

Graduate and Professional Student Council
Duke University
Student Medical Insurance Plan
Request for Proposals
Due March 1, 2008

Proposals are due March 1, 2008. At that time all serious proposals will be scored according to the weighted criteria by our contracted consultant. The criteria are listed below in no particular order along with a brief explanation.

1. Projected student-only costs for 2008-2009: *This is the premium that all students will pay based on age.*
2. Retention and Target Loss Ratio: Long-term costs for risk indemnification, claims administration, provider network access, and other non-claims related services or products for support of the operation of the SMIP: *This category includes almost all "overhead" of the insurance company. The Target Loss Ratio is the amount of premium dollars spent to pay claims as opposed to overhead/profit.*
3. Effectiveness of provider network fee schedule: *The network provider fee schedule is the list of negotiated rates that the insurance company has with providers. The lower the negotiated rates (especially for the most frequently used providers), the more savings that can be passed on to the insured in the form of lower premium or lower copay/coinsurance.*
4. Fully Insured Minimum Premium Funding Arrangement: *and*
5. Credible minimum premium program (largely replicates partial self-funding arrangement): *Preference will be given to a company that will give us some form of credit if the groups claims are lower than projected by the company. A credible arrangement will give credit for lower claims, but will not inflate or deflate the projected claims.*
6. Medical Evacuation and Repatriation Coverage: *Medical Evacuation refers to personal transportation in an emergency to a location of adequate care for your needs. It may also include non-medical emergencies and relocation to a preferred destination. Coverage may be international, or domestic and international. Repatriation refers to the transportation of remains.*
7. Credit for providing comprehensive medical evacuation and repatriation coverage and providing comprehensive customer service: *Duke currently contracts separately with Medex for an enhanced medical evacuation and repatriation policy and Koster for customer service. Proposers were asked to quote the policy without these services to determine if these services could be delivered at a greater value through our current contracts.*
8. Revised Copayment Schedule (see section 2 for requested copayment schedule)
9. Alternative Rx Coverage (see section 2 for requested copayment schedule)
10. Wellness Benefits for Integrative Medicine: *Duke Integrative Medicine has already extended discounts to students and the committee is interested in covering certain health benefits there with insurance.*
11. Glasses and Contact Lenses benefit: *We currently offer a \$100 annual reimbursement for glasses and lenses. We would like to know the actual value of this benefit.*

12. Extension of Eligibility: *We would like to know the cost of offering students the option to continue coverage with the Duke plan for a specified time after they leave Duke (similar to the employer plan COBRA mandate).*
13. Intercollegiate sports quote: *This will rate the value of the removal or revision of the current NCAA Intercollegiate Athletics exclusion.*
14. Scope of provider network locally and nationally: *This is the availability of in-network providers while traveling away from Duke/Durham as well as the variety of options available within the area. Some networks may also include international networks.*
15. Ability to contract with all required providers in Durham area: *This is important to maintain in-network providers so that the insured are not forced to out-of-network rates or to change providers.*
16. Ability to meet or exceed customer service requirements: *Somewhat subjective assessment of the customer service quality.*
17. Quality, promptness, accuracy, and documentation when responding to student inquiries: *Objective assessment of customer service quality ideally from call logs and references.*
18. Access to dedicated customer service personnel: *Proposers were asked to indicate whether the customer service agents would be general customer service for all of their clients or we would be able to secure a group that were experts in our plan.*
19. Ease and quality of communication for Duke University: *Proposers were asked to explain the methods and frequency of communication with the University particularly for enrollment information and utilization reports.*
20. Accuracy and timeliness of claims administration/processing: *This is an indication of the insurance company's relationship with providers. Timely claims processing is important to maintain good relationships with providers, reduce overhead and increase discounts, and improve claims reporting.*
21. Timeliness and content of utilization reports, custom reports: *Utilization reports are used to revise the plan benefits to ensure that we are getting the best value for the most students. The more information and the better the reporting, the more efficient the committee can be in improving the policy.*
22. Secure messaging system, email system: *This is specifically to offer another mode of communication for students and administration.*
23. General demonstrated ability to fulfill deliverables specified in the RFP: *This is based on company history and references.*

This is a comprehensive list of criteria. Please contact the GPSC Health Insurance subcommittee if you have any further questions about the explanations.

Requested Copayment Schedule (please also see the additional requests at the end):

Lifetime Maximum Benefit	Unlimited or \$2 Million	
	In-Network Coverage	Out-of-Network Coverage
Plan Year Deductible	\$0	\$300 per person \$900 per family
Plan Year Out-of-Pocket Maximum	\$1,500 per person \$4,500 per family	\$3,000 per person \$9,000 per family

	<i>In-network copayments do not count toward satisfaction of the Plan Year out-of-pocket maximum.</i>	<i>Out-of-network deductibles do not count toward satisfaction of the Plan Year out-of-pocket maximum.</i>
Coinsurance SMIP/Covered Person Coinsurance will be 80% SMIP/20% covered person for in-network care (or 70%/30% for out-of-network care) unless otherwise specified.	80%/20% Based on participating facility/provider allowed fee schedule.	70%/30% Based on the usual and customary, or reasonable charge determination.
Emergency Room	Illness or Injury Per Visit Copayment: \$150 (waived for life-threatening conditions) Mental Health Care Per Visit Copayment: \$0 (does not require life-threatening condition - refer to special medical necessity criteria for mental health use of emergency room) Coinsurance: 100% coverage for all medically necessary services and supplies, including any expenses incurred for physician charges, surgery charges, and charges from other hospital departments (other than images and scans) if they are ordered by the emergency department and provided on the same day as the emergency room visit.	70%/30%

<p>Hospital Services (including North Carolina required benefits for mental health care services and substance abuse/chemical dependency)</p>	<p>80%/20%</p>	<p>70%/30%</p>
<p>Physician/Provider Visits (including North Carolina required benefits for mental health care services and substance abuse/chemical dependency)</p> <p>This provision also applies to inpatient hospital visits.</p>	<p>Per Visit Copayment: \$25 100% coverage for visit charges</p> <p>Coinsurance: 80%/20% for ancillary services</p>	<p>70%/30%</p>
<p>Outpatient PDC Facility Physician/Provider Visits</p> <p>Only provided at Private Diagnostic Clinic, PLCC, at Duke University Medical Center</p>	<p>Per Visit Copayment: \$25 100% coverage for visit charges after copayment</p> <p>Coinsurance: 80%/20% for ancillary services</p>	<p>Not Applicable</p>
<p>Urgent Care</p>	<p>Per Visit Copayment: \$45 100% coverage for visit charges after copayment</p> <p>Coinsurance: 80%/20% for ancillary services</p>	<p>70%/30%</p>
<p>Physician Charges for Surgery or Anesthesia</p>	<p>80%/20%</p>	<p>70%/30%</p>
<p>Diagnostic X-ray and Laboratory (including imaging and scans)</p>	<p>80%/20%</p>	<p>70%/30%</p>
<p>North Carolina Required Mental Health, Substance Abuse, and Chemical Dependency Care</p> <p><i>Examples of required mental health care services include: Bipolar Disorder, Major Depressive Disorder, Obsessive Compulsive Disorder, Paranoia and Other Psychotic Disorder, Schizoaffective Disorder, Post-Traumatic Stress Disorder, Anorexia Nervosa, and</i></p>	<p>Benefits are provided on the same basis as any other medical condition.</p>	<p>Benefits are provided on the same basis as any other medical condition.</p>

<i>Bulimia.</i>		
<p>Other Mental Health Care Services</p> <p>These benefits are separate from the required mental health care services and treatment for substance abuse/chemical dependency.</p> <p>Plan Year maximum number of 60 visits and 60 days of hospital confinement</p>	<p>Per Visit Copayment: \$25</p> <p>100% coverage for visit charges after copayment</p> <p>Coinsurance: 80%/20% for ancillary services</p>	<p>70%/30%</p>
<p>Prescription Drug Coverage</p>	<ul style="list-style-type: none"> ➤ Tier one: \$10 copayment for generic medications. ➤ Tier two: \$20 copayment for brand medications (the generic copayment is used if the brand prescription medication costs less than the equivalent generic). ➤ Tier three: copayment doubles for 90-day mail order prescription medications. ➤ There is no internal plan year limit for prescription medications. ➤ Covered medical expenses include coverage for oral contraceptives and contraceptive devices/medications. 	<ul style="list-style-type: none"> ➤ Tier one: \$20 copayment for generic medications. ➤ Tier two: \$40 copayment for brand medications (the generic copayment is used if the brand prescription medication costs less than the equivalent generic). <p>Covered persons must submit claims directly to the claims administrator.</p> <p>Copayments may not be used to satisfy the out-of-network deductible or Plan Year annual Out-of-Pocket expense limit.</p>
Pregnancy	Pregnancy benefits, including voluntary	

	termination of pregnancy, are provided on the same basis as any other temporary disability.	
<p>Short-Term Therapies</p> <p>Coverage includes: physical/occupational therapy, including chiropractic services, up to a maximum of 30 visits per plan year for both in-network and out-of-network services.</p>	80%/20%	70%/30%
<p>Other Therapies</p> <p>Includes chemotherapy, dialysis, and cardiac rehabilitation.</p>	80%/20%	70%/30%
<p>Preventive Care – Routine Physical Exams</p> <p>Subject to allowed annual or lifetime exams. Includes gynecological exams, cervical cancer screening, ovarian cancer screening, mammograms, colorectal screening, and prostate screening.</p>	<p>Per Visit Copayment: \$25</p> <p>100% coverage for visit charges after copayment</p> <p>Coinsurance: 80%/20% for ancillary services</p>	70%/30%
<p>Preventive Care – Well Baby/Child Care</p> <p>Covered for up to age six, including periodic assessments and immunizations. Benefits are limited to six well baby visits up to 12 months old and three well child visits per up to age six.</p>	<p>Per Visit Copayment: \$25</p> <p>100% coverage for visit charges after copayment</p> <p>Coinsurance: 80%/20% for ancillary services</p>	70%/30%
<p>Preventive Care -- Immunizations</p> <p>Includes the full series of standard immunizations recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Family Physicians (AAFP) covered up to age six.</p> <p>Immunizations are covered up to a Plan Year maximum benefit of \$500 for both in- and out-network care. Covered immunizations include the following: Diphtheria Pertussis, Tetanus Toxoid (DPT), Pneumococcal vaccine, Polio,</p>	80%/20%	70%/30%

<p>HiB, Measles/Mumps Rubella (MMR), Hepatitis A and B, Human Papiloma Virus vaccine, Influenza, Meningococcal vaccine, Chicken pox, and Rotavirus.</p> <p>Allergy injections and sera are covered under medical benefits and are not considered preventive.</p>		
<p>ADHD Testing</p>	<p>80%/20%</p> <p>Lifetime maximum benefit of \$1,000 when authorized by Duke designated providers.</p>	<p>Not Covered</p>
<p>Infertility and Sexual Dysfunction Services</p> <p>Covered up to a combined lifetime maximum benefit of \$5,000 for in- and out-of-network benefits.</p>	<p>80%/20%</p>	<p>70%/30%</p>
<p>Skilled Nursing Facility</p> <p>Covered up to a combined Plan Year maximum benefit of 60 days for in- and out-of-network benefits.</p>	<p>80%/20%</p>	<p>70%/30%</p>
<p>Other Services</p> <p>Includes ambulance, durable medical equipment, hospice services, medical supplies, orthotic devices, private duty nursing, prosthetic appliances, and home health care.</p> <p>Orthotic devices for correction of positional plagiocephaly limited to a lifetime maximum of \$600.</p> <p>Home health care is limited to a combined in and out-of-network maximum of 60 days per Plan Year.</p>	<p>80%/20%</p>	<p>70%/30%</p>
<p>Certification Penalty</p> <p>All current pre-certification requirements will be maintained unless otherwise specified by the Proposer (refer to</p>	<p>Certain services, regardless of location, require prior review and certification in order to receive benefits. Failure to request prior review and receive certification may result in allowed charges being reduced by 25% or full</p>	

Inquiry E of Section 4.4).	denial of benefits.	
Dental Benefits		
Only for injury to sound, natural teeth, limited to a combined in-and out-of-network maximum benefit of \$2,500.	80%/20%	70%/30%

Also requested was a prescription drug benefit that matched our current plan of \$100 deductible, 20% coinsurance, and \$1,000 coinsurance maximum. Proposers were also asked to disclose their formularies and/or any drugs that would be excluded from the prescription drug benefit.