



UC Riverside Plan Year: August 1, 2020 through July 31, 2021

UC Riverside - UC SHIP 2020-21 Final Rates

	UCR	UCR	UCR	UCR	UCR	UCR
	GRAD	U-GRAD	GRAD	U-GRAD	GRAD	U-GRAD
Fully Insured Equivalent Rates (2020-21)	MEDICAL		DENTAL		VISION	
Student Mandatory	\$3,249.00	\$1,318.00	\$228.00	\$161.00	\$49.80	\$48.15
Student Voluntary	\$3,249.00	\$1,318.00	\$228.00	\$161.00	\$49.80	\$48.15
Spouse	\$3,249.00	\$1,318.00	\$216.00	\$133.00	\$110.05	\$104.92
Child(ren)	\$3,249.00	\$1,318.00	\$239.00	\$148.00	\$90.08	\$88.99
Family	\$6,494.00	\$2,635.00	\$469.00	\$289.00	\$148.86	\$142.45

UC Riverside - UC SHIP 2020-21 Renewal Development

	UCR	UCR
Benefit Changes	GRAD	U-GRAD
Program Wide (EOB)	0.32%	0.32%
Campus Specific	0.00%	0.00%
Total	0.32%	0.32%
Allocated Renewal	-0.90%	1.90%
Final Renewal	-0.58%	2.22%

UC SHIP 2020-21 Medical Rates Include the Following Fixed Costs:

Administration Fee	Fee Basis	Annual	Monthly
UCOP Management Fee	PMPM	\$13.56	\$1.13
Reporting Fees	PMPM	\$4.08	\$0.34
Anthem Medical Fee - Undergraduates	PSPM	\$130.44	\$10.87
Anthem Medical Fee - Graduates	PSPM	\$130.44	\$10.87
Delta Dental Fee	PMPM	\$20.16	\$1.68
Anthem Vision Fee	PMPM	\$4.80	\$0.40
Waiver & Eligibility Fee	PSPM	\$11.88	\$0.99
PBM Administration Fee	PMPM	\$10.80	\$0.90
Consulting, Actuarial and Audit Fees	PMPM	\$17.88	\$1.49
Unify HR Fee	PMPM	\$0.48	\$0.04

PMPM: Per Member Per Month

PSPM: Per Student Per Month

UC SHIP 2020-21 Benefit and Plan Design Changes

Program Wide (EOB)

		UCR	UCR
Current Coverage	Change to Coverage	GRAD	U-GRAD
Psychoeducational Testing: \$3,000 Lifetime Benefit Maximum	Psycho-Educational Testing: \$4,500 Lifetime Benefit Maximum	0.02%	0.02%
Gender Conforming Facial Surgery Procedures: not a covered benefit	Add Gender Conforming Facial Surgery benefit; See UC SHIP resolution for detailed services and prior approval requirements	0.30%	0.30%
PEP/PrEP	UC SHIP will cover 30-60 day supplies of PrEP or PEP when dispensed by a pharmacist without a prescription and will not require prior authorization.	No Impact	No Impact
Fertility Preservation Benefit: \$20,000 Lifetime Benefit Maximum	Fertility preservation covered with no Lifetime Benefit Maximum when a covered medical procedure may cause iatrogenic infertility	No Impact	No Impact
Program Wide (EOB) Total		0.32%	0.32%

Campus Specific

		UCR	UCR
Current Coverage	Change to Coverage	GRAD	U-GRAD
No Campus Specific Changes	N/A	N/A	N/A
Campus Specific Total		0.00%	0.00%



UC Riverside Plan Year: August 1, 2020 through July 31, 2021

UC Riverside Premium Rates - By Quarter

Tiers	Medical	Dental	Vision	Campus Program Fees	SHS Dental Clinic Fee	Total Campus Fees	Bundled Premium Fall Quarter	Bundled Premium Winter Quarter	Bundled Premium Spring Quarter	Bundled Premium Summer Quarter	Total Bundled Premium
Undergraduate Mandatory	\$1,318.00	\$161.00	\$48.15	\$264.00	\$31.32	\$295.32	\$607.49	\$607.49	\$607.49		\$1,822.47
Undergraduate Voluntary	\$1,318.00	\$161.00	\$48.15	\$264.00	\$31.32	\$295.32	\$607.49	\$607.49	\$607.49		\$1,822.47
Undergraduate - Spouse/DP	\$1,318.00	\$133.00	\$104.92				\$518.64	\$518.64	\$518.64		\$1,555.92
Undergraduate - Child(ren)	\$1,318.00	\$148.00	\$88.99				\$518.33	\$518.33	\$518.33		\$1,554.99
Undergraduate - Spouse/DP+Child(ren)	\$2,635.00	\$289.00	\$142.45				\$1,022.15	\$1,022.15	\$1,022.15		\$3,066.45
Graduate Mandatory	\$3,249.00	\$228.00	\$49.80	\$264.00	\$50.88	\$314.88	\$1,280.56	\$1,280.56	\$1,280.56		\$3,841.68
Graduate Voluntary LOA	\$3,249.00	\$228.00	\$49.80	\$264.00	\$50.88	\$314.88	\$1,280.56	\$1,280.56	\$1,280.56		\$3,841.68
Graduate Filing Fee	\$3,249.00	\$228.00	\$49.80	\$264.00	\$50.88	\$314.88	\$1,280.56	\$1,280.56	\$1,280.56		\$3,841.68
Graduate - Spouse/DP	\$3,249.00	\$216.00	\$110.05				\$1,191.69	\$1,191.69	\$1,191.69		\$3,575.07
Graduate - Child(ren)	\$3,249.00	\$239.00	\$90.08				\$1,192.70	\$1,192.70	\$1,192.70		\$3,578.10
Graduate - Spouse/DP+Child(ren)	\$6,494.00	\$469.00	\$148.86				\$2,370.62	\$2,370.62	\$2,370.62		\$7,111.86



UCR Rates and Fees

PLAN YEAR: August 1, 2020 through July 31, 2021

Tiers	Medical	Dental	Vision	SHS Dental Clinic Fee	Campus Program Fees	Total Campus Fees	Total Bundle By Quarter				Premium By Quarter				
							Bundled Premium Fall Quarter	Bundled Premium Winter Quarter	Bundled Premium Spring Quarter	Total Bundled Premium	Bundled Premium By Quarter	Medical Benefit By Quarter	Dental Benefit By Quarter	Vision Benefit By Quarter	Campus Fees By Quarter
Undergraduate Mandatory	\$1,318.00	\$161.00	\$48.15	\$31.32	\$264.00	\$295.32	\$607.49	\$607.49	\$607.49	\$1,822.47	\$607.49	\$439.33	\$53.67	\$16.05	\$98.44
Undergraduate Voluntary	\$1,318.00	\$161.00	\$48.15	\$31.32	\$264.00	\$295.32	\$607.49	\$607.49	\$607.49	\$1,822.47	\$607.49	\$439.33	\$53.67	\$16.05	\$98.44
Undergraduate - Spouse/DP	\$1,318.00	\$133.00	\$104.92				\$518.64	\$518.64	\$518.64	\$1,555.92	\$518.64	\$439.33	\$44.33	\$34.98	
Undergraduate - Child(ren)	\$1,318.00	\$148.00	\$88.99				\$518.33	\$518.33	\$518.33	\$1,554.99	\$518.33	\$439.33	\$49.33	\$29.67	
Undergraduate - Spouse/DP+Child(ren)	\$2,635.00	\$289.00	\$142.45				\$1,022.15	\$1,022.15	\$1,022.15	\$3,066.45	\$1,022.15	\$878.33	\$96.33	\$47.49	
Graduate Mandatory	\$3,249.00	\$228.00	\$49.80	\$50.88	\$264.00	\$314.88	\$1,280.56	\$1,280.56	\$1,280.56	\$3,841.68	\$1,280.56	\$1,083.00	\$76.00	\$16.60	\$104.96
Graduate Voluntary LOA	\$3,249.00	\$228.00	\$49.80	\$50.88	\$264.00	\$314.88	\$1,280.56	\$1,280.56	\$1,280.56	\$3,841.68	\$1,280.56	\$1,083.00	\$76.00	\$16.60	\$104.96
Graduate Filing Fee	\$3,249.00	\$228.00	\$49.80	\$50.88	\$264.00	\$314.88	\$1,280.56	\$1,280.56	\$1,280.56	\$3,841.68	\$1,280.56	\$1,083.00	\$76.00	\$16.60	\$104.96
Graduate - Spouse/DP	\$3,249.00	\$216.00	\$110.05				\$1,191.69	\$1,191.69	\$1,191.69	\$3,575.07	\$1,191.69	\$1,083.00	\$72.00	\$36.69	
Graduate - Child(ren)	\$3,249.00	\$239.00	\$90.08				\$1,192.70	\$1,192.70	\$1,192.70	\$3,578.10	\$1,192.70	\$1,083.00	\$79.67	\$30.03	
Graduate - Spouse/DP+Child(ren)	\$6,494.00	\$469.00	\$148.86				\$2,370.62	\$2,370.62	\$2,370.62	\$7,111.86	\$2,370.62	\$2,164.67	\$156.33	\$49.62	