



**FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
FINANCE AND FACILITIES COMMITTEE**

Zoom Meeting
Public access via <http://webcast.fiu.edu/>

**Thursday, July 23, 2020
2:00 p.m.**

Chair: Leonard Boord
Vice Chair: Roger Tovar
Members: Cesar L. Alvarez, Dean C. Colson, Natasha Lowell, Joerg Reinhold, Marc D. Sarnoff

AGENDA

- | | |
|--|----------------------|
| 1. Call to Order and Chair's Remarks | Leonard Boord |
| 2. Action Items | |
| 2.1 Approval of Execution of Student Insurance Documents for Fiscal Year 2019-20 | Andres G. Gil |
| FF1. Approval of Execution of Student Insurance Documents for Fiscal Year 2020-21 | Andres G. Gil |
| 3. New Business (If Any) | Leonard Boord |
| 4. Concluding Remarks and Adjournment | Leonard Boord |

The next Finance and Facilities Committee Meeting is scheduled for Wednesday, September 9, 2020

Finance and Facilities Committee Meeting

Time: July 23, 2020 2:00 PM - 2:30 PM EDT

Location: via Zoom

Section	Agenda Item	Presenter	Page
1.	Call to Order and Chair's Remarks	Leonard Boord	
2.	Action Items		
2.1	Approval of Execution of Student Insurance Documents for Fiscal Year 2019-20	Andres G. Gil	1
	Student Health Insurance Program Acceptance Form, FY 2019-20		4
	Student Plan - Domestic		12
	Student Plan - International		15
	Student Plan - Intercollegiate Athletics		19
	<i>Funding Certification Form</i>		22
FF1.	Approval of Execution of Student Insurance Documents for Fiscal Year 2020-21	Andres G. Gil	23
	Student Health Insurance Program Acceptance Form, FY 2020-21		25
	Student Plan - Domestic		33
	Student Plan - International		36
	<i>Funding Certification Form</i>		40
3.	New Business <i>(If any)</i>	Leonard Boord	
4.	Concluding Remarks and Adjournment	Leonard Boord	

THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES
Finance and Facilities Committee

July 23, 2020

Subject: Approval of Execution of Student Insurance Documents for Fiscal Year 2019-20

Proposed Committee Action:

Recommend approval of: (1) The Florida International University Board of Trustees (“University”) executing the following insurance documents for students in substantially the form attached here:

- (A) Student Health Insurance Program Acceptance Form dated July 29, 2019;
- (B) Policyholder Application UnitedHealthcare Student Resources for the 2019-2020

Fiscal Year bearing the following policy numbers:

- (i) 2019-667-1 for Student Plan - Domestic;
- (ii) 2019-667-2 for Student Plan - International;
- (iii) 2019-667-8 for Academic Year Student Plan;

(collectively, the “Student Insurance Documents”); and (2) delegation of authority to the University President to execute the Student Insurance Documents and any documents related thereto necessary to effectuate the student insurance purchase.

Background Information:

Background on Consortium:

In 2014, FIU joined a consortium of other State University System (SUS) schools, which includes the University of South Florida, University of Central Florida, Florida Gulf Coast University, and University of Northern Florida, for an insurance broker, Gallagher Student Health & Special Risk (“Gallagher”), to provide student health insurance. This process requires that each university sign individual policyholder agreements with the selected insurance company. The consortium was put together then and now to enable the SUS to have greater buying power with a larger participant base to provide students health insurance. Each year Gallagher solicits plans from the current and other vendors that meet federal requirements and state coverage/limit requirements and serves as the intermediary in terms of plan selection, student enrollment in plan, plan administration, claim analysis and advises the consortium of changes in law that may impact student health insurance.

For Fiscal Year 2019-2020, the consortium selected UnitedHealthcare as the insurance provider from a cost and continuity perspective since UnitedHealthcare has been the provider for several years.

Background on Insurance Coverage:

FIU offers insurance coverage to its students in two manners (similar to other universities):

Voluntary – this alternative is available to most FIU enrolled students, including international students and student athletes. International students are required to have health insurance as a condition of their visa. Universities normally offer some sort of soft waiver program at least for students, which allows them to get more favorable rates than purchasing it on their own since it is a group policy. Under this alternative, students pay the full premium directly to Gallagher.

Hard waiver – this alternative is available to graduate assistants and students on University fellowships. Under this alternative, the University contributes about 75% of the total premium. Since the State only provides health insurance to employees that work 30 or more hours per week, this plan enables FIU to provide this benefit to the graduate assistant employees who cannot work more than 20 hours per week as they are seeking their graduate degree. Providing this benefit enables FIU to be competitive in comparison to other graduate programs across the country and in Florida. Graduate students are required to have this insurance and can opt out of the plan if they show proof of other insurance coverage. The 25% employee portion of the premium is automatically deducted from their paycheck each pay period like normal insurance benefits.

Bringing Policy to the Finance and Facilities Committee and the Full Board:

The amount that was paid for the insurance for FY 19/20 was \$3,494,177.20. The invoices for the FY 19/20 insurance were processed primarily by the Office of Research and Economic Development (ORED) and the Department of Athletics and paid for by these units. ORED was not aware that the Student Insurance Documents for the FY 19-20 had not been signed because, in prior years, that documentation had been signed by other University units (e.g., Student Affairs and College of Medicine). It is not clear if or who received the FY 19/20 documentation from Gallagher/UnitedHealthcare. As such, those documents were not signed since neither party followed up on the status of the documents. Nevertheless, insurance services were provided by Gallagher/UnitedHealthcare and paid by the University (i.e., ORED).

As FIU and Gallagher began the process of negotiating and preparing the FY 20/21 student insurance, Gallagher/United Healthcare realized that the FY 19/20 documents were never signed, and they advised FIU that they wanted signed copies of the FY 19/20 documents for their records, even though services were already rendered for the FY 19/20 contract year. We are bringing this matter to the Finance and Facilities Committee for a recommendation that the Full Board approve the matter, and if recommended, to the Full Board for approval. Accordingly, we request that the Finance and Facilities Committee recommend that the Full Board authorize the execution of the Student Insurance Documents and that the Board delegate to the President the authority to sign the Student Insurance Documents as well as any additional documents necessary to effectuate the purchase of the student insurance.

Supporting Documentation:	Student Health Insurance Program Acceptance Form, FY 2019-20 Student Plan – Domestic Student Plan – International Student Plan – Intercollegiate Athletics Funding Certification Form
Facilitator/Presenter:	Andrés G. Gil



STUDENT HEALTH INSURANCE PROGRAM ACCEPTANCE FORM

To: Tonja Moore
Associate Vice President of Research Strategic Planning and Operations
Florida International University

FROM: Scott Sullivan
Director of Finance
Gallagher Student Health & Special Risk

CC: Teresa Koster, Division Chair – Gallagher Student Health & Special Risk
Michele Bergonzi, Senior Vice President of Account Management
Gallagher Student Health & Special Risk

Subject: Student Health Plan for Florida International University

DATE: July 29, 2019

We very much appreciate you continuing to partner with Gallagher Student Health & Special Risk to administer your student health insurance plan for this upcoming plan year. We look forward to working with you and your team; our goal is to make the implementation as smooth and efficient as possible for you and your students.

This letter outlines the general provisions of the proposed plan and summarizes the options you have selected for the year. Please review the information carefully and contact me if you have questions or comments. Once you are satisfied with the content of the letter, please sign the signature page and return the executed letter to me via fax, email or mail. In order to ensure that we can begin the implementation process as soon as possible, please return the signed letter to me by August 1st. Once again, we appreciate your confidence in Gallagher Student Health & Special Risk and look forward to a successful 2019-20 plan year.

PROVISIONS OF THE 2019-20 PROPOSAL:

ELIGIBILITY REQUIREMENTS: DOMESTIC

The current eligibility and enrollment provisions are maintained for the 2019-20 policy year.

ELIGIBILITY REQUIREMENTS: INTERNATIONAL

The current eligibility and enrollment provisions are maintained for the 2019-20 policy year.

PLAN DESIGN: UNDERWRITTEN BY UNITED HEALTHCARE INSURANCE COMPANY (PLEASE SEE ATTACHMENT A FOR CURRENT A.M. BEST RATING) AND CLAIMS ARE ADMINISTERED BY UNITED HEALTHCARE STUDENT RESOURCES.

The coverage and general terms outlined in the 2018-19 FIU Hard Waiver brochure are maintained for the 2019-20 policy year with the following modifications:

1. The In Network deductible has increased from \$200 per Insured, per policy year to \$400 per Insured, per policy year and the Out-of-Network deductible has increased from \$500 per Insured, per policy year to \$650 per Insured, per policy year.
2. The In-Network out-of-pocket maximum has increased from \$6,300 per Insured/\$12,000 per Family per policy year to \$7,500 per Insured/\$14,000 per Family per policy year and the Out-of-Network out-of-pocket maximum has increased from \$12,000 per Insured/\$24,000 per Family per policy year to \$15,000 per Insured/\$30,000 per Family per policy year.
3. The In-Network prescription copayments have increased from \$15 for Tier 1, \$40 for Tier 2, and \$60 for Tier 3 to \$15 for Tier 1, \$50 for Tier 2, and \$100 for Tier 3 and the Out-of-Network prescription coinsurance has decreased from 60% to 50%.

The coverage and general terms outlined in the 2018-19 FIU Voluntary brochure are maintained for the 2019-20 policy year with the following modifications:



1. Increase the In Network per policy deductible to \$500 per insured and the Out-of-Network per policy year deductible to \$800 per insured.
2. Increase the In Network out-of-pocket maximum to \$7,500 Individual/\$14,000 Family per policy year and the Out-of-Network out-of-pocket maximum to \$15,000 Individual/\$30,000 Family per policy year.
3. Change the pharmacy copay structure for prescriptions filled at a UHC retail pharmacy to \$15 Tier 1 / \$50 Tier 2 / \$100 Tier 3. There is no benefit for prescriptions filled at an Out-of-Network pharmacy.

Intercollegiate Sports Voluntary Option

An additional coverage option is available to Intercollegiate Student Athletes engaged in the play or practice of an Intercollegiate sport. This option is available to Intercollegiate student athletes enrolled in either the Hard Waiver or Voluntary program. Enrollment in this option is on a voluntary basis.

PLAN DESIGN: GALLAGHER STUDENT HEALTH & SPECIAL RISK- COMPLEMENTS & OTHER BENEFITS

1. The network is UHC Choice Plus
2. Online Enrollment and Account Management Services, including Online Web Services provided by Gallagher Student Health and Special Risk at www.GallagherStudentHealth.com
3. Worldwide Travel Assistance Services provided by UnitedHealthcare Global: Global Emergency Services
4. Discount vision services provided through EyeMed.

Health Insurance Account Services and Fees:

Gallagher Student Health & Special Risk will provide our full complement of account management services, including but not limited to:

1. Conduct monthly conference calls with the consortium members to review claims and enrollment data, address any campus questions or concerns.
2. Conduct pre-renewal planning meetings to assess overall plan performance against underwriting assumptions, evaluate strategic components of insurance program to control costs, measure effectiveness and appropriateness of current plan design and identify plan components to revise for the next policy year.
3. Manage renewal process with the incumbent carrier and obtain additional renewal proposals, if appropriate, to guarantee competitive premium and coverage terms.
4. Schedule a post implementation review meeting to assess the success of the implementation process.
5. Be available to meet with the University's insurance committee or appropriate representatives to evaluate the insurance program based on claims utilization, student feedback, state compliance issues and other program components.
6. Develop and prepare customized web pages and online services to manage waiver process and voluntary enrollment of dependents and any supplemental products for students.
7. Manage timetable of waiver activation and communication deliverables to guarantee timely access and distribution of materials to students
8. Provide customer service to assist students in understanding all aspects of their student insurance plan including benefits, limitations and exclusions.
9. Prepare certificates of Prior Health Coverage or Verification of Coverage letters for students.
10. Advocate on behalf of students or institution to resolve any claims or provider concerns.
11. Distribute monthly enrollment summary and claims utilization reports to monitor plan's utilization through the year.
12. Provide ongoing account management/client service support for on campus health or counseling services regarding coverage clarification, claims resolutions, provider networks or any other service needs.
13. Cover the costs to prepare and distribute marketing and plan documents.
14. Attend student orientations and other on-campus meetings as required.
15. Provide analysis of any new legislative or industry requirements that impact the educational insurance industry.
16. Ensure the insurance carrier complies with all federal and state laws.

Please see the attached Compensation Disclosure Schedule for our fees for these services.



Plan Rate Structure:

Hard Waiver International:

(These costs do not include any school administration fees)

	Annual 8/17/19-8/16/20	Fall 8/17/19-12/31/19	Spring 1/1/20-5/9/20	Spring/Summer 1/1/19-8/16/20	Summer (A/C) 5/10/20-8/16/20	Summer I (B) 6/15/19-8/16/20
Student Only	\$2,658	\$995	\$994	\$1,663	\$719	\$458
Spouse	\$2,658	\$995	\$994	\$1,663	\$719	\$458
One Child	\$2,658	\$995	\$994	\$1,663	\$719	\$458
Two or More Children	\$5,316	\$1,990	\$1,888	\$3,326	\$1,438	\$916

Graduate Assistants Hard Waiver

(These costs do not include any school administration fees)

	Annual 8/17/19-8/16/20	Fall 1 8/12/19-12/14/19	Fall 8/17/19-12/14/19	Spring 12/15/19-4/18/20	Summer 4/19/20-8/16/20
Student Only	\$2,658	\$871	\$871	\$871	\$872
Spouse	\$2,658	\$871	\$871	\$871	\$872
One Child	\$2,658	\$871	\$871	\$871	\$872
Two or More Children	\$5,316	\$1,742	\$1,742	\$1,742	\$1,744

Plan Rate Structure:

Voluntary:

(These costs do not include any school administration fees)

	Annual 8/17/19-8/16/20	Fall 8/17/19-12/31/19	Spring 1/1/20-5/9/20	Spring/Summer 1/1/19-8/16/20	Summer (A/C) 5/10/20-8/16/20	Summer 1(B) 6/15/19-8/16/20
Student Only	\$5,208	\$1,950	\$1,850	\$3,258	\$1,409	\$897
Spouse	\$5,208	\$1,950	\$1,850	\$3,258	\$1,409	\$897
One Child	\$5,208	\$1,950	\$1,850	\$3,258	\$1,409	\$897
Two or More Children	\$10,416	\$3,900	\$3,700	\$6,516	\$2,818	\$1,794

Plan Rate Structure:

Voluntary: Intercollegiate Athletes Student Only Plan

(These costs do not include any school administration fees)

	Annual 8/17/19-8/16/20
High Risk Sports	\$431
Low Risk Sports	\$256

Other Coverages:

Gallagher Student Health & Special Risk is providing student health and accident insurance and related products as more fully described in this letter. We have not been asked to provide any other type of insurance or coverage for your university. If you would like to discuss your additional insurance needs (Property and Casualty or liability insurance, for example) we would be happy to discuss them with you.

Limitation of Liability

We agree that your liability to us arising from your negligent acts or omissions, whether related to the insurance or surety placed pursuant to these binding instructions or not, shall not exceed \$20 million, in the aggregate. Further, without limiting the foregoing, we agree that in the event you breach your obligations, you shall only be liable for actual damages we incur and that you shall not be liable for any indirect, consequential or punitive damages.



Billing & Payment Terms: Hard Waiver (International Students)

Gallagher Student Health & Special Risk is required to submit premium in a timely basis to the insurance company. To that end, we must adhere to their standard policy which is for a deposit of 75% based on last year's Term enrollment numbers to be paid within fifteen days from the beginning of the term. In addition, Gallagher Student Health & Special Risk requires that an audit file be submitted to reconcile the term's enrollment no later than mid-November. Once the reconciliation process is complete, we will issue an invoice for the quarter or credit memorandum for each term of coverage. The same procedure will be followed for each term.

Billing & Payment Terms: Voluntary (Domestic Students)

Eligible students may enroll in the Voluntary Health Insurance Plan in accordance with the plan brochure via www.gallagherstudent.com. Students who enroll in the Insurance Plan are responsible for the payment of costs associated with the plan.

I accept the proposal for the 2019-20 Florida International University (Participant in the SUSF) Student Health Insurance Plan Consortium Program as outlined above.

Name

Title

Date

Master Policy:

I WOULD LIKE TO RECEIVE THE MASTER POLICY FOR THIS PROGRAM EVIDENCING COVERAGE ELECTRONICALLY.

Initial



Bindable Quotations & Compensation Disclosure Schedule

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm % or Fee 3	Wholesaler, MGA or Intermediary % 4 *	AJG Owned? Yes or No
Student Annual HW	United Healthcare Insurance Co.	n/a	\$2,653	4%	No	No
Student Annual GA	United Healthcare Insurance Co.	n/a	\$2,653	4%	No	No
Student Fall HW	United Healthcare Insurance Co.	n/a	\$993	4%	No	No
Student Fall GA	United Healthcare Insurance Co.	n/a	\$870	4%	No	No
Student Spring HW	United Healthcare Insurance Co.	n/a	\$942	4%	No	No
Student Spring/Summer HW	United Healthcare Insurance Co.	n/a	\$1,660	4%	No	No
Student Spring GA	United Healthcare Insurance Co.	n/a	\$913	4%	No	No
Student Summer GA	United Healthcare Insurance Co.	n/a	\$870	4%	No	No
Student Summer AC	United Healthcare Insurance Co.	n/a	\$718	4%	No	No
Student Summer B	United Healthcare Insurance Co.	n/a	\$457	4%	No	No
High Risk Sports Annual Rate	United Healthcare Insurance Co.	n/a	\$431	4%	No	No
Low Risk Sports Annual Rate	United Healthcare Insurance Co.	n/a	\$256	4%	No	No
Eye Med Discount Program	EyeMed	n/a	\$5 per year per enrollment category	Same as Column 2	n/a	n/a

Florida International University:

Some carriers pay Gallagher supplemental or contingent commissions in addition to the policy commission. Contingent commissions are typically contingent upon performance factors such as growth, profit, volume or retention, while supplemental commissions are not. These supplemental or contingent commissions may range from less than 1% up to 10% of the policy premium. Please refer to the [Compensation Disclosure](#) or contact your Gallagher representative for additional information.

1. We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.
2. If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application
3. The commission rate is a percentage of annual premium excluding taxes & fees.
4. * The non-Gallagher intermediary/wholesaler did not provide their compensation information for this proposal. The usual and customary compensation to a wholesaler/ intermediary ranges from 5% to 12%, but we cannot verify that range is applicable in connection with this proposal.



Carrier Ratings and Admitted Status

Proposed Carriers	A.M. Best's Rating	Admitted/Non-Admitted
United Healthcare Insurance Company	A XV	Admitted

If the above indicates coverage is placed with a non-admitted carrier, the carrier is doing business in the state as a surplus lines or non-admitted carrier. As such, this carrier is not subject to the same regulations which apply to an admitted carrier nor do they participate in any insurance guarantee fund applicable in that state.

The above A.M. Best Rating was verified on the date the proposal document was created.

Guide to Best Ratings Rating Levels and Categories

Level	Category	Level	Category	Level	Category
A++, A+	Superior	B, B-	Fair	D	Poor
A, A-	Excellent	C++, C+	Marginal	E	Under Regulatory Supervision
B++, B+	Good	C, C-	Weak	F	In Liquidation
				S	Suspended

Financial Size Categories

(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)

FSC I		Up to	1,000	FSC IX	250,000	to	500,000
FSC II	1,000	to	2,000	FSC X	500,000	to	750,000
FSC III	2,000	to	5,000	FSC XI	750,000	to	1,000,000
FSC IV	5,000	to	10,000	FSC XII	1,000,000	to	1,250,000
FSC V	10,000	to	25,000	FSC XIII	1,250,000	to	1,500,000
FSC VI	25,000	to	50,000	FSC XIV	1,500,000	to	2,000,000
FSC VII	50,000	to	100,000	FSC XV	2,000,000	or more	
FSC VIII	100,000	to	250,000				

Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history, and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.

A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. View the A.M. Best Important Notice: Best's Credit Ratings for a disclaimer notice and complete details at <http://www.ambest.com/ratings/notice>.

Best's Credit Ratings are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings and Best Credit Reports (which include Best Ratings), visit the A.M. Best website at <http://www.ambest.com>. See Guide to Best's Credit Ratings for explanation of use and charges. Copies of the Best's Insurance Reports for carriers listed above are also available upon request of your Gallagher representative.

Best's Credit Ratings reproduced herein appear under license from A.M. Best and do not constitute, either expressly or impliedly, an endorsement of (Licensee's publication or service) or its recommendations, formulas, criteria or comparisons to any other ratings, rating scales or rating organizations which are published or referenced herein. A.M. Best is not responsible for transcription errors made in presenting Best's Credit Ratings. Best's Credit Ratings are proprietary and may not be reproduced or distributed without the express written permission of A.M. Best Company.

Gallagher companies use A.M. Best Company's rating services to evaluate the financial condition of insurers whose policies we propose to deliver. Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.



BEST'S FINANCIAL STRENGTH RATING GUIDE – (FSR)

A Best's Financial Strength Rating (FSR) is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. An FSR is not assigned to specific insurance policies or contracts and does not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. An FSR is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In addition, an FSR may be displayed with a rating identifier, modifier or affiliation code that denotes a unique aspect of the opinion.

Best's Financial Strength Rating (FSR) Scale

Rating Categories	Rating Symbols	Rating Notches*	Category Definitions
Superior	A+	A++	Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
Excellent	A	A-	Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
Good	B+	B++	Assigned to insurance companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Fair	B	B-	Assigned to insurance companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Marginal	C+	C++	Assigned to insurance companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Weak	C	C-	Assigned to insurance companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
Poor	D	-	Assigned to insurance companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

* Each Best's Financial Strength Rating Category from "A+" to "C" includes a Rating Notch to reflect a gradation of financial strength within the category. A Rating Notch is expressed with either a second plus "+" or a minus "-".

FSR Non-Rating Designations

Designation Symbols	Designation Definitions
E	Status assigned to insurance companies that are publicly placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal ongoing insurance operations; an impaired insurer.
F	Status assigned to insurance companies that are publicly placed in liquidation by a court of law or by a forced liquidation; an impaired insurer.
S	Status assigned to rated insurance companies to suspend the outstanding FSR when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.
NR	Status assigned to insurance companies that are not rated; may include previously rated insurance companies or insurance companies that have never been rated by AMBRS.

Rating Disclosure – Use and Limitations

A Best's Credit Rating (BCR) is a forward-looking independent and objective opinion regarding an insurer's, issuer's or financial obligation's relative creditworthiness. The opinion represents a comprehensive analysis consisting of a quantitative and qualitative evaluation of balance sheet strength, operating performance and business profile or, where appropriate, the specific nature and details of a security. Because a BCR is a forward-looking opinion as of the date it is released, it cannot be considered as a fact or guarantee of future credit quality and therefore cannot be described as accurate or inaccurate. A BCR is a relative measure of risk that implies credit quality and is assigned using a scale with a defined population of categories and notches. Entities or obligations assigned the same BCR symbol developed using the same scale, should not be viewed as completely identical in terms of credit quality. Alternatively, they are alike in category (or notches within a category), but given there is a prescribed progression of categories (and notches) used in assigning the ratings of a much larger population of entities or obligations, the categories (notches) cannot mirror the precise subtleties of risk that are inherent within similarly rated entities or obligations. While a BCR reflects the opinion of A.M. Best Rating Services, Inc. (AMBRS) of relative creditworthiness, it is not an indicator or predictor of defined impairment or default probability with respect to any specific insurer, issuer or financial obligation. A BCR is not investment advice, nor should it be construed as a consulting or advisory service, as such; it is not intended to be utilized as a recommendation to purchase, hold or terminate any insurance policy, contract, security or any other financial obligation, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. Users of a BCR should not rely on it in making any investment decision; however, if used, the BCR must be considered as only one factor. Users must make their own evaluation of each investment decision. A BCR opinion is provided on an "as is" basis without any expressed or implied warranty. In addition, a BCR may be changed, suspended or withdrawn at any time for any reason at the sole discretion of AMBRS.

BCRs are distributed via the AMBRS website at www.ambest.com. For additional information regarding the development of a BCR and other rating-related information and definitions, including outlooks, modifiers, identifiers and affiliation codes, please refer to the report titled "Understanding Best's Credit Ratings" available at no charge on the AMBRS website. BCRs are proprietary and may not be reproduced without permission.

Copyright © 2016 by A.M. Best Company, Inc. and/or its affiliates. ALL RIGHTS RESERVED.

Version 090116

GALLAGHER DISCLOSURES

Proposal Disclaimer

IMPORTANT: The proposal is an outline of certain of the terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and/or conditions of the actual policy contract language. The insurance policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

We will not be operating in a fiduciary capacity, but only as your broker, obtaining a variety of coverage terms and conditions to protect the risks of your enterprise. We will seek to bind those coverages based upon your authorization, however, we can make no warranties in respect to policy limits or coverage considerations of the carrier. Actual coverage is determined by policy language, so read all policies carefully. Contact us with questions on these or any other issues of concern.

Actuarial Disclaimer

The information contained in this proposal is based on the historical loss experience and exposures that were provided to Gallagher Student Health & Special Risk. This proposal is not an actuarial study. Should you wish to have this proposal reviewed by an independent actuary, we will be pleased to provide you with a listing of actuaries for your use.

Compensation Disclosure

One of the core values highlighted in The Gallagher Way states, "We are an Open Society," and our open society extends to the compensation Gallagher receives. In general, Gallagher may be compensated as follows:

1. Gallagher Companies are primarily compensated from the usual and customary commissions or fees received from the brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary from company to company and insurance coverage to insurance coverage. As permitted by law, Gallagher companies occasionally receive both commissions and fees.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher Companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies. Contingent commissions provide for additional compensation if stipulated underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the particular insurance company and/or through the particular intermediary, not on an individual policy basis. Some insurance markets, including Gallagher-owned intermediaries, have modified their commission schedule with Gallagher, resulting in an increase in certain commission rates. These additional commissions, commonly referred to as "supplemental commissions" are frequently known as of the effective date of the applicable insurance placement, but some insurance companies pay this commission later and apart from when commission is normally paid at policy issuance. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. **Note:** Upon request, your Gallagher representative can provide more specific market information regarding contingent and supplemental commission related to your insurance coverage placed through Gallagher.
3. Gallagher Companies may also receive investment income on fiduciary funds temporarily held by them, such as premiums or return premiums.
4. Gallagher Companies may access other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace. Gallagher Companies may own some of these facilities, in whole or in part. If such a facility is utilized in the placement of a client's account, the facility may earn and retain customary brokerage commission or fees for its work.
5. Gallagher assists its clients in procuring premium finance quotes and unless prohibited by law may earn compensation for this optional value-added service.
6. From time to time, Gallagher may participate in insurance company promotional events or training and development that insurers provide for Gallagher employees.
7. Gallagher strives to find appropriate coverage at a competitive price for our clients. In order to achieve these goals, we gather and analyze data about our clients and their insurance coverage. This data and the resulting analytical tools help us better understand the current marketplace, more accurately predict future trends and offer tailored solutions to our clients. This data may also be provided to insurers pursuant to consulting service agreements from which we earn fees.

If you have specific questions about the compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third parties, please contact Gallagher via e-mail at Compensation_Complaints@ajg.com or by regular mail at:

AJG Chief Compliance Officer
Arthur J. Gallagher & Co.
2850 Golf Rd., 8th Floor
Rolling Meadows, IL 60008

Policyholder Application

UnitedHealthcare StudentResources

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

Policyholder	Florida International University	Date	05/30/2019
Mailing Address	UNIVERSITY PARK 11200 Southwest 8 Street MIAMI, FL 33199-0001	Policy Number	2019-667-1
Telephone Number	305-348-2000	Effective	2019/2020 Academic Year Student Plan - Domestic

Class of Persons to be Insured

All registered domestic undergraduate students enrolled in a minimum of twelve credit hours (or considered full time), graduate students enrolled in a minimum of nine credit hours (or considered full time), and practical training students (regardless of credit hours) are eligible to participate on a voluntary basis. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online. Eligible Dependents, including Domestic Partners of enrolled students may participate in this plan on a voluntary basis.

FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Rates

Basic

	Annual		Fall		Spring	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	5,175.00	33.00	1,937.00	13.00	1,838.00	12.00
Spouse	5,175.00	33.00	1,937.00	13.00	1,838.00	12.00
One Child	5,175.00	33.00	1,937.00	13.00	1,838.00	12.00
Two or more Children	10,350.00	66.00	3,874.00	26.00	3,676.00	24.00
Spouse and 2 or more Children	15,525.00	99.00	5,811.00	39.00	5,514.00	36.00

(Information continues on attached sheets.)

Signature of School Official _____ Title _____ Date _____
Please Print Name of above Official _____
Signature of Agent _____ Date _____
Please Print Name of above Agent _____ Florida License Number _____
Signature of Company Representative _____ Title _____ Date _____

	Spring/Summer		Summer		Summer 1	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	3,238.00	20.00	1,400.00	9.00	891.00	6.00
Spouse	3,238.00	20.00	1,400.00	9.00	891.00	6.00
One Child	3,238.00	20.00	1,400.00	9.00	891.00	6.00
Two or more Children	6,476.00	40.00	2,800.00	18.00	1,782.00	12.00
Spouse and 2 or more Children	9,714.00	60.00	4,200.00	27.00	2,673.00	18.00

	Monthly		Weekly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	432.00	2.75	100.00	0.64
Spouse	432.00	2.75	100.00	0.64
One Child	432.00	2.75	100.00	0.64
Two or more Children	864.00	5.50	200.00	1.28
Spouse and 2 or more Children	1,296.00	8.25	300.00	1.92

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

Effective/Expiration Dates

Basic

Annual	08/17/2019 through 08/16/2020
Fall	08/17/2019 through 12/31/2019
Spring	01/01/2020 through 05/09/2020
Spring/Summer	01/01/2020 through 08/16/2020
Summer	05/10/2020 through 08/16/2020
Summer 1	06/15/2020 through 08/16/2020
Monthly	
Weekly	

Policyholder Application (Continued)
UnitedHealthcare StudentResources
UnitedHealthcare Insurance Company

Florida Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Mammography coverage as offered according to Florida Statute, Section 627.6613, whereby it is not subject to Deductibles or coinsurance.

Signature of School Official _____
Title _____
Date _____

Policyholder Application

UnitedHealthcare StudentResources

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

Policyholder	Florida International University	Date	07/26/2019
Mailing Address	UNIVERSITY PARK 11200 Southwest 8 Street MIAMI, FL 33199-0001	Policy Number	2019-667-2
Telephone Number	305-348-2000	Effective	2019/2020 Academic Year Student Plan - International

Class of Persons to be Insured

All eligible Graduate Assistants, Fellows, and Post Doctorates are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished. All international students, visiting scholars, College of Medicine students, College of Nursing students, and Physician's Assistant students are required to purchase this plan or show proof of comparable coverage. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online. Eligible Dependents, including Domestic Partners of enrolled students may participate in this plan on a voluntary basis.

FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Rates

Basic

	Annual		Special Cov Period		Fall	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	2,653.00	5.00	116.00	0.00	993.00	2.00
Spouse	2,653.00	5.00	116.00	0.00	993.00	2.00
One Child	2,653.00	5.00	116.00	0.00	993.00	2.00
Two or more Children	5,306.00	10.00	232.00	0.00	1,986.00	4.00
Spouse and 2 or more Children	7,959.00	15.00	348.00	0.00	2,979.00	6.00
	Spring		Spring/Summer		Summer	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	942.00	2.00	1,660.00	3.00	718.00	1.00
Spouse	942.00	2.00	1,660.00	3.00	718.00	1.00
One Child	942.00	2.00	1,660.00	3.00	718.00	1.00
Two or more Children	1,884.00	4.00	3,320.00	6.00	1,436.00	2.00
Spouse and 2 or more Children	2,826.00	6.00	4,980.00	9.00	2,154.00	3.00

(Information continues on attached sheets.)

Signature of School Official _____ Title _____ Date _____
Please Print Name of above Official _____
Signature of Agent _____ Date _____
Please Print Name of above Agent _____ Florida License Number _____
Signature of Company Representative _____ Title _____ Date _____

	Summer 1		Monthly		Weekly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	457.00	1.00	222.00	0.42	52.00	0.10
Spouse	457.00	1.00	222.00	0.42	52.00	0.10
One Child	457.00	1.00	222.00	0.42	52.00	0.10
Two or more Children	914.00	2.00	444.00	0.84	104.00	0.20
Spouse and 2 or more Children	1,371.00	3.00	666.00	1.26	156.00	0.30

Graduate Asst. - Post Docs/Fellows

	Annual		Fall 1		Fall	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	2,653.00	5.00	870.00	1.00	870.00	1.00
Spouse	2,653.00	5.00	870.00	1.00	870.00	1.00
One Child	2,653.00	5.00	870.00	1.00	870.00	1.00
Two or more Children	5,306.00	10.00	1,740.00	2.00	1,740.00	2.00
Spouse and 2 or more Children	7,959.00	15.00	2,610.00	3.00	2,610.00	3.00
	Spring		Summer		Monthly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	913.00	2.00	870.00	2.00	222.00	0.42
Spouse	913.00	2.00	870.00	2.00	222.00	0.42
One Child	913.00	2.00	870.00	2.00	222.00	0.42
Two or more Children	1,826.00	4.00	1,740.00	4.00	444.00	0.84
Spouse and 2 or more Children	2,739.00	6.00	2,610.00	6.00	666.00	1.26
	Weekly					
	Premium	Non-Premium Cost				
Student	52.00	0.10				
Spouse	52.00	0.10				
One Child	52.00	0.10				
Two or more Children	104.00	0.20				
Spouse and 2 or more Children	156.00	0.30				

Continuation-Basic

	Monthly	
	Premium	Non-Premium Cost
Student	222.00	0.00
Spouse	222.00	0.00
One Child	222.00	0.00
Two or more Children	444.00	0.00
Spouse and 2 or more Children	666.00	0.00

(Information continues on attached sheets.)

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

Effective/Expiration Dates

Basic

Basic	
Annual	08/17/2019 through 08/16/2020
Special Cov Period	08/01/2019 through 08/16/2019
Fall	08/17/2019 through 12/31/2019
Spring	01/01/2020 through 05/09/2020
Spring/Summer	01/01/2020 through 08/16/2020
Summer	05/10/2020 through 08/16/2020
Summer 1	06/15/2020 through 08/16/2020
Monthly	
Weekly	

Graduate Asst. - Post Docs/Fellows	
Annual	08/17/2019 through 08/16/2020
Fall 1	08/12/2019 through 12/14/2019
Fall	08/17/2019 through 12/14/2019
Spring	12/15/2019 through 04/18/2020
Summer	04/19/2020 through 08/16/2020
Monthly	
Weekly	

Continuation-Basic

Continuation	
Annual	08/17/2019 through 08/16/2020
Monthly	

Policyholder Application (Continued)
UnitedHealthcare StudentResources
UnitedHealthcare Insurance Company

Florida Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Mammography coverage as offered according to Florida Statute, Section 627.6613, whereby it is not subject to Deductibles or coinsurance.

Signature of School Official _____
Title _____
Date _____

Policyholder Application

UnitedHealthcare StudentResources

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

Policyholder	Florida International University	Date	07/03/2019
Mailing Address	UNIVERSITY PARK 11200 Southwest 8 Street MIAMI, FL 33199-0001	Policy Number	2019-667-8
Telephone Number	305-348-2000	Effective	2019/2020 Academic Year Student Plan

Class of Persons to be Insured

All Intercollegiate Athletes engaged in the play or practice of an intercollegiate sport who are covered under 2019-667-1 or 2019-667-2 are eligible to enroll in this plan on a voluntary basis (additional premium is required).

This policy has a Pre-existing Condition limitation, and if a Physician has diagnosed, treated or recommended for Treatment any Injury or Sickness within the six months immediately prior to the Insured's Effective Date, no coverage will be provided for that Injury or Sickness until the Insured has been continuously insured under the school's policy for at least 12 consecutive months.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Rates

High Risk Sports

	Annual
	Premium
Student	431.00

Low Risk Sports

	Annual
	Premium
Student	256.00

(Information continues on attached sheets.)

Signature of School Official	_____	Title	_____	Date	_____
Please Print Name of above Official	_____				
Signature of Agent	_____			Date	_____
Please Print Name of above Agent	_____	Florida License Number	_____		
Signature of Company Representative	_____	Title	_____	Date	_____

Effective/Expiration Dates

High Risk Sports

Annual 08/17/2019 through 08/16/2020

Low Risk Sports

Annual 08/17/2019 through 08/16/2020

Policyholder Application (Continued)
UnitedHealthcare StudentResources
UnitedHealthcare Insurance Company

Florida Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Enteral Formula coverage as offered according to Florida Statute, Section 627.42395.
I hereby _____ elect _____ decline the Mammography coverage as offered according to Florida Statute, Section 627.6613.

Signature of School Official _____
Title _____
Date _____



Funding Certification Form

This form is required by the FIU Board of Trustees ("BOT") and/or a committee of the BOT as a condition for approval of items, containing a funding component, that come for approval before the Board and/or a BOT committee pursuant to the Delegations of Authority from the BOT to the University President or otherwise.

Item name/description: Execution of the following documents for insurance coverage for students for FY 19/20 , as further described in Agenda item 2.1 of the BOT Finance and Facilities Committee July 23, 2020 meeting:

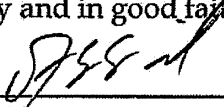
- (A) Student Health Insurance Program Acceptance Form dated July 29, 2019;
- (B) Policyholder Application UnitedHealthcare Student Resources for the 2019-2020 Fiscal Year bearing the following policy numbers:

- (i) 2019-667-1 for Student Plan - Domestic;
- (ii) 2019-667-2 for Student Plan - International;
- (iii) 2019-667-8 for Academic Year Student Plan

and any documents related thereto necessary to effectuate the student insurance purchase.

Funding Source(s): E&G, Sponsored Awards and University Fringe Benefit Pool

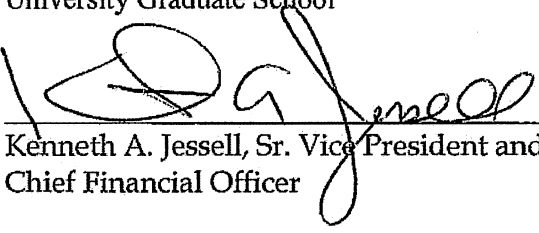
This is to certify that the above item has been reviewed and approved, and to the best of our professional judgment and knowledge, the type of funding for the item is authorized by state law and Board of Governors Regulations, and the Trustees may reasonably and in good faith rely on this certification.



 Andrés G. Gil, PhD, Vice President for Research
 & Economic Development and Dean of the
 University Graduate School

7/14/2020

 Date



 Kenneth A. Jessell, Sr. Vice President and
 Chief Financial Officer

 Date

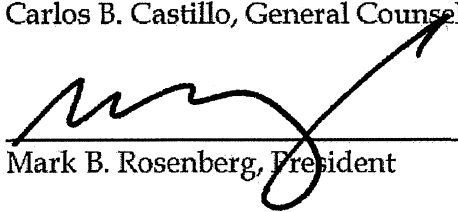
DocuSigned by:

7C5C0C79C198475...

 Carlos B. Castillo, General Counsel

7/15/2020

 Date



 Mark B. Rosenberg, President

7/16/2020

 Date

**THE FLORIDA INTERNATIONAL UNIVERSITY
BOARD OF TRUSTEES**

Finance and Facilities Committee

July 23, 2020

Subject: Approval of Execution of Student Insurance Documents for Fiscal Year 2020-21

Proposed Committee Action:

Recommend approval of: (1) The Florida International University Board of Trustees (“University”) executing the following insurance documents for students in substantially the form attached here:

- (A) Student Health Insurance Program Acceptance Form dated July 16, 2020;
- (B) Policyholder Application UnitedHealthcare Student Resources for the 2020-2021

Fiscal Year bearing policy numbers:

- (i) 2020-667-1 for Student Plan – Domestic; and
- (ii) 2020-667-2 for Student Plan – International

(collectively, the “Student Insurance Documents”); and (2) delegation of authority to the University President to execute the Student Insurance Documents and any documents related thereto necessary to effectuate the student insurance purchase.

Background Information:

Background on Consortium:

In 2014, FIU joined a consortium of other State University System (SUS) schools, which includes University of South Florida, University of Central Florida, Florida Gulf Coast University, and University of Northern Florida, for an insurance broker, Gallagher Student Health & Special Risk (“Gallagher”), to provide student health insurance. This process requires that each university sign individual policyholder agreements with the selected insurance company. The consortium was put together then and now to enable the SUS to have greater buying power with a larger participant base to provide students health insurance. Each year Gallagher solicits plans from the current and other vendors that meet federal requirements and state coverage/limit requirements and serves as the intermediary in terms of plan selection, student enrollment in plan, plan administration, claim analysis and advises the consortium of changes in law that may impact student health insurance.

This year, the consortium reviewed Aetna and UnitedHealthcare plans and decided to continue with UnitedHealthcare both from a cost and continuity perspective since UnitedHealthcare has been the provider for several years.

Background on Insurance Coverage:

FIU offers insurance coverage to its students in two manners (similar to other universities):

Voluntary – this alternative is available to most FIU enrolled students including international students and student athletes. International students are required to have health insurance as a condition of their visa. Universities normally offer some sort of soft waiver program at least for students, which allows them to get more favorable rates than purchasing it on their own since it is a group policy. Under this alternative, students pay the full premium directly to Gallagher.

Hard waiver – this alternative is available to graduate assistants and students on University fellowships. Under this alternative, the University contributes about 75% of the total premium. Since the State only provides health insurance to employees that work 30 or more hours per week, this plan enables FIU to provide this benefit to the graduate assistant employees who cannot work more than 20 hours per week as they are seeking their graduate degree. Providing this benefit enables FIU to be competitive in comparison to other graduate programs across the country and in Florida. Graduate students are required to have this insurance and can opt out of the plan if they show proof of other insurance coverage. The 25% employee portion of the premium is automatically deducted from their paycheck each pay period like normal insurance benefits.

Bringing Policy to the Finance and Facilities Committee and the Full Board:

The amount that was paid for the insurance for FY 19/20 was \$3,494,177.20. The rate for the insurance increased by 10%, but it is unknown what the amount to be paid for the FY 20/21 insurance will be until the students enroll. Students may waive out of coverage, and it is unknown what impact, if any, the current COVID 19 pandemic may have on enrollment. We estimate that the amount due for FY 20/21 could be \$3.5 million to \$4 million on the high end. We are bringing this matter to the Finance and Facilities Committee for a recommendation that the Full Board approve the matter, and if recommended, to the Full Board for approval. Accordingly, we request that the Finance and Facilities Committee recommend that the Full Board authorize the execution of the Student Insurance Documents and that the Board delegate to the President the authority to sign the Student Insurance Documents as well as any additional documents necessary to effectuate the purchase of the student insurance.

Supporting Documentation:	Student Health Insurance Program Acceptance Form, Fiscal Year 2020-21
	Student Plan – Domestic
	Student Plan – International
	Funding Certification Form

Facilitator/Presenter:	Andrés G. Gil
-------------------------------	---------------



STUDENT HEALTH INSURANCE PROGRAM ACCEPTANCE FORM

TO: Mark B. Rosenberg
President
Florida International University

FROM: Scott Sullivan
Director of Finance
Gallagher Student Health & Special Risk

CC: Teresa Koster, Division President – Gallagher Student Health & Special Risk
Michele Bergonzi, Senior Vice President of Account Management

Subject: Student Health Insurance Plan for Florida International University

DATE: July 16, 2020

Thank you for continuing to partner with Gallagher Student Health & Special Risk to administer your student health insurance plan for this upcoming plan year. We look forward to working with you and your team; our goal is to make the implementation as smooth and efficient as possible for you and your students.

This letter outlines the general provisions of the proposed plan and summarizes the options you have selected for the year. Please review the information carefully and contact me if you have questions or comments. Once you are satisfied with the content of the letter, please sign the signature page and return the executed letter to me via fax, email or mail. In order to ensure that we can begin the implementation process as soon as possible, please return the signed letter to me by **July 24, 2020**. Once again, we appreciate your confidence in Gallagher Student Health & Special Risk and look forward to a successful 2020-2021 plan year.

PROVISIONS OF THE 2020-2021 PROPOSAL:

ELIGIBILITY REQUIREMENTS: DOMESTIC

The current eligibility and enrollment provisions are maintained for the 2020-2021 policy year.

ELIGIBILITY REQUIREMENTS: INTERNATIONAL

The current eligibility and enrollment provisions are maintained for the 2020-2021 policy year.

DEPENDENT ELIGIBILITY REQUIREMENTS:

The current dependent eligibility and enrollment provisions are maintained for the 2020-2021 policy year.

PLAN DESIGN: UNDERWRITTEN BY UNITED HEALTHCARE INSURANCE COMPANY (PLEASE SEE ATTACHMENT A FOR CURRENT A.M. BEST RATING) AND CLAIMS ARE ADMINISTERED BY UNITED HEALTHCARE STUDENT RESOURCES.

The coverage and general terms outlined in the 2019-2020 FIU Hard Waiver and Voluntary brochures are maintained for the 2020-2021 policy year with the following provisions:

1. HIV PrEP (Truvada) has received an "A" rating from the United States Preventive Services Task Force and will be considered under the Preventive Care Services benefit subject to pharmacy benefit coverage policies and guidelines. No plan modification is necessary to implement this update.
2. The following prescription drug program changes are being made to the UnitedHealthcare Pharmacy benefits:
 - Step Therapy has been added.
 - Prior Authorization Requirements will replace Notification Requirements subject to state regulatory review and approval.



PLAN DESIGN: GALLAGHER STUDENT HEALTH & SPECIAL RISK- COMPLEMENTS & OTHER BENEFITS

1. The network is UHC Choice Plus;
2. Online Enrollment and Account Management Services, including Online Web Services provided by Gallagher Student Health and Special Risk at www.GallagherStudentHealth.com;
3. Worldwide Travel Assistance Services provided by UnitedHealthcare Global: Global Emergency Services;
4. Discount vision services provided through EyeMed.

Health Insurance Account Services and Fees:

Gallagher Student Health & Special Risk will provide our full complement of account management services, including but not limited to:

1. Conduct monthly conference calls with the consortium members to review claims and enrollment data, address any campus questions or concerns.
2. Conduct pre-renewal planning meetings to assess overall plan performance against underwriting assumptions, evaluate strategic components of insurance program to control costs, measure effectiveness and appropriateness of current plan design and identify plan components to revise for the next policy year.
3. Manage renewal process with the incumbent carrier and obtain additional renewal proposals, if appropriate, to guarantee competitive premium and coverage terms.
4. Schedule a post implementation review meeting to assess the success of the implementation process.
5. Be available to meet with the University's insurance committee or appropriate representatives to evaluate the insurance program based on claims utilization, student feedback, state compliance issues and other program components.
6. Develop and prepare customized web pages and online services to manage waiver process and voluntary enrollment of dependents and any supplemental products for students.
7. Manage timetable of waiver activation and communication deliverables to guarantee timely access and distribution of materials to students.
8. Provide customer service to assist students in understanding all aspects of their student insurance plan including benefits, limitations and exclusions.
9. Prepare certificates of Prior Health Coverage or Verification of Coverage letters for students.
10. Advocate on behalf of students or institution to resolve any claims or provider concerns.
11. Distribute monthly enrollment summary and claims utilization reports to monitor plan's utilization through the year.
12. Provide ongoing account management/client service support for on campus health or counseling services regarding coverage clarification, claims resolutions, provider networks or any other service needs.
13. Cover the costs to prepare and distribute marketing and plan documents.
14. Attend student orientations and other on-campus meetings as required.
15. Provide analysis of any new legislative or industry requirements that impact the educational insurance industry.
16. Ensure that the carrier complies with all federal and state laws.

Please see the attached Compensation Disclosure Schedule for our fees for these services.



Plan Rate Structure:

Hard Waiver International:

(These costs do not include any school administration fees)

International	Annual 08/17/20-08/16/21	Fall 08/17/20-12/31/20	Spring/Summer 01/01/21-08/16/21	Summer (A/C) 05/10/21-08/16/21	Summer 1 (B) 06/15/21-08/16/21
Student Only	\$2,923	\$1,097	\$1,826	\$792	\$505
Spouse	\$2,923	\$1,097	\$1,826	\$792	\$505
One Child	\$2,923	\$1,097	\$1,826	\$792	\$505
Two or More Children	\$5,846	\$2,194	\$3,652	\$1,584	\$1,010
Family	\$8,769	\$3,291	\$5,478	\$2,376	\$1,515

Graduate Assistants Hard Waiver

(These costs do not include any school administration fees)

International	Annual 08/17/20-08/16/21	Fall 1 08/10/20-12/15/20	Fall 08/17/20-12/15/20	Spring 12/16/20-4/17/20	Summer 4/18/21-08/16/21
Student Only	\$2,923	\$975	\$975	\$974	\$975
Spouse	\$2,923	\$975	\$975	\$974	\$975
One Child	\$2,923	\$975	\$975	\$974	\$975
Two or More Children	\$5,846	\$1,950	\$1,950	\$1,948	\$1,950
Family	\$8,769	\$2,925	\$2,925	\$2,922	\$2,925

Voluntary Student Health Insurance Plan:

(These costs do not include any school administrative fees)

Domestic	Annual 08/17/20- 08/16/21	Fall 08/17/20- 12/31/20	Spring 01/01/21- 05/09/21	Spring/Summer 01/01/21- 08/16/21	Summer (A/C) 05/10/21- 08/16/21	Summer 1 (B) 06/15/21- 08/16/21
Student Only	\$6,137	\$2,304	\$2,169	\$3,833	\$1,664	\$1,059
Spouse	\$6,137	\$2,304	\$2,169	\$3,833	\$1,664	\$1,059
One Child	\$6,137	\$2,304	\$2,169	\$3,833	\$1,664	\$1,059
Two or More Children	\$12,274	\$4,608	\$4,338	\$7,666	\$3,328	\$2,118
Family	\$18,411	\$6,912	\$6,507	\$11,499	\$4,992	\$3,177

Other Coverages:

Gallagher Student Health & Special Risk is providing student health and accident insurance and related products as more fully described in this letter. We have not been asked to provide any other type of insurance or coverage for your university. If you would like to discuss your additional insurance needs (Property and Casualty or liability insurance, for example) we would be happy to discuss them with you.

Limitation of Liability

Gallagher's liability to Client, arising from any negligent acts or omissions of Gallagher, whether related to the Services provided hereunder or not, shall not exceed \$20 million in the aggregate. Without limiting the foregoing, Gallagher shall only be liable for actual damages incurred by Client, and shall not be liable for any indirect, consequential or punitive damages.



Billing & Payment Terms: Hard Waiver (International Students)

Gallagher Student Health & Special Risk is required to submit premium in a timely basis to the insurance company. To that end, we must adhere to their standard policy which is for a deposit of 75% based on last year's Term enrollment numbers to be paid within fifteen days from the beginning of the term. In addition, Gallagher Student Health & Special Risk requires that an audit file be submitted to reconcile the term's enrollment no later than mid-November. Once the reconciliation process is complete, we will issue an invoice for the quarter or credit memorandum for each term of coverage. The same procedure will be followed for each term.

Billing & Payment Terms: Voluntary (Domestic Students)

Eligible students may enroll in the Voluntary Health Insurance Plan in accordance with the plan brochure via www.gallagherstudent.com. Students who enroll in the Insurance Plan are responsible for the payment of costs associated with the plan.

I accept the proposal for the 2020-2021 Florida International University (Participant in the SUSF) Student Health Insurance Plan Consortium Program as outlined above.

Name

Title

Date

MASTER POLICY:

I WOULD LIKE TO RECEIVE THE MASTER POLICY FOR THIS PROGRAM EVIDENCING COVERAGE ELECTRONICALLY.

Initial _____



Bindable Quotations & Compensation Disclosure Schedule

Coverage(s)	Carrier Name(s)	Wholesaler, MGA, or Intermediary Name 1	Estimated Annual Premium 2	Comm % or Fee 3	Wholesaler, MGA or Intermediary % 4	AJG Owned? Yes or No
Student Annual HW	United Healthcare Insurance Co.	n/a	\$2,918	4.125%	n/a	n/a
Student Fall HW	United Healthcare Insurance Co.	n/a	\$1,095	4.125%	n/a	n/a
Student Spring/Summer HW	United Healthcare Insurance Co.	n/a	\$1,823	4.125%	n/a	n/a
Student Summer A/C HW	United Healthcare Insurance Co.	n/a	\$791	4.125%	n/a	n/a
Student Summer B HW	United Healthcare Insurance Co.	n/a	\$504	4.125%	n/a	n/a
Student Annual GA	United Healthcare Insurance Co.	n/a	\$2,918	4.125%	n/a	n/a
Student Fall/Fall 1 GA	United Healthcare Insurance Co.	n/a	\$973	4.125%	n/a	n/a
Student Spring GA	United Healthcare Insurance Co.	n/a	\$972	4.125%	n/a	n/a
Student Summer GA	United Healthcare Insurance Co.	n/a	\$973	4.125%	n/a	n/a
Student Annual Vol	United Healthcare Insurance Co.	n/a	\$6,132	4.125%	n/a	n/a
Student Fall Vol	United Healthcare Insurance Co.	n/a	\$2,302	4.125%	n/a	n/a
Student Spring Vol	United Healthcare Insurance Co.	n/a	\$2,167	4.125%	n/a	n/a
Student Spring/Summer Vol	United Healthcare Insurance Co.	n/a	\$3,830	4.125%	n/a	n/a
Student Summer A/C Vol	United Healthcare Insurance Co.	n/a	\$1,663	4.125%	n/a	n/a
Student Summer B Vol	United Healthcare Insurance Co.	n/a	\$1,058	4.125%	n/a	n/a
Eye Med Discount Program	EyeMed	n/a	\$5.00 per year per enrollment category	Same as Column 2	n/a	n/a

Florida International University:

Some carriers pay Gallagher supplemental or contingent commissions in addition to the policy commission. Contingent commissions are typically contingent upon performance factors such as growth, profit, volume or retention, while supplemental commissions are not. These supplemental or contingent commissions may range from less than 1% up to 10% of the policy premium. Please refer to the [Compensation Disclosure](#) or contact your Gallagher representative for additional information.

1. We were able to obtain more advantageous terms and conditions for you through an intermediary/ wholesaler.
2. If the premium is shown as an indication: The premium indicated is an estimate provided by the market. The actual premium and acceptance of the coverage requested will be determined by the market after a thorough review of the completed application
3. The commission rate is a percentage of annual premium excluding taxes & fees.
4. * The non-Gallagher intermediary/wholesaler did not provide their compensation information for this proposal. The usual and customary compensation to a wholesaler/ intermediary ranges from 5% to 12%, but we cannot verify that range is applicable in connection with this proposal.



Carrier Ratings and Admitted Status

Proposed Carriers	A.M. Best's Rating	Admitted/Non-Admitted
United Healthcare Insurance Company	A XV	Admitted

If the above indicates coverage is placed with a non-admitted carrier, the carrier is doing business in the state as a surplus lines or non-admitted carrier. As such, this carrier is not subject to the same regulations which apply to an admitted carrier nor do they participate in any insurance guarantee fund applicable in that state.

The above A.M. Best Rating was verified on the date the proposal document was created.

Guide to Best Ratings Rating Levels and Categories

Level	Category	Level	Category	Level	Category
A++, A+	Superior	B, B-	Fair	D	Poor
A, A-	Excellent	C++, C+	Marginal	E	Under Regulatory Supervision
B++, B+	Good	C, C-	Weak	F	In Liquidation
				S	Suspended

Financial Size Categories

(In \$000 of Reported Policyholders' Surplus Plus Conditional Reserve Funds)

FSC I		Up to	1,000	FSC IX	250,000	to	500,000
FSC II	1,000	to	2,000	FSC X	500,000	to	750,000
FSC III	2,000	to	5,000	FSC XI	750,000	to	1,000,000
FSC IV	5,000	to	10,000	FSC XII	1,000,000	to	1,250,000
FSC V	10,000	to	25,000	FSC XIII	1,250,000	to	1,500,000
FSC VI	25,000	to	50,000	FSC XIV	1,500,000	to	2,000,000
FSC VII	50,000	to	100,000	FSC XV	2,000,000	or more	
FSC VIII	100,000	to	250,000				

Best's Insurance Reports, published annually by A.M. Best Company, Inc., presents comprehensive reports on the financial position, history, and transactions of insurance companies operating in the United States and Canada. Companies licensed to do business in the United States are assigned a Best's Rating which attempts to measure the comparative position of the company or association against industry averages.

A Best's Financial Strength Rating opinion addresses the relative ability of an insurer to meet its ongoing insurance obligations. It is not a warranty of a company's financial strength and ability to meet its obligations to policyholders. View the A.M. Best Important Notice: Best's Credit Ratings for a disclaimer notice and complete details at <http://www.ambest.com/ratings/notice>.

Best's Credit Ratings are under continuous review and subject to change and/or affirmation. For the latest Best's Credit Ratings and Best Credit Reports (which include Best Ratings), visit the A.M. Best website at <http://www.ambest.com>. See Guide to Best's Credit Ratings for explanation of use and charges. Copies of the Best's Insurance Reports for carriers listed above are also available upon request of your Gallagher representative.

Best's Credit Ratings reproduced herein appear under license from A.M. Best and do not constitute, either expressly or impliedly, an endorsement of (Licensee's publication or service) or its recommendations, formulas, criteria or comparisons to any other ratings, rating scales or rating organizations which are published or referenced herein. A.M. Best is not responsible for transcription errors made in presenting Best's Credit Ratings. Best's Credit Ratings are proprietary and may not be reproduced or distributed without the express written permission of A.M. Best Company.

Gallagher companies use A.M. Best Company's rating services to evaluate the financial condition of insurers whose policies we propose to deliver. Gallagher companies make no representations and warranties concerning the solvency of any carrier, nor does it make any representation or warranty concerning the rating of the carrier which may change.



BEST'S FINANCIAL STRENGTH RATING GUIDE – (FSR)

A Best's Financial Strength Rating (FSR) is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. An FSR is not assigned to specific insurance policies or contracts and does not address any other risk, including, but not limited to, an insurer's claims-payment policies or procedures; the ability of the insurer to dispute or deny claims payment on grounds of misrepresentation or fraud; or any specific liability contractually borne by the policy or contract holder. An FSR is not a recommendation to purchase, hold or terminate any insurance policy, contract or any other financial obligation issued by an insurer, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. In addition, an FSR may be displayed with a rating identifier, modifier or affiliation code that denotes a unique aspect of the opinion.

Best's Financial Strength Rating (FSR) Scale

Rating Categories	Rating Symbols	Rating Notches*	Category Definitions
Superior	A+	A++	Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.
Excellent	A	A-	Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.
Good	B+	B++	Assigned to insurance companies that have, in our opinion, a good ability to meet their ongoing insurance obligations.
Fair	B	B-	Assigned to insurance companies that have, in our opinion, a fair ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Marginal	C+	C++	Assigned to insurance companies that have, in our opinion, a marginal ability to meet their ongoing insurance obligations. Financial strength is vulnerable to adverse changes in underwriting and economic conditions.
Weak	C	C-	Assigned to insurance companies that have, in our opinion, a weak ability to meet their ongoing insurance obligations. Financial strength is very vulnerable to adverse changes in underwriting and economic conditions.
Poor	D	-	Assigned to insurance companies that have, in our opinion, a poor ability to meet their ongoing insurance obligations. Financial strength is extremely vulnerable to adverse changes in underwriting and economic conditions.

* Each Best's Financial Strength Rating Category from "A+" to "C" includes a Rating Notch to reflect a gradation of financial strength within the category. A Rating Notch is expressed with either a second plus "+" or a minus "-".

FSR Non-Rating Designations

Designation Symbols	Designation Definitions
E	Status assigned to insurance companies that are publicly placed under a significant form of regulatory supervision, control or restraint - including cease and desist orders, conservatorship or rehabilitation, but not liquidation - that prevents conduct of normal ongoing insurance operations; an impaired insurer.
F	Status assigned to insurance companies that are publicly placed in liquidation by a court of law or by a forced liquidation; an impaired insurer.
S	Status assigned to rated insurance companies to suspend the outstanding FSR when sudden and significant events impact operations and rating implications cannot be evaluated due to a lack of timely or adequate information; or in cases where continued maintenance of the previously published rating opinion is in violation of evolving regulatory requirements.
NR	Status assigned to insurance companies that are not rated; may include previously rated insurance companies or insurance companies that have never been rated by AMBRS.

Rating Disclosure – Use and Limitations

A Best's Credit Rating (BCR) is a forward-looking independent and objective opinion regarding an insurer's, issuer's or financial obligation's relative creditworthiness. The opinion represents a comprehensive analysis consisting of a quantitative and qualitative evaluation of balance sheet strength, operating performance and business profile or, where appropriate, the specific nature and details of a security. Because a BCR is a forward-looking opinion as of the date it is released, it cannot be considered as a fact or guarantee of future credit quality and therefore cannot be described as accurate or inaccurate. A BCR is a relative measure of risk that implies credit quality and is assigned using a scale with a defined population of categories and notches. Entities or obligations assigned the same BCR symbol developed using the same scale, should not be viewed as completely identical in terms of credit quality. Alternatively, they are alike in category (or notches within a category), but given there is a prescribed progression of categories (and notches) used in assigning the ratings of a much larger population of entities or obligations, the categories (notches) cannot mirror the precise subtleties of risk that are inherent within similarly rated entities or obligations. While a BCR reflects the opinion of A.M. Best Rating Services, Inc. (AMBRS) of relative creditworthiness, it is not an indicator or predictor of defined impairment or default probability with respect to any specific insurer, issuer or financial obligation. A BCR is not investment advice, nor should it be construed as a consulting or advisory service, as such; it is not intended to be utilized as a recommendation to purchase, hold or terminate any insurance policy, contract, security or any other financial obligation, nor does it address the suitability of any particular policy or contract for a specific purpose or purchaser. Users of a BCR should not rely on it in making any investment decision; however, if used, the BCR must be considered as only one factor. Users must make their own evaluation of each investment decision. A BCR opinion is provided on an "as is" basis without any expressed or implied warranty. In addition, a BCR may be changed, suspended or withdrawn at any time for any reason at the sole discretion of AMBRS.

BCRs are distributed via the AMBRS website at www.ambest.com. For additional information regarding the development of a BCR and other rating-related information and definitions, including outlooks, modifiers, identifiers and affiliation codes, please refer to the report titled "Understanding Best's Credit Ratings" available at no charge on the AMBRS website. BCRs are proprietary and may not be reproduced without permission.

Copyright © 2016 by A.M. Best Company, Inc. and/or its affiliates. ALL RIGHTS RESERVED.

Version 090116

GALLAGHER DISCLOSURES

Proposal Disclaimer

IMPORTANT: The proposal is an outline of certain of the terms and conditions of the insurance proposed by the insurers, based on the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and/or conditions of the actual policy contract language. The insurance policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

We will not be operating in a fiduciary capacity, but only as your broker, obtaining a variety of coverage terms and conditions to protect the risks of your enterprise. We will seek to bind those coverages based upon your authorization, however, we can make no warranties in respect to policy limits or coverage considerations of the carrier. Actual coverage is determined by policy language, so read all policies carefully. Contact us with questions on these or any other issues of concern.

Actuarial Disclaimer

The information contained in this proposal is based on the historical loss experience and exposures that were provided to Gallagher Student Health & Special Risk. This proposal is not an actuarial study. Should you wish to have this proposal reviewed by an independent actuary, we will be pleased to provide you with a listing of actuaries for your use.

Compensation Disclosure

One of the core values highlighted in The Gallagher Way states, "We are an Open Society," and our open society extends to the compensation Gallagher receives. In general, Gallagher may be compensated as follows:

1. Gallagher Companies are primarily compensated from the usual and customary commissions or fees received from the brokerage and servicing of insurance policies, annuity contracts, guarantee contracts and surety bonds (collectively "insurance coverages") handled for a client's account, which may vary from company to company and insurance coverage to insurance coverage. As permitted by law, Gallagher companies occasionally receive both commissions and fees.
2. In placing, renewing, consulting on or servicing your insurance coverages, Gallagher Companies may participate in contingent and supplemental commission arrangements with intermediaries and insurance companies. Contingent commissions provide for additional compensation if stipulated underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Gallagher with the particular insurance company and/or through the particular intermediary, not on an individual policy basis. Some insurance markets, including Gallagher-owned intermediaries, have modified their commission schedule with Gallagher, resulting in an increase in certain commission rates. These additional commissions, commonly referred to as "supplemental commissions" are frequently known as of the effective date of the applicable insurance placement, but some insurance companies pay this commission later and apart from when commission is normally paid at policy issuance. As a result, Gallagher may be considered to have an incentive to place your insurance coverages with a particular insurance company. **Note:** Upon request, your Gallagher representative can provide more specific market information regarding contingent and supplemental commission related to your insurance coverage placed through Gallagher.
3. Gallagher Companies may also receive investment income on fiduciary funds temporarily held by them, such as premiums or return premiums.
4. Gallagher Companies may access other facilities, including wholesalers, reinsurance intermediaries, captive managers, underwriting managers and others that act as intermediaries for both Gallagher and other brokers in the insurance marketplace. Gallagher Companies may own some of these facilities, in whole or in part. If such a facility is utilized in the placement of a client's account, the facility may earn and retain customary brokerage commission or fees for its work.
5. Gallagher assists its clients in procuring premium finance quotes and unless prohibited by law may earn compensation for this optional value-added service.
6. From time to time, Gallagher may participate in insurance company promotional events or training and development that insurers provide for Gallagher employees.
7. Gallagher strives to find appropriate coverage at a competitive price for our clients. In order to achieve these goals, we gather and analyze data about our clients and their insurance coverage. This data and the resulting analytical tools help us better understand the current marketplace, more accurately predict future trends and offer tailored solutions to our clients. This data may also be provided to insurers pursuant to consulting service agreements from which we earn fees.

If you have specific questions about the compensation received by Gallagher and its affiliates in relation to your insurance placements, please contact your Gallagher representative for more details.

In the event you wish to register a formal complaint regarding compensation Gallagher receives from insurers or third parties, please contact Gallagher via e-mail at Compensation_Complaints@ajg.com or by regular mail at:

AJG Chief Compliance Officer
Arthur J. Gallagher & Co.
2850 Golf Rd., 8th Floor
Rolling Meadows, IL 60008

Policyholder Application

UnitedHealthcare StudentResources

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

Policyholder	Florida International University	Date	06/25/2020
Mailing Address	UNIVERSITY PARK 11200 Southwest 8 Street MIAMI, FL 33199-0001	Policy Number	2020-667-1
Telephone Number	305-348-2000	Effective	2020/2021 Academic Year Student Plan - Domestic

Class of Persons to be Insured

All registered domestic undergraduate students enrolled in a minimum of twelve credit hours (or considered full time), graduate students enrolled in a minimum of nine credit hours (or considered full time), and practical training students (regardless of credit hours) are eligible to participate on a voluntary basis. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online. Eligible Dependents, including Domestic Partners of enrolled students may participate in this plan on a voluntary basis.

FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Rates

Basic

	Annual		Fall		Spring	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	6,132.00	5.00	2,302.00	2.00	2,167.00	2.00
Spouse	6,132.00	5.00	2,302.00	2.00	2,167.00	2.00
One Child	6,132.00	5.00	2,302.00	2.00	2,167.00	2.00
Two or more Children	12,264.00	10.00	4,604.00	4.00	4,334.00	4.00
Spouse and 2 or more Children	18,396.00	15.00	6,906.00	6.00	6,501.00	6.00

(Information continues on attached sheets.)

Signature of School Official _____ Title _____ Date _____
Please Print Name of above Official _____
Signature of Agent _____ Date _____
Please Print Name of above Agent _____ Florida License Number _____
Signature of Company Representative _____ Title _____ Date _____

	Spring/Summer		Summer		Summer 1	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	3,830.00	3.00	1,663.00	1.00	1,058.00	1.00
Spouse	3,830.00	3.00	1,663.00	1.00	1,058.00	1.00
One Child	3,830.00	3.00	1,663.00	1.00	1,058.00	1.00
Two or more Children	7,660.00	6.00	3,326.00	2.00	2,116.00	2.00
Spouse and 2 or more Children	11,490.00	9.00	4,989.00	3.00	3,174.00	3.00

	Monthly		Weekly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	511.00	0.42	118.00	0.19
Spouse	511.00	0.42	118.00	0.19
One Child	511.00	0.42	118.00	0.19
Two or more Children	1,022.00	0.84	236.00	0.38
Spouse and 2 or more Children	1,633.00	1.26	354.00	0.58

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

Effective/Expiration Dates

Basic

Annual	08/17/2020 through 08/16/2021
Fall	08/17/2020 through 12/31/2020
Spring	01/01/2021 through 05/09/2021
Spring/Summer	01/01/2021 through 08/16/2021
Summer	05/10/2021 through 08/16/2021
Summer 1	06/15/2021 through 08/16/2021
Monthly	
Weekly	

Policyholder Application (Continued)
UnitedHealthcare StudentResources
UnitedHealthcare Insurance Company

Florida Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Mammography coverage as offered according to Florida Statute, Section 627.6613, whereby it is not subject to Deductibles or Coinsurance.

Signature of School Official _____
Title _____
Date _____

Policyholder Application

UnitedHealthcare StudentResources

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

Policyholder	Florida International University	Date	06/25/2020
Mailing Address	UNIVERSITY PARK 11200 Southwest 8 Street MIAMI, FL 33199-0001	Policy Number	2020-667-2
Telephone Number	305-348-2000	Effective	2020/2021 Academic Year Student Plan - International

Class of Persons to be Insured

All eligible Graduate Assistants, Fellows, and Post Doctorates are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished. All international students, visiting scholars, College of Medicine students, College of Nursing students, and Physician's Assistant students are required to purchase this plan or show proof of comparable coverage. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online. Eligible Dependents, including Domestic Partners of enrolled students may participate in this plan on a voluntary basis.

FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Rates

Basic

	Annual		Special Cov Period		Fall	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	2,918.00	5.00	128.00	0.00	1,095.00	2.00
Spouse	2,918.00	5.00	128.00	0.00	1,095.00	2.00
One Child	2,918.00	5.00	128.00	0.00	1,095.00	2.00
Two or more Children	5,836.00	10.00	256.00	0.00	2,190.00	4.00
Spouse and 2 or more Children	8,754.00	15.00	384.00	0.00	3,285.00	6.00

(Information continues on attached sheets.)

Signature of School Official _____ Title _____ Date _____
Please Print Name of above Official _____
Signature of Agent _____ Date _____
Please Print Name of above Agent _____ Florida License Number _____
Signature of Company Representative _____ Title _____ Date _____

	Spring		Spring/Summer		Summer	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	1,031.00	2.00	1,823.00	3.00	791.00	1.00
Spouse	1,031.00	2.00	1,823.00	3.00	791.00	1.00
One Child	1,031.00	2.00	1,823.00	3.00	791.00	1.00
Two or more Children	2,062.00	4.00	3,646.00	6.00	1,582.00	2.00
Spouse and 2 or more Children	3,093.00	6.00	5,469.00	9.00	2,373.00	3.00

	Summer 1		Monthly		Weekly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	504.00	1.00	244.00	0.42	57.00	0.19
Spouse	504.00	1.00	244.00	0.42	57.00	0.19
One Child	504.00	1.00	244.00	0.42	57.00	0.19
Two or more Children	1,008.00	2.00	488.00	0.84	114.00	0.38
Spouse and 2 or more Children	1,512.00	3.00	732.00	1.26	171.00	0.58

Graduate Asst- Post Doc/Fellows

	Annual		Fall 1		Fall	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	2,918.00	5.00	973.00	2.00	973.00	2.00
Spouse	2,918.00	5.00	973.00	2.00	973.00	2.00
One Child	2,918.00	5.00	973.00	2.00	973.00	2.00
Two or more Children	5,836.00	10.00	1,946.00	4.00	1,946.00	4.00
Spouse and 2 or more Children	8,754.00	15.00	2,919.00	6.00	2,919.00	6.00

	Spring		Summer		Monthly	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	972.00	2.00	973.00	2.00	244.00	0.83
Spouse	972.00	2.00	973.00	2.00	244.00	0.83
One Child	972.00	2.00	973.00	2.00	244.00	0.83
Two or more Children	1,944.00	4.00	1,946.00	4.00	488.00	1.66
Spouse and 2 or more Children	2,916.00	6.00	2,919.00	6.00	732.00	2.49

(Information continues on attached sheets.)

Weekly

	Premium	Non-Premium Cost
Student	57.00	0.19
Spouse	57.00	0.19
One Child	57.00	0.19
Two or more Children	114.00	0.38
Spouse and 2 or more Children	171.00	0.58

Continuation-Basic**Monthly**

	Premium	Non-Premium Cost
Student	244.00	0.00
Spouse	244.00	0.00
One Child	244.00	0.00
Two or more Children	488.00	0.00
Spouse and 2 or more Children	732.00	0.00

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

Effective/Expiration Dates**Basic**

Annual	08/17/2020 through 08/16/2021
Special Cov Period	08/01/2020 through 08/16/2020
Fall	08/17/2020 through 12/31/2020
Spring	01/01/2021 through 05/09/2021
Spring/Summer	01/01/2021 through 08/16/2021
Summer	05/10/2021 through 08/16/2021
Summer 1	06/15/2021 through 08/16/2021
Monthly	
Weekly	

Graduate Asst- Post Doc/Fellows

Annual	08/17/2020 through 08/16/2021
Fall 1	08/10/2020 through 12/15/2020
Fall	08/17/2020 through 12/15/2020
Spring	12/16/2020 through 04/17/2021
Summer	04/18/2021 through 08/16/2021
Monthly	
Weekly	

Continuation

Annual	08/17/2020 through 08/16/2021
Monthly	

Policyholder Application (Continued)
UnitedHealthcare StudentResources
UnitedHealthcare Insurance Company

Florida Mandatory Offers of Coverage

I hereby _____ elect _____ decline the Mammography coverage as offered according to Florida Statute, Section 627.6613, whereby it is not subject to Deductibles or Coinsurance.

Signature of School Official _____
Title _____
Date _____



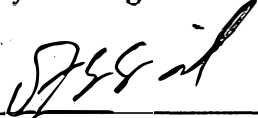
Funding Certification Form

This form is required by the FIU Board of Trustees ("BOT") and/or a committee of the BOT as a condition for approval of items, containing a funding component, that come for approval before the Board and/or a BOT committee pursuant to the Delegations of Authority from the BOT to the University President or otherwise.

Item name/description: Execution of the following documents for insurance coverage for students for FY 20/21, as further described in Agenda item FF1 of the BOT July 23, 2020 meeting: Policyholder Application UnitedHealthcare Student Resources for the 2020-2021 Fiscal Year bearing policy numbers: (i) 2020-667-1 for Student Plan – Domestic; and (ii) 2020-667-2 for Student Plan – International, and any documents related thereto necessary to effectuate the student insurance purchase.

Funding Source(s): E&G, Sponsored Awards and University Fringe Benefit Pool

This is to certify that the above item has been reviewed and approved, and to the best of our professional judgment and knowledge, the type of funding for the item is authorized by state law and Board of Governors Regulations, and the Trustees may reasonably and in good faith rely on this certification.



 Andrés G. Gil, PhD, Vice President for Research
 & Economic Development and Dean of the
 University Graduate School

7/14/2020

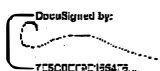
 Date



 Kenneth A. Jessell, Sr. Vice President and
 Chief Financial Officer



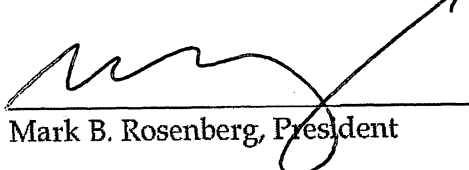
 Date


 DocuSigned by:
 Carlos B. Castillo

7/15/2020

 Carlos B. Castillo, General Counsel

 Date



 Mark B. Rosenberg, President

7/16/2020

 Date