\$8,160	\$9,096	\$9,032	\$9,032	\$9,196	\$9,384	\$9,519	\$9,409	\$9,834	\$10,578
Family	\$11,734	\$12,132	\$12,046	\$12,046	\$12,276	\$12,527	\$12,707	\$12,561	\$14,203	\$14,757
<b>Annual Premium Cost to Employee</b>										
Single	\$272	\$486	\$175	\$175	\$91	\$343	\$296	\$0	\$54	\$72
Employee + 1 dependent	\$614	\$997	\$351	\$351	\$188	\$706	\$599	\$0	\$126	\$144
Family	\$883	\$1,338	\$480	\$480	\$251	\$943	\$799	\$0	\$182	\$240
<b>Employee Premium % Share</b>										
Single	7%	10%	4%	4%	2%	7%	6%	0%	1%	2%
Employee + 1 dependent	7%	10%	4%	4%	2%	7%	6%	0%	1%	1%
Family	7%	10%	4%	4%	2%	7%	6%	0%	1%	2%
<b>Key Coverage Provisions</b>										
<i>Yearly Out of Pocket Max</i>										
Individual	\$1,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$1,500	\$1,500
Family	\$2,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$3,000	\$3,000
<i>Hospitalization (1st day)</i>										
Deductible	\$150	\$250/\$500	\$250/\$500	\$250/\$500			\$250	\$250	\$50	\$0
Co-pay	20%	15%	10%	10%	\$150	\$250	15%	10%	10%	\$175
Coverage after deductible/co-pay	100%	85%	90%	90%	90%	85%	85%	90%	90%	80%
<i>Emergency Room</i>										
Deductible	\$0	\$0	\$0	\$0			\$0	\$0		
Co-pay	\$100	\$75	\$75	7500%	\$100	\$100	\$75	\$75	\$150	\$0
Coverage after deductible/co-pay	100%	100%	100%	100%	100%	100%	100%	100%	100%	\$150
<i>Office Visit Co-pay</i>	\$20 or \$30	\$25	\$20	\$20	\$20	\$25	\$20 or \$25	\$20 or \$25	\$20	\$20
<b>Prescription Benefits</b>										
<i>Yearly Out of Pocket Max</i>										
Individual										
Family										
Deductible										
Generic	\$5	25%, \$5 Min	25%, \$5 Min	\$5	25%	25%	25% (\$5 min)	\$5	20%	\$7
Brand Name - Preferred	30%	30%, \$5 Min	30%, \$5 Min	\$15	30%	30%	30% (\$5 min)	\$15	30%	\$30
Brand Name - Non -Preferred	50%	50%, \$5 Min	50%, \$5 Min	\$35	50%	50%	50% (\$5 min)	\$35	50%	\$55

<b>Table 3</b>						
<b>USHE Health Insurance Costs and Coverage</b>						
<b>Coverage Provision Changes Effective 7/1/07</b>						
<u>Category Changes</u>	<u>UU</u>	<u>USU</u>	<u>WSU</u>	<u>SUU</u>	<u>UVSC</u>	<u>SLCC</u>
<b>Yearly Out of Pocket Max</b>						
<b>Individual</b>						
USU - Blue Change in-network out-of-pocket maximum from \$2,000 to \$2,500		✓				
USU - White Change in-network out-of-pocket maximum from \$2,500 to \$3,000		✓				
<b>Family</b>						
USU - Blue Change in-network out-of-pocket maximum from \$4,000 to \$5,000		✓				
USU - White Change in-network out-of-pocket maximum from \$5,000 to \$6,000		✓				
<b>Annual Deductible</b>						
<b>Individual</b>						
USU - Blue Change in-network deductible from \$150 to \$250		✓				
USU - White Change in-network deductible from \$500 to \$750		✓				
USU - Blue Change out-of-network deductible from \$200 to \$300		✓				
USU - White Change out-of-network deductible from \$1,000 to \$1,500		✓				
<b>Family</b>						
USU - Blue Change in-network deductible from \$450 to \$500		✓				
USU - White Change in-network deductible from \$1,000 to \$1,500		✓				
USU - Blue Change out-of-network deductible from \$600 to \$1,000		✓				
USU - White Change out-of-network deductible from \$2,000 to \$3,000		✓				
<b>Hospitalization (1st day)</b>						
<b>Deductible</b>						
UVSC - From No Deductible to \$50 per person per plan year (Inpatient hospital deductible).					✓	
<b>Co-Pay</b>						
USU - BlueChange hospital outpatient copay from \$100 to \$200 (applies after deductible)		✓				
USU - White Change hospital outpatient copay from \$150 to \$250 (applies after deductible)		✓				
UVSC - From \$100 day one, \$75 day 2-4 to 10% coinsurance					✓	
<b>Coverage after deductible/co-pay</b>						
USU - Blue Change hospital outpatient from 100% after deductible and copay to 80% after deductible and copay		✓				
USU - White Change hospital outpatient from 100% after deductible and copay to 70% after deductible and copay		✓				
<b>Emergency Room</b>						
<b>Co-pay</b>						
USU - Blue Change emergency room copay from \$100 to \$200						
USU - White Change emergency room copay from \$150 to \$250						
<i>(continued)</i>						
<b>Prescriptions/Pharmacy</b>						
<b>Deductible</b>						

**Table 3**  
**USHE Health Insurance Costs and Coverage**  
**Coverage Provision Changes Effective 7/1/07**

<u>Category Changes</u>	<u>UU</u>	<u>USU</u>	<u>WSU</u>	<u>SUU</u>	<u>UVSC</u>	<u>SLCC</u>
USU - Blue & White Add a \$100 Rx deductible for brand name drugs only		✓				
<b>Generic</b>						
UVSC - From 20% (min \$7, max \$15) to 20% annual coinsurance max of \$1,000/\$2,000.					✓	
<b>Brand Name - Preferred</b>						
UVSC - From 30% (min \$14, max \$30) to 30% annual coinsurance max of \$1,000/\$2,000.						
SLCC-co pay increased from \$25 to \$30						✓
<b>Brand Name - Non -Preferred</b>						
UVSC - From No Formulary to 50% annual coinsurance max of \$1,000/\$2,000.						
SLCC-co pay increased from \$50 to \$55						✓
<b>Other Changes</b>						
SUU - Eligible medical expenses in excess of the first \$500 will be subject to contract year deductible and employee will pay 20% of eligible Medical Expenses which will be applied toward Maximum Coinsurance.				✓		
WSU - Lifetime maximum benefit Increased from 1,000,000 to \$2,000,000.00			✓			
UVSC - All inpatient, Outpatient, and Major Diagnostic testing moved from a copayment to a coinsurance of 10%					✓	
UVSC - Addition of Adult Immunizations, Office copayment (\$20) (excludes immunizations required exclusively for foreign travel)					✓	
UVSC - Addition of TMJ (Temporomandibular Joint Disorder), 50% with a maximum coverage level of \$500 (lifetime max)					✓	
UVSC - Adoption Benefit change, from \$2500 within 90 days of birth, per child to \$4000 within 1 year of birth, per child.					✓	
UVSC - TPN (Total Parenteral Nutrition) benefits change, from 50%, max of \$10,000/per year to 90%/10%, max of \$100,000 (lifetime).					✓	
UVSC - Nationwide Provider Network (Out of State Coverage, from swing option of plan (70%/30%), PLUS balance billing to swing option of plan (70%/30%), NO balance billing for Beech Street providers.					✓	
UVSC - Addition of an EAP (Employee Assistance Program) with 10 consultations per year.					✓	
SLCC - Mail Order Preferred Rx co pay changed from \$25 to \$60, Mail Order Non-preferred Rx co pay changed from \$50 to \$137.50						✓
UU-Wellness program introduced. If employee participates, we deduct up to \$40 from their monthly premium (if monthly premium is less than \$40, employee pays zero).	✓					
<b>Notes</b>						
No Changes to Snow, CEU, or DSC Plans						

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

	UU	USU	WSU	SUU	SNOW	DSC	CEU	UVSC	SLCC
<i>Insurance Provider/Third Party Administrator</i>	BCBS	BCBS	EMIA	Regence BCBS	Dental Select	PEHP	EMIA	EMIA	BCBS
<i>2007-08 Total Premium Increase (Percent)</i>	0.0%	0.0%	8.2%	8.0%	0.0%	0.0%	10.1%	0.0%	0.0%
<i>Annual Premium Cost to Institution per Employee</i>									
Single	\$196	\$302	\$242	\$312	\$331	\$526	\$257	\$53	\$364
Employee + 1 dependent	\$450	\$526	\$429	\$547	\$649	\$669	\$457	\$67	\$646
Family	\$710	\$954	\$793	\$1,043	\$977	\$969	\$844	\$98	\$1,159
<i>Annual Premium Cost to Employee</i>									
Single	\$121	\$125	\$60	\$78	\$0	\$28	\$57	\$13	\$54
Employee + 1 dependent	\$277	\$218	\$107	\$137	\$0	\$35	\$101	\$17	\$90
Family	\$437	\$396	\$198	\$261	\$0	\$51	\$188	\$24	\$143