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Covering Uninsured Texas College Students

Student Health Insurance Programs

RH2 Consulting, Inc.



Contents

EXECUTIVE SUMMARY 3

Enrollment Unaffected3

Mandated Coverage Reduces Premium Costs3

Administrative Burden Minimal.....4

Lessons Learned4

Benefits Of Requiring Student Health Coverage5

Conclusion.....5

OVERVIEW AND BACKGROUND..... 6

Why care if university students are uninsured?7

Higher Education in Texas8

Health Insurance Costs8

Student Health Insurance9

Types of Student Health Insurance Requirements..... 10

MANDATORY STUDENT HEALTH COVERAGE CASE STUDIES..... 11

Why Mandate Coverage? 11

Enrollment Has Not Been Affected by Mandates 12

Student Insurance Coverage Requirements 15

Benefits Are Comprehensive, Year-Round; Not Bare-Bones Plans..... 15

Costs, in Comparison, Are Affordable 19

Administration of Mandatory Health Coverage 21

One Student’s Story: 22

Which Students are Required to Have Health Care Coverage..... 22

CONCLUSIONS 23

APPENDIX 1. FRESHMEN ADMISSIONS STATISTICS, FALL 2004- FALL 2008 - 1 -

Florida State University - 1 -

Rice University - 1 -

Texas Christian University - 2 -

University of California at Berkeley - 3 -

University of California at Davis - 4 -

University of California at San Diego - 5 -

APPENDIX 2. SUMMARY OF PREMIUMS AND OUT-OF-POCKET COSTS - 7 -

Florida State University - 7 -

Rice University - 9 -

Texas Christian University - 10 -

University of California at Berkeley - 11 -

University of California at Davis - 11 -

University of California at San Diego - 12 -

APPENDIX 3. FIVE YEAR HISTORY OF INSURANCE CARRIERS AND MAJOR CHANGES IN BENEFITS - 14 -

Florida State University.....- 14 -
Rice University- 16 -
Texas Christian University- 16 -
University of California at Berkeley- 17 -
University of California at Davis- 18 -
University of California at San Diego.....- 19 -

APPENDIX 4. AMERICAN COLLEGE HEALTH ASSOCIATION STANDARDS FOR STUDENT HEALTH INSURANCE.....- 21 -

APPENDIX 5. STUDENT HEALTH INSURANCE PLAN BROCHURE FOR 2008-2009 SCHOOL YEAR- 23 -

Covering Uninsured Texas College Students

STUDENT HEALTH INSURANCE PROGRAMS

EXECUTIVE SUMMARY

United Health Care – Student Resources engaged RH2 Consulting, Inc. to help answer the following questions regarding the potential implementation of a health coverage requirement for students attending four-year institutions of higher education in Texas:

- How might this requirement impact student enrollment levels?
- How do ‘hard waivers’ versus ‘voluntary’ healthcare coverage impact costs and plan benefit levels?
- How complex are mandated-student health benefit plans to administer and are plans operating under a ‘hard waiver’ more difficult to administer than ‘voluntary’ student health plans?

Reducing the rate of uninsured is particularly important to Texas because the state has the highest uninsured rate in the nation with 1 in 4 Texans having no health insurance coverage. The risk of being uninsured is the highest for college aged Texans. College aged Texans account for one in six or 16 percent of the total number of uninsured Texans.

National estimates of the percentage of uninsured college students run about 17 percent for full-time and 39 percent of part time students and non-students. The GAO found that uninsured rates of students are higher in the West and South with 22 and 23 percent of full time students being uninsured.

As part of the South, Texas' uninsured rate for college students would be at least 23 percent. Using the GAO's rates of uninsured for the South, Texas' uninsured full-time college students in four-year institutions would be about 141,000.

Enrollment Unaffected

RH2 Consulting surveyed six universities - Texas Christian University (TCU), Rice University, the University of California at Berkeley (UCB), the University of California at Davis (UCD), and the University of California at San Diego (UCSD) and Florida State University (FSU) - that mandated student health coverage. Over the last five years, enrollment levels at these universities have not been affected by student health insurance requirements, and administrators did not anticipate any changes related to health coverage that would affect enrollment.

All of the six surveyed universities experienced increased student enrollment from 2004-2008 – the time period included in this study. Further, and perhaps more importantly, these universities experienced increasing numbers of applicants wishing to attend their institutions during this same period with applications increasing over this period from about 11 to 51 percent.

Mandated Coverage Reduces Premium Costs

The universities with hard waiver programs have controlled student costs while expanding benefits. Schools with hard waiver programs tended to control student costs while expanding benefits under mandated health plans. Rice University controlled costs of their health insurance plan while adding benefits. In 2004-05, Rice's

plan cost students \$1,769 with maximum benefits of \$50,000; the 2008-09 plan cost \$1,732 with maximum benefits of \$500,000.

Health plans benefits at schools with “hard” waivers are comprehensive and comparable to benefits that may be found in plans offered by large employers. The surveyed universities provided maximum benefits, either annual or lifetime, ranging from \$250,000 to \$500,000 – an amount five to ten times greater than the average student health plans’ maximum benefit available nationally.¹

In addition when health care coverage is a mandatory expense and part of the student’s fees, health care premiums are an eligible expense on financial aid applications. Two universities -- Rice and FSU – subsidize the cost of the insurance for graduate students, or for graduate students who are teaching assistants or research assistants.

Administrative Burden Minimal

The universities surveyed did not report administrative problems with the mandatory programs and indicated that the administrative costs of the programs were low. Student health centers administered the universities’ insurance plans. Generally, student health centers integrated the care they provided into the care covered by the health plans.

Universities with “hard” waivers indicated that minimal staffing adjustments were needed in switching to mandatory student health insurance requirements. Collecting student payments for health insurance is incorporated by all of the six surveyed institutions into the regular student tuition and fee bills.

The universities indicated that costs associated with administrative changes related solely to the shift from a voluntary plan to a mandatory plan are minimal as are the administrative tasks required of university staff. One of the ways these universities minimized the cost and complexity of administering their health coverage mandate is by requiring students to submit requests to “waive” health coverage requirements through an online web site.

TCU, Rice University and FSU enforce mandatory student health insurance coverage by barring a student from registering for classes unless a waiver form has been submitted and approved, or the student has paid for the student health plan.

Lessons Learned

A number of useful lessons for Texas could be gleaned from the study’s research and survey. In particular:

- Coverage could be expanded without developing entirely new student health insurance programs because all but one of Texas’ public four-year institutions already offers student health insurance plans.
- Implementing mandatory student health insurance programs could reduce premium costs 15-20 percent.
- Institutions that do not currently offer a health plan may be able to do so by pooling resources with other universities that offer coverage.

Benefits Of Requiring Student Health Coverage

Ensuring university students have health care coverage potentially achieves several important goals: a significant reduction in the state's uninsured, increased student retention, and better student access to local health care providers and hospitals thereby reducing delays in needed treatment. In addition a student coverage requirement could:

- Reduce uncompensated care due to uninsured students seeking care at local emergency rooms;
- Ensure students seeking medical care get needed prescriptions before more serious medical conditions occur;
- Make more efficient use of student health services by integrating primary care and other services universities already provide;

Conclusion

Student health plans offered by universities with mandatory coverage requirements provide comprehensive, year-round coverage, and are specially designed to work with existing student health center services. If Texas were to implement "hard waivers" on college campuses, the state's universities could provide access to affordable health care for at least 141,000 Texas college students who are currently uninsured.

OVERVIEW AND BACKGROUND

Texas has the highest uninsured rate in the nation with roughly 6 million or 1 in 4 Texans having no health insurance coverage. Among young adults age 18- 24 years the rate of uninsured is even higher with 42 percent or almost half of young adult Texans uninsured.² As shown in Table 1, this is the age group with the highest rate of uninsurance in the state.

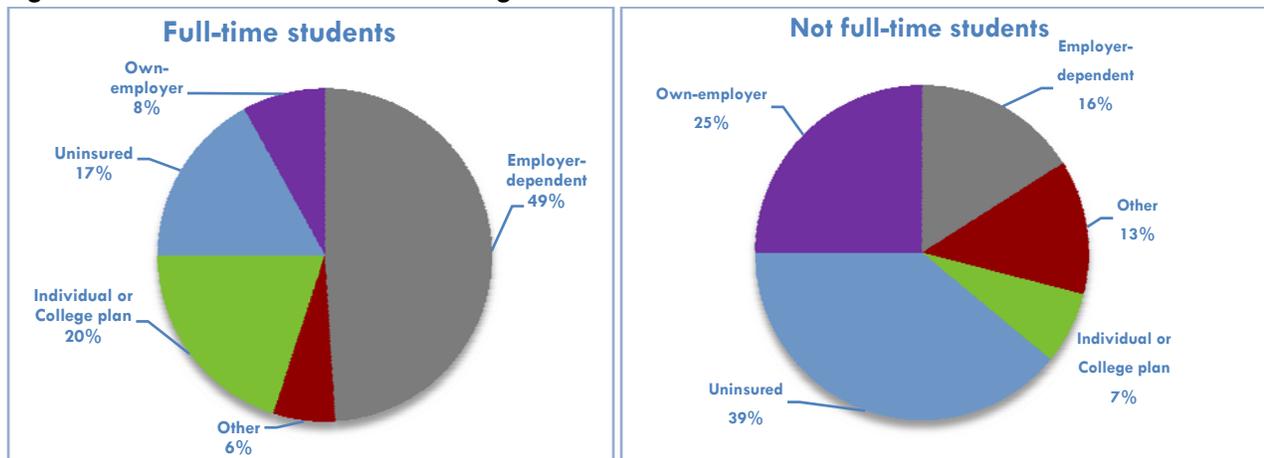
Table 1. Summary of Uninsured Texans by Age Group

Age Group	Num. Uninsured	Percent of Total Uninsured	Percent Uninsured w/in Age group
0-17	1,434,980	24.1 %	21.3 %
18- 24	960,561	16.1 %	41.7 %
25- 34	1,350,623	22.6 %	39.5 %
35- 44	929,402	15.6 %	27.6 %
45- 64	1,186,401	19.9 %	21.8 %
65- 80+	100,039	1.7 %	4.1 %
Total	5,962,006		

Source: RH2 Consulting, Inc.; Current Population Survey, ASES 2008, US Census Bureau

National estimates place the percent of uninsured 18-24 year old college students at 25 to 33 percent – lower than Texans in this age group, but still alarmingly high.³ Of the students with healthcare coverage most have health insurance through their parents.⁴

In 2006 the Commonwealth Fund estimated that of the 7.6 million full time U.S. students aged 19-23, 3.7 million or about 49 percent were covered as a dependent under an employer health plan. This represents a decline from the 51 percent of students who were estimated to be covered under a parent's plan in 2000. Another 34 percent are covered under their own names, a student plan, public insurance, or another source of coverage, leaving about 17 percent of full time students uninsured. Part time students are uninsured more frequently, with about 39 percent uninsured.⁵ Figure 1 below shows the source of healthcare coverage for college students in 2006.

Figure 1. Source of Health Care Coverage in 2006

Source: The Commonwealth Fund, 2008

Some estimates of uninsured students are higher for states in the West and South. The General Accounting Office (GAO) completed an analysis similar to that of the Commonwealth Fund, but found that college students aged 18 through 23 from states in the U.S. West and South more likely to be uninsured than students from states from other parts of the country. The GAO found that about 22 percent of college students aged 18 through 23 from states in the West and about 23 percent of students from states in the South were uninsured in 2006. This trend mirrors similar findings for all uninsured persons in those regions. By Census Bureau definitions, Texas is considered one of the states in the South.⁶

Dependents may lose coverage under their parents insurance for a number of reasons. Students may age out of policies or have to be enrolled in college to receive coverage depending on state laws that apply to companies that do not self-insure and to individual policies. In many states, state insurance laws require dependents over 18 or 19 years of age to be enrolled in college in order to be covered under their parents' insurance. Texas law, however, requires fully-insured group and individual health plans to allow parents to continue coverage of unmarried dependents until they turn 25, regardless of school or work status.⁷

In addition, children formerly covered under state and federal public programs age out of those programs when they hit college age. Children who are covered under Texas Children's Health Insurance Program (CHIP) lose their eligibility once they turn 19. Requirements for adult state health care programs are much more stringent than those for children and students may not qualify for coverage.

Why care if university students are uninsured?

First, the 18-24 year age group constitutes a large proportion of uninsured Texans. This age group accounts for 16 percent of the Texas' uninsured. About one in every 6 uninsured Texans is in the college age group.

Second, students without health insurance coverage are at greater risk of dropping out than those with coverage. Illness and resulting health-related costs are among the top five reasons students leave college, according to one source.⁸ According to the Commonwealth Fund Biennial Health Insurance Survey in 2007, about 24 percent of uninsured young adults aged 19-29 had to change their way of life in order to pay medical bills, and about 49 percent reported some type of problem with a medical bill or outstanding medical debt. About 37 percent of uninsured young adults were carrying medical debt and paying it off over time.⁹

Third, students without coverage may have trouble locating a local provider willing to see them. Students may also defer needed care due to their inability to pay. Lack of access to health care providers and deferring health care treatment may result in adverse health consequences.¹⁰ One study notes that students without coverage behave as others without coverage do: delaying medical care, skipping medical tests, and failing to fill prescriptions.¹¹

Finally, students who experience a major medical event may tax the local healthcare safety net. Students often come from outside the area normally served by local safety-net providers. This means they or their families pay no taxes to support the services provided. However, if they lack health coverage they will need to seek care through the local safety-net system. Often the safety-net is a system of public hospitals and clinics supported by local taxes. A single car crash can result in hundreds of thousands of dollars in medical expenses that would have to be absorbed by the public hospital/local healthcare system if a student has no coverage.

Thus, uninsured students can increase the level of uncompensated care, or care that is not covered by private insurance, government programs, or out-of-pocket payments for local safety net providers. A recent General Accountability Office (GAO) study found that uninsured students incurred \$120 million to \$255 million in uncompensated care for non-injury-related medical events in 2005. The GAO concluded that its figures understated the amount of uncompensated care because it could not estimate the amount of spending attributed to injury-related uncompensated care.¹²

Uninsured young adults of college age may be just one misstep away from financial disaster. For example, a 21-year old former college student in Fort Worth went riding on an all-terrain vehicle (ATV) in 2005. Losing control of the ATV, she hit a tree and ended up spending eight days in intensive care for treatment of skull fractures, cracked vertebrae and a broken wrist. The other result: a \$100,000 medical bill. Harris Methodist Fort Worth Hospital, where she was taken after her accident, granted her \$80,000 in charity care because her low wages and high medical debt qualified her for special assistance. Her family paid the remaining \$20,000.¹³

Higher Education in Texas

In fall semester 2007, over 1.2 million students were enrolled in one of 143 community colleges, universities and medical schools across Texas. Enrollment in all of Texas' higher education institutions — public, private and community colleges — has increased by 23 percent since 2000.¹⁴ Most of these institutions are located in and around the major cities of the state — Austin, Dallas/ Fort Worth, Houston and San Antonio.

Of these higher education institutions, 71 are four-year universities. Slightly more than half or 39 are private/independent institutions and the remaining 32 are public universities. Four-year universities account for just over 50 percent of all enrolled students, with 115,627 students enrolled in independent universities and 497,195 students enrolled in public universities.¹⁵ If at least 23 percent of the four-year universities' students had no health coverage then about 141,000 students would be uninsured.

Health Insurance Costs

Most people cite cost as the biggest barrier to obtaining health insurance coverage. A 2005 survey conducted by TDI found that three-fourths of students surveyed felt that health insurance was very important. Another 20 percent of students said health insurance was somewhat important. When asked the primary reason for not having coverage, three-fourths of uninsured students responded that they could not afford it.¹⁶

Many factors affect health insurance costs. One factor that affects costs or premiums for health insurance is the size of the group to be covered. The smaller the pool size the larger the risk the insurance company assumes that is, a single large claim in a small group may cost the insurance company more than the premiums paid for coverage. Therefore, an insurance company may charge a small group more than a large group to offset the risk they assume. A large pool -- 500 people or more paying premiums reduces risk and decreases premium costs.

Other factors that influence premium costs include the age of the group to be insured, the type of business and the location of the group to be covered. Older workers employed in a physically demanding or dangerous work will cost more than younger workers employed in an office environment.¹⁷ College students are a fairly homogenous group and in generally good health. As a result, student health insurance can often be offered at a relatively low cost. This is especially true when coverage is mandated because a large pool is assured.

Student Health Insurance

In 2004, the Texas Department of Insurance (TDI) surveyed all of the state's higher education institutions to learn the institution's approach to student health insurance. TDI received 100 responses. Thirty-four (34) public universities (both two-year and four-year), all nine health-related institutions, 21 private colleges and universities, and 36 junior-colleges responded.

All but one public university required certain students to have health insurance coverage as a condition of enrollment. The remaining public university did not require any students to have health insurance. About 25 percent or five of the 21 responding private institutions required all students to have health insurance coverage as a condition of enrollment. Of the remaining private institutions, 15 required certain students to be covered and one did not require students to have health insurance. In most cases, requirements for certain students are limited to international students only. Thirty of the 33 public institutions and 5 of 15 private institutions required coverage only for international students.¹⁸

For this study RH2 checked the websites of all 71 four-year universities in February 2009 to determine which ones currently offer a student health plan. RH2 found that 52 of 71 four-year universities offer a student health insurance plan to their students. RH2 findings were the same as TDI in that all but one public university (Sul Ross State University) offer a student health insurance plan. However, the majority of public universities offer student health insurance on a voluntary basis for domestic students while requiring coverage for international students. Two public universities—Lamar University and Texas Southern University—required student health insurance for all students living on-campus. Students are automatically enrolled into the health insurance program unless a waiver is submitted.

About 43 percent or 17 of 39 private four-year universities offer a student health insurance plan. Of the 17 institutions, almost a quarter or 5 offer student health insurance on a voluntary basis to its domestic students. Two universities require health insurance for all students' regardless of status – Rice University and Texas Christian University (see "Case Studies" below).

The remaining 60 percent or 10 of 17 private universities require coverage for a certain population. Three institutions—Dallas Baptist University, Schreiner University and St. Mary's University-- require coverage for all students living on campus. The University of Dallas and Houston Baptist University require coverage for all undergraduate students, while Southwestern University requires coverage for all full-time undergraduate students. All other types of students may opt-in for coverage.

Four private universities require coverage for students who are registered for a minimum number of hours. Huston-Tillotson University and the University of the Incarnate Word requires coverage for all students registered for 12 or more hours; St. Edward’s University requires coverage for all students registered for 6 or more hours; and Trinity University requires coverage for all students registered for 9 or more hours and all full-time graduate students.

Types of Student Health Insurance Requirements

Student health insurance requirements in Texas ranged from fully voluntary to fully mandatory. Fully voluntary programs do not require any student to enroll in the institution’s student health plan(s) while a fully mandatory program enrolls all registered students without exceptions.

Waiver programs are in the middle of the spectrum. Under a “waiver” schools require all or a subset of students to enroll in the insurance program but allow students to “opt-out” of coverage. “Hard” waiver programs require students to provide proof of alternate health insurance coverage. Under hard waivers, schools generally require students to provide the name of the alternate insurance company, policy or group number, the name of the person under which coverage is carried and similar identifying information. This information is used to verify the students’ coverage if they choose to “opt-out” or waive coverage before enrolling or signing up for classes.

Soft waiver programs do not independently verify whether a student has coverage. Generally students only are required to check a box during registration saying they have coverage or simply don’t want the available student health coverage.

Benefits and limitations vary greatly from plan to plan. Some student health insurance plans coordinate benefits with services provided by on-campus health centers.

Terms	Definition
“Hard” Waiver	Under a hard waiver program, a university requires students to provide proof of health insurance or to purchase the university-sponsored plan before enrolling or registering for classes.
“Soft” Waiver	Under a “soft waiver” program a student may avoid purchasing student medical insurance, by signing a form stating that he/she has health insurance, although proof may not have to be provided.
Voluntary	Students have the option of purchasing the college-sponsored student health plan.
Opt In	Under a voluntary system a student ‘opts in’ when registering or paying fees by actively agreeing to purchase the college-sponsored student health plan.
Opt Out	Under a voluntary system a student ‘opts out’ by actively declining the college-sponsored student health plan – usually by checking a box during registration or when paying fees. Under a ‘hard waiver a student may ‘opt out’ only after providing proof of other insurance coverage.

MANDATORY STUDENT HEALTH COVERAGE CASE STUDIES

United Health Care – Student Resources engaged RH2 Consulting, Inc. to help answer the following questions regarding the potential implementation of a health coverage requirement for students attending four-year institutions of higher education in Texas:

- How might this requirement impact student enrollment levels?
- How do ‘hard waivers’ versus ‘voluntary’ healthcare coverage impact costs and plan benefit levels?
- How complex are mandated-student health benefit plans to administer and are plans operating under a ‘hard waiver’ more difficult to administer than ‘voluntary’ student health plans?

As part of RH2’s efforts to answer these questions, the firm surveyed two Texas universities and selected universities in Florida and California to determine the impact of requiring college students to have health insurance as a condition of university enrollment, health plan costs and benefit levels, and administrative functions.

RH2 surveyed Rice University, Texas Christian University (TCU), Florida State University (FSU), the University of California at Berkeley (UCB), the University of California at Davis (UCD), and the University of California at San Diego (UCSD). Baylor University was contacted but reported that they did not mandate that students have health care coverage.

For each institution, RH2 collected information from official student health plan brochures, university websites, related reports, and conducted individual telephone surveys of university officials. Wherever possible, written documentation was used to ensure accuracy of information obtained from secondary sources and to validate information provided verbally.

Texas Christian University has required students to have health insurance since the 1980s. The TCU Board of Trustees took official action in 1989 to require students to have insurance, following the school’s participation in a study on the issue by the American College Health Association, an association that now issues student health insurance guidelines for member institutions. TCU has continually required students to have insurance since that time. TCU reported that the school has no problems in trying to locate local health care resources when a student needs services beyond what the university can provide, due to its history of requiring students to have insurance. Rice University has required students to have health insurance since at least 1994.

Florida State University started to require students to have insurance starting with new students enrolling in 2007-2008. The 2008-2009 year is their second year to require coverage.

For the University of California (UC) campuses, the insurance requirement for graduate students was voted in by students at different UC campuses over the period from 1987 to 1990 and was required at all nine (the number at that time) campuses. After student referenda passed in 1990 and 1998, the Berkeley and Santa Cruz campuses required insurance for undergraduate students as well. Undergraduate insurance coverage was passed by the UC Regents in 2000, and was required for all students starting in the fall 2001.

Why Mandate Coverage?

The American College Health Association (ACHA) was established to protect and promote student health and represents more than 900 colleges and universities across the nation. Specifically ACHA recommends colleges

require students to provide evidence that they have adequate health insurance coverage as a condition of enrollment.

ACHA has continued to update their 'standards' for student health coverage including recommendations for minimum coverage and recommendations to administer student health plans. The latest update to their standards was issued in 2008. (See Appendix 4).

Across the nation, six states -- California, Idaho, Illinois, Massachusetts, Montana, and New Jersey -- require full time undergraduate students to have health insurance in order to enroll in colleges. Sometimes requirements were imposed by governing boards or boards of higher education. Massachusetts enacted a state law requiring student coverage.¹⁹

The University of California Board of Regents undertook a special study of uninsured students. The study reported that an estimated 40 percent of UC undergraduates were uninsured or underinsured at that time. The study found that system wide, an estimated 25 percent students leaving school were due to medical reasons, a significant portion of which were linked to inadequate or no insurance.

The report found that students without health insurance risked developing more serious problems by delaying medical care. They also faced significant difficulties obtaining off-campus services and in meeting unplanned financial obligations when care was needed. Campus health providers spent considerable time arranging follow-up care for students who needed outside medical care.

As a result of implementing the requirement, the University of California expected the following positive benefits: more efficient use of on-campus health services, more resources devoted to general campus health programs instead of focusing on uninsured students, and a bigger pool of beneficiaries resulting in more leverage with insurers.²⁰

Florida State University's Thagard Student Health Center included the following statement on their website,

*"HEALTH INSURANCE PROVIDES PROTECTION FOR THE UNEXPECTED ILLNESSES AND INJURIES THAT CAN INTERRUPT YOUR EDUCATION AND TAKES CARE OF THE EXPENSES FOR ROUTINE HEALTH CARE. PART OF OUR MISSION AT THE HEALTH CENTER IS TO INSURE THAT STUDENTS AT FLORIDA STATE HAVE THE OPPORTUNITY TO OPTIMIZE THEIR ENTIRE UNIVERSITY EDUCATIONAL EXPERIENCE THROUGH GOOD HEALTH. STUDENTS WITHOUT HEALTH INSURANCE OFTEN DEFER OR NEGLECT THEIR HEALTH AND HEALTH CARE BECAUSE OF THE EXPENSE. NO STUDENT SHOULD HAVE TO DECIDE BETWEEN CONTINUING AN EDUCATION OR PAYING A MEDICAL BILL."*²¹

Enrollment Has Not Been Affected by Mandates

Concern has been expressed that enrollment in four-year higher education institutions would suffer if health insurance was mandated. RH2's survey found that no universities have indicated that the cost of mandated health insurance has been a factor in student enrollment levels. Over the last five years, enrollment levels at universities have not been affected by student health insurance requirements, and administrators do not anticipate any changes related to health coverage that would affect enrollment.

RH2 examined enrollment statistics and university reports on enrollment over the five year period from 2004 to 2008. All of the six surveyed universities experienced increased student enrollment during this time period. Texas Christian University and Rice University have some of the longest history of requiring health insurance

for their students. Neither university reported that the cost of health insurance was a factor that influenced enrollment. Over the last five years both universities have experienced steadily increasing enrollment.

The University of California institutions that were surveyed also experienced increasing enrollment. Only Florida State University reported a small decline in enrollment in 2008-09. However, FSU officials note that this decline in enrollment was due to budget cuts at the state level and not a result of their health coverage requirement.²²

The University of California at San Diego had the highest rate of growth with 11.6% increase over five years. Two schools with the lowest rate of growth were Florida State and Texas Christian University with 0.6% and 0.7% respectively over five years. However, this decline was not due to student health requirements. FSU has reported decreased state funding that resulted in 4.7% decrease in enrollment for the Fall of 2008. Until that point FSU had been experiencing steady growth in total enrollment. TCU's divinity school became a separate entity in June of 2007 and was no longer counted as part of TCU figures beginning Fall 2007.²³ Loss of the divinity school resulted in a 2.2% decrease in student enrollment.

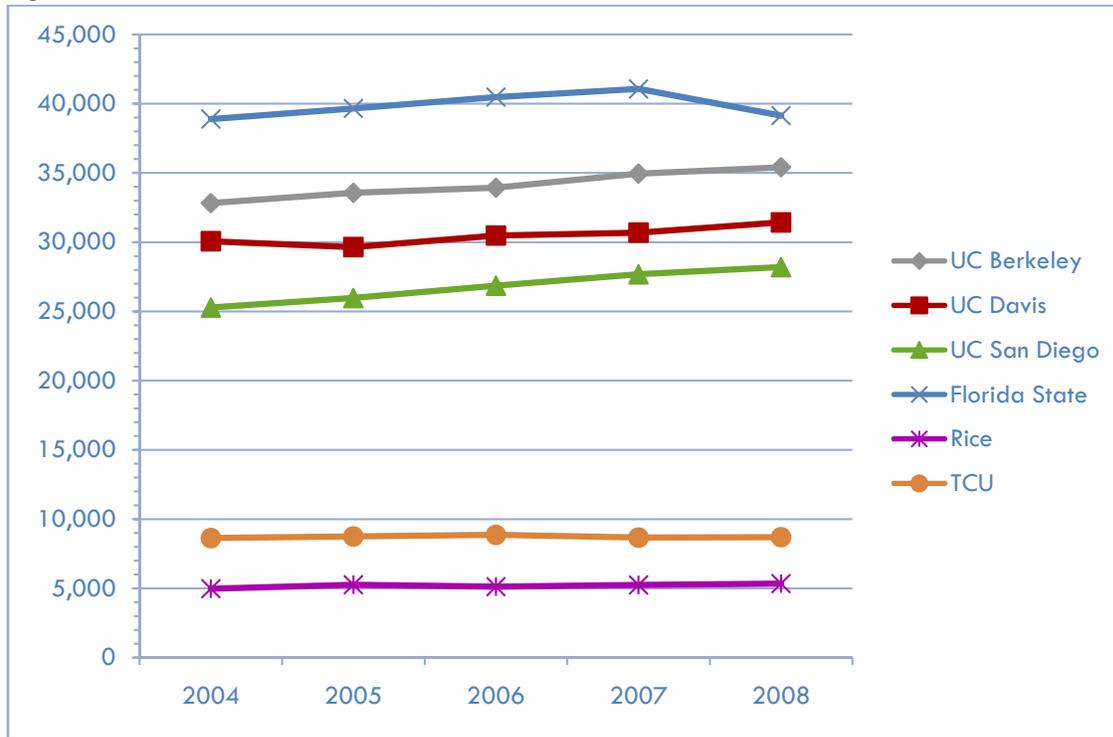
Table 2. Total Student Enrollment, Fall 2004- Fall 2008

	Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008	5 yr % Change
UC Berkeley	32,814	33,558	33,933	34,953	35,409	
Percent Change	--	2.3%	1.1%	3.0%	1.3%	7.9%
UC Davis	30,065	29,637	30,475	30,685	31,426	
Percent Change	--	-1.4%	2.8%	0.7%	2.4%	4.5%
UC San Diego	25,278	25,964	26,857	27,682	28,200	
Percent Change	--	2.7%	3.4%	3.1%	1.9%	11.6%
Florida State	38,886	39,652	40,474	41,065	39,136	
Percent Change	--	2.0%	2.1%	1.5%	-4.7%	0.6%
Rice	4,973	5,258	5,119	5,243	5,337	
Percent Change	--	5.7%	-2.6%	2.4%	1.8%	7.3%
TCU	8,632	8,749	8,865	8,668	8,696	
1 yr % Change	--	1.4%	1.3%	-2.2%*	0.3%	0.7%

* Brite Divinity School became a separate entity in June 2007. As of Fall 2007, Brite students are no longer part of TCU figures.

Source: RH2 Consulting, TX Higher Education Coordinating Board, individual university's websites

Figure 2. Total Student Enrollment, 2004- 2008



Source: RH2 Consulting, Inc., individual university's websites

Just as enrollment has not decreased since universities implemented mandatory student health coverage, desire to go to these universities has not decreased. Multiple factors influence students to apply and enroll in a particular university including prestige, tuition and fee costs, size, and location. All the schools surveyed by RH2 have seen an increase in high school graduates applying to the university from 2004 to 2008.

Over the course of five years, Fall 2004- Fall 2008, TCU had the greatest increase in applicants with slightly over 50% increase in freshman applications. Rice had the lowest increase with nearly an 11% increase in applicants from Fall 2004- Fall 2007 (2008 statistics are not available at this time). Table 3 shows the number of applicants for each university by school year and percent change. See Appendix 1 for individual school profiles on the number of applicants who applied, were accepted, and enrolled during the last five school years.

Table 3. Number of Freshmen Applicants over the last 5 years

	Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008	5 yr % Change
UC Berkeley	36,784	36,989	41,750	44,149	48,461	31.7%
UC Davis	31,292	30,079	32,635	35,128	40,605	29.8%
UC San Diego	41,330	40,518	43,586	45,073	47,365	14.6%
Florida State	22,127	22,450	23,687	24,343	25,485	15.2%
Rice	8,106	7,890	8,776	8,968	n/a	10.6%
TCU	8,061	8,155	8,677	11,888	12,212	51.5%

Source: RH2 Consulting, Inc., Individual university's websites

Student Insurance Coverage Requirements

All six universities surveyed allowed students to meet coverage requirements with commercial or governmental health plans. Some institutions require coverage obtained elsewhere to be equivalent to the coverage found in their student plan, or to meet other standards set by the university.

Each of the six institutions surveyed required students to provide proof of alternative insurance coverage by requiring students to provide the insurance carrier name, group or policy number, and subscriber number. In addition, the universities surveyed included questions about whether the students could obtain care from health care providers in the college town or nearby, the maximum amount covered by the alternate plan, and sometimes whether specific benefits were covered by the alternative plan.

All three University of California institutions wanted to know if the health insurance company insuring the student was owned and operated within the United States. The three institutions were also concerned about the percentage of care covered by the alternate insurance, and deductibles or out of pocket maximum payments. (Note: Appendix 2 provides a summary of major elements of each student insurance plan offered by the six universities.)

While the question of whether the universities checked each student to verify that they actually had alternate insurance was not part of the RH2 survey, several universities volunteered information that indicated that at least a partial check was done. The University of California Davis and Texas Christian University both reported that the information provided by students on alternate coverage was audited by their insurance carriers.

Benefits Are Comprehensive, Year-Round; Not Bare-Bones Plans

RH2 found the benefits and coverage for the student health plans offered by universities in our survey to be comprehensive and comparable to benefits that may be found in plans offered by large employers. These student health plans typically included inpatient care, doctor's office visits, emergency care, lab and x-ray services plus maternity care, physical therapy (with limits), durable medical equipment, and ambulance care.

Additionally outpatient and inpatient mental health care and substance abuse services were covered, although generally with upper limits on the number of days of care or the dollar amount covered. Some plans offered dental and vision coverage, again, with some limitations on the coverage for these benefits.

Surveyed universities frequently integrate health coverage with care at student health centers. Some student health plans require students to first seek care at student health centers, and obtain referrals for outside care. Some plans use the centers to provide primary care.

Table 4. Comparison of Benefits

General Benefit Description	Rice	TCU	FSU	UC Berkeley	UC Davis	UC San Diego
Inpatient Hospital	X	X	X	X	X	X
Medical Hospital	X	X	X	X	X	X
Physician Hospital	X	X	X	X	X	X
Surgical Inpatient	X	X	X	X	X	X
Surgical Outpatient	X	X	X	X	X	X
Physician Office Visits	X	X	X	X	X	X
Consultant Physician	X	X	X	X	Not specified	X
Emergency Care	X	X	X	X	X	X
Lab and X ray	X	X	X	X	X	X
DME	X	X	X	X	\$5,000 max/yr \$2,000 max hearing aids	\$1,000 max/yr
Prosthetic Devices					X	X
Physical Therapy	Includes Occupational therapy, \$1000 max/yr	\$250 max/yr	\$500 max/yr	\$1000 max/yr	Includes Occupational therapy, 20 visits/yr	\$2000 max/condition
Chiropractic	X			\$25/visit and \$100 max/yr	\$25/visit and \$100 max/yr	\$25/visit and \$100 max/yr
Mental Health/ Substance Inpatient	30 days/yr max per condition	30 days/yr max	31 days MH max per condition	30 days MH max w/ exception; SA 4 days/yr	30 days in. & outpt. Facility; \$175 max SA daily cost.	SA 7 days max
Mental Health/ Substance Outpatient	\$500/yr max	\$500/yr max	\$1,500/yr MH max	25 visits MH/yr outside UHS	MD visits max 40/yr	26 visits/yr
Maternity	X	X	X	X	X	X
Voluntary Termination of Pregnancy			X	X	X	
Well Woman Care	X	X	X			
Mastectomy/ Reconstructive Surgery	X	X	X		X	
Ambulance	X	X	X	Ground and	Ground and	Ground and

General Benefit Description	Rice	TCU	FSU	UC Berkeley	UC Davis	UC San Diego
				Air	Air	Air; \$2000 max
Prescription Drugs	\$1500/yr max	\$2000/yr max	\$1250/yr max	\$5000/yr max	\$5000/yr max	\$5000/yr max
Dental	Accident coverage	Accident coverage	Accident coverage	\$1000 max/yr preventive; \$300 accident coverage	\$750 max/yr preventive; \$1,000 accident coverage	\$1,500 max/yr preventive; \$1,000 accident coverage
Anesthesia/ Hospital for Dental Care	X		Children/ at-risk persons		X	X
Bones/Joints of Facial Region			X			
Home Health Care	40 visits/yr	100 visits/ yr		100 visits/ yr		
Brain Injury	X					
Acupuncture				\$25/visit \$100 max/yr	20 visits/yr	\$100/yr max
Podiatry				\$125 max/yr		\$100/yr max
ADD Testing and Treatment			At Student Health Center			
Colon Cancer Screening	X					
Chemotherapy	X		X		X	X
Diabetic expenses and supplies	X	X	X		X	X
Allergy Eval., Treatment, Meds.	X		X	\$1000 max/yr		\$500 max/yr
Skilled Nursing Facility		X		100 days max/yr		
Hospice	X			\$5000 max/lifetime	\$5000 max/lifetime	\$5000 max/lifetime
Adult Immunizations						X
Childhood Immunizations	X	X		X		
Child Health Supervision Services			X			
Prostate Cancer Screenings	X	X			X	X
Newborn Health Screening	X		X		X	

General Benefit Description	Rice	TCU	FSU	UC Berkeley	UC Davis	UC San Diego
Speech and Hearing Therapy	X				X	Following surgery only
TMJ	X				X	
Organ and Tissue Transplants					X	X
Blood Transfusions					X	X
Hemodialysis					X	
Vision Care				X	X	
Telemedicine	X	X				X
Accidental Death/Dismemberment	\$10,000	\$10,000	\$10,000			\$5,000
Medical Evacuation/Repatriation	X	X	X	\$10,000 evacuation/ \$7,500 repatriation	\$10,000 evacuation/ \$7,500 repatriation	\$10,000 evacuation/ \$10,000 repatriation
Optional Blood & Body Fluid Exposure/Needle-Stick Coverage			Available for \$30/yr			

Source: RH2 Consulting, Inc., individual university’s health plans

A 2006-07 survey by the General Accountability Office (GAO) found that nearly 88 percent of the student plans it surveyed had maximum benefit at or below \$50,000.²⁴ The plans surveyed by the GAO included plans where students were required to have insurance (“hard” waiver) and plans which were voluntary for students’ participation. In contrast, the institutions RH2 surveyed that mandate health coverage for their students provided a maximum benefit ranging from \$250,000 to \$500,000 – a level five to ten times higher than the GAO’s study reported.

Table 5. Comparison of Maximum Benefits

Institution	Maximum Benefit Covered	Period
Rice University	\$500,000	Per accident and sickness (aggregate lifetime maximum)
Texas Christian University	\$500,000	Per illness/injury
Florida State University	\$250,000	Per Policy year
University of California – Berkeley	\$400,000	Lifetime Maximum
University of California – Davis	\$400,000	Lifetime Maximum
University of California – San Diego	\$300,000	Plan Year Maximum per sickness or injury

Source: RH2 Consulting Inc., individual university's health plans

All institutions surveyed except California's offer coverage through their student plans for spouses and families. Of the three California universities surveyed, only the University of California at San Diego offered family coverage through a separate insurance plan.

All the surveyed universities' plans provide year-round coverage. To ensure that students have year-round coverage and are not subject to meeting pre-existing condition clauses each year (if applicable), every institution extends spring semester coverage until August, or at institutions with a quarter system, the spring quarter coverage lasts until the fall coverage starts.

Costs, in Comparison, Are Affordable

RH2 found the cost for coverage from the institutions in this study ranged from about \$70 per month to \$144 per month or \$849 to \$1,732 per year for 2008-09. The average cost across all six of the institutions reviewed was \$1,228 for the year. In comparison, the latest survey from America's Insurance Health Plans (AHIP) found that individual health plans purchased in Texas in 2006-2007 cost an average of \$2,782 annually. Nationwide, the average costs for individual policy premiums for people ages 18-24 was \$2,850 annually.²⁵

Table 6. Comparison of Undergraduate Student Premiums, 2008-2009

Institution	Annual Premium Cost	Average Cost per Month
Rice University	\$1,732	\$144
Texas Christian University	\$1,246	\$104
Florida State University	\$1,404	\$117
University of California – Berkeley	\$1,276	\$106
University of California – Davis	\$858	\$72
University of California – San Diego	\$849	\$71
Average Cost	\$1,228	\$102

Source: RH2 consulting, individual university's health plans

Rice University provided a good example of successfully controlling costs of the health insurance plan over the last five years, while adding benefits. In 2004-05, the plan cost students \$1,769 with maximum benefits of \$50,000; today the plan costs \$1,732 with maximum benefits of \$500,000. Texas Christian University has had increasing costs of about 69 percent across the same time period, yet has managed to keep the student plan an affordable \$1,246 for a full year.

Florida State University offered another example of controlling costs. In 2004-2005, prior to the time students were required to purchase insurance or offer proof of other coverage, students' costs depended on their age. Under the age of 25, students paid \$1,189 a year for coverage that maxed out at \$50,000 per illness or injury. Students aged 25-34 paid \$1,341; and students aged 35 and older paid \$1,670. Co-insurance was 80 percent in-network and 70 percent out-of-network.

For 2008-09, the second year of mandatory coverage, Florida State could offer students a plan that cost \$1,404, regardless of age – only \$63 more than coverage for students in the 25-34 age group, and cheaper than older students had to pay in the voluntary plan. The 2009-09 plan had maximum benefits of \$250,000, accidental death/dismemberment coverage of up to \$10,000, and maximum prescription drug coverage of \$1,250 a year. Out-of-network co-payments dropped to 50 percent, however, but in-patient co-insurance stayed at 80 percent.²⁶

Transitioning from voluntary programs to mandatory may save an additional 15 to 20 percent in rates, according to United Healthcare Student Resources. Under voluntary programs, a higher percentage of students with health care problems may decide to purchase insurance. This increases premiums for all members of the plan. When the plans become mandatory, all students without alternate coverage must purchase insurance. This spreads the risk across a broad pool of healthier recipients, and thus premiums cost less.²⁷

Another important difference between voluntary student health coverage and coverage that is mandatory is that when coverage is mandatory premium costs become an eligible financial aid expense. This was true for all universities RH2 surveyed; all allow students to use financial aid to pay insurance premiums.

One Student's Story: Jessica was working full-time for the last year and a half at a small company that did not offer health insurance. Health insurance was a big reason for going back to school. When she found out her parents couldn't cover her as a dependent, schools with a student health plan became a deciding factor. She has enrolled in the Texas State University student health insurance program because it covers diabetic testing supplies and related expenses. Jessica said that, "Without the health plan I would be struggling financially to cover the cost of health care." She stated that after being without health insurance for over a year and a half, no insurance company would cover her diabetes—a pre-existing condition. By being covered while in school, she can meet coverage requirements when it is time to find her own insurance upon graduation. Feels she is a healthy person other than diabetes. Her only medical expenses are the medications and testina supplies related to diabetes.

Some universities – Rice and Florida State – subsidize the cost of the insurance for graduate students, or for graduate students who are teaching assistants or research assistants. While the costs of the subsidy may not cover the total cost of health insurance premiums, they help to offset the costs of care for students who are older and who may have no other access to health insurance for themselves. (Note: Appendix 2 provides a summary of premiums and out of pocket expenses for each university.)

Administration of Mandatory Health Coverage

Universities surveyed indicate that minimal staffing adjustments were needed in switching to mandatory student health insurance requirements. When these universities contract with an insurer for coverage, costs associated with administrative changes related solely to the shift from a voluntary plan to a mandatory plan are minimal as are the administrative tasks required of university staff. One of the ways these universities minimized the cost and complexity of administering their health coverage mandate is by requiring students to submit requests to 'waive' health coverage requirements through an online web site. Only the University of California Davis will accept a paper form if a student cannot otherwise complete the waiver, but the institution encourages students to complete the online form instead. Students completing the online form discover whether they will need to purchase the university's insurance as soon as they complete the form.

More staff resources may be required if a university chooses to self-fund and self-administer its own health plan. This means that tasks ordinarily performed by the health plan would be performed instead by university employees. The entity that the university contracts with serves mainly to pay claims or to underwrite care. For example, the University of California at Berkeley self-administers its student insurance plan, and thus needs more staff to assist students, about 12 staff. The University contracts with Anthem Blue Cross to pay the claims for the insurance. Anthem Blue Cross, in this example, does not act as an insurer; the university is the insurer. Anthem Blue Cross processes claims, while the university handles other administrative tasks.

Collecting student payments for health insurance is incorporated by all of the six surveyed institutions into the regular student tuition and fee bills. Thus, students pay health insurance costs either once or twice a year when they pay their regular tuition and student fees.

Ensuring that the fee is paid and insurance is purchased, or that a waiver has been successfully completed, is done in two ways. All University of California institutions automatically charge students the insurance premiums

on the students' tuition bill. Students must either pay the premiums, purchasing insurance, or prove that they have alternate coverage by completing the on-line waiver.

Texas Christian University, Rice University and Florida State University enforce mandatory student health insurance coverage by barring a student from registering for classes unless a waiver form has been submitted and approved, or the student has paid for the student health plan. If the student purchases the insurance from the institution, the university collects the premium payments with other tuition and fee payments.

Administratively, universities in the survey have chosen their student health centers to administer the student health care plan. Center staffs prepare plan descriptions and coverage and go out for bids from insurance companies on the products. Health center staff is often familiar with commercial health insurance plans prior to mandating student coverage, so changing from voluntary to mandatory plans requires minimal shifting of responsibilities. Sometimes universities have formed a student health insurance committee to advise the center on the plan or to select benefits.

Several student health centers in this survey bill insurance companies directly for care provided in their centers. Universities may bill the student health plans or the alternate health plans students are enrolled in.

None of the schools in the study worked with other institutions to purchase health plans or to form a larger pool of subscribers so that costs could be contained. However, the University of California reported that all of the UC member institutions had met in the last week to discuss how the plans could coordinate and work together to reduce costs.²⁸ Other universities could also band together to create larger pools of subscribers.

In the five year period studied, universities did not frequently switch health care companies. While bids, prices, or benefits were updated annually, universities tended to stay with one or two health plans over the five years. (See Appendix 3 for each university's five-year history.) One university official stated that changing health insurers would require alterations to the center's computer programs, resulting in the university incurring additional administrative costs.

Which Students are Required to Have Health Care Coverage

Who must have coverage varied among the universities in this study. The University of California's requirements are the most comprehensive, requiring all registered students to have health insurance or to purchase the student plan. The three other institutions require either full time students or students registering for a certain number of college credit hours to maintain health care coverage.

Table 7. Comparison of Coverage Requirements

Institution	Students Required to Have Insurance	Estimated Number insured
Rice University	Full time, degree seeking	1,200-1,500
Texas Christian University	Undergraduate students with 9 hours classes	2,200
Florida State University	Incoming full time with 12 undergrad. Hours or 9 grad. hours	4,000-5,000
University of California – Berkeley	All registered students	20,360
University of California – Davis	All registered students	15,000
University of California – San Diego	All registered students	N/A

Source: RH2 Consulting, Inc., Individual university interviews

In those three institutions, students who are not required to purchase insurance can opt to purchase insurance from the plans. Only Florida State University has instituted a minimum requirement: undergraduate domestic students must be enrolled in a minimum of 6 credit hours and graduate domestic students must be taking a minimum of three credit hours in order to purchase the student health insurance offered by the university. Coverage is also available through the student plans for students' spouses or domestic partners and children in all institutions except the University of California at Berkeley and the University of California Davis.

CONCLUSIONS

Texas has the highest uninsured rate in the nation, but the risk of being uninsured is the highest for college aged Texans.

- About 6 million or one fourth of all Texans have no health insurance coverage.
- Texans ages 18-24 years have an uninsured rate of 42 percent.
- This age group accounts for 16 percent of the total number of uninsured Texans.
- About one in every 6 uninsured Texans is in the college age group.

The most recent national estimates of uninsured college students are lower than Texas' rate of uninsured for all persons aged 18-24. However, the GAO found that Western and Southern college students were more likely to be uninsured than students from other parts of the country with about 23 percent of Southern college students being uninsured.

If Texas' uninsured full-time college students are uninsured at the national average rate for Southern states, at least about 141,000 students enrolled in four-year institutions are uninsured.

- All but one of Texas' public four-year institutions offers student health insurance plans, so coverage could be expanded without developing entirely new student health insurance programs.
- Implementing mandatory student health insurance programs could save an estimated 15-20 percent on rates because adverse selection would no longer be an issue.
- Approximately 43 percent of Texas' private four-year colleges also offer student health insurance plans. While none of the six universities surveyed work with other universities to create a larger pool for health insurance, the University of California institutions are currently meeting to discuss forming such a pool. This means that schools that do not currently offer plans could potentially enter into agreements with colleges that do have plans, or form their own pool to provide student health insurance plans.

Potential benefits of increasing the number of insured Texas college students include:

- Reduction in uncompensated care due to uninsured students seeking care at local emergency rooms;
- Ensuring that students may seek medical care and get needed prescriptions before more serious medical conditions occur;
- Making more efficient use of student health services by enhancing the primary care and other services universities already provide;
- Reducing medical-related college dropouts by enabling students to seek medical care sooner and avoid incurring health-related costs that may result in the student having to leave school; and
- Students needing medical services will have access to local providers, particularly specialty or surgical care, they may not have access to if they have no health coverage.

Student health plans offered by universities with mandatory coverage requirements provide comprehensive, year-round coverage, and are specially designed to work with existing student health center services. If Texas were to implement 'hard waivers' on college campuses the state's universities could provide access to affordable health care for at least 141,000 Texas college students who are currently uninsured.

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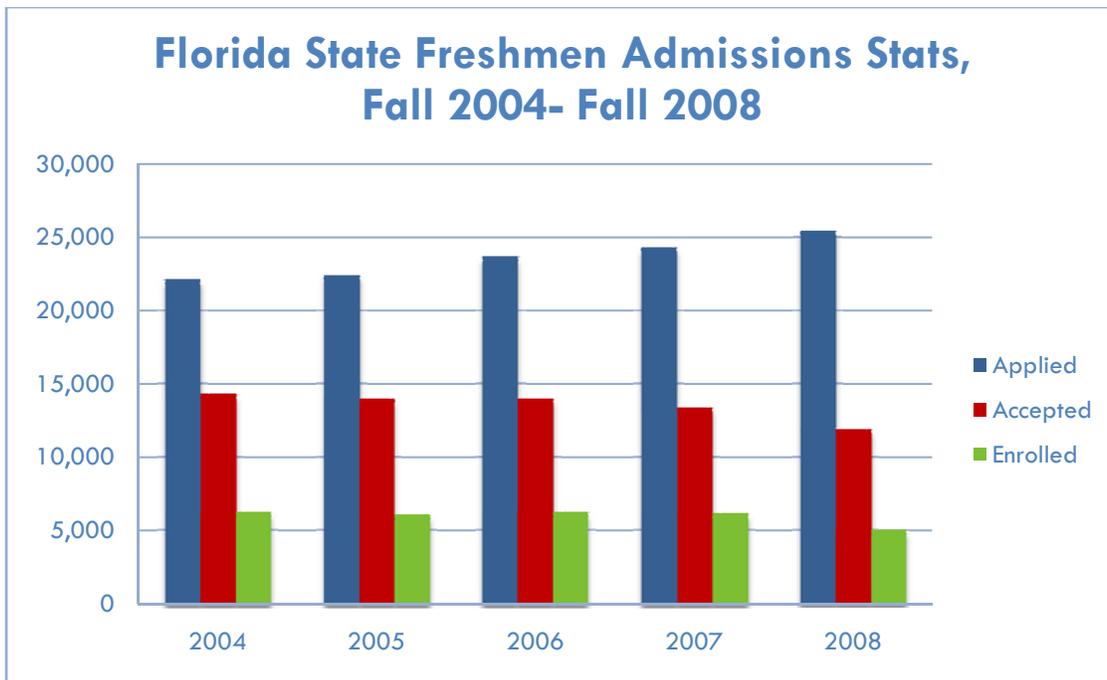
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Appendices

APPENDIX 1. FRESHMEN ADMISSIONS STATISTICS, FALL 2004- FALL 2008

Florida State University

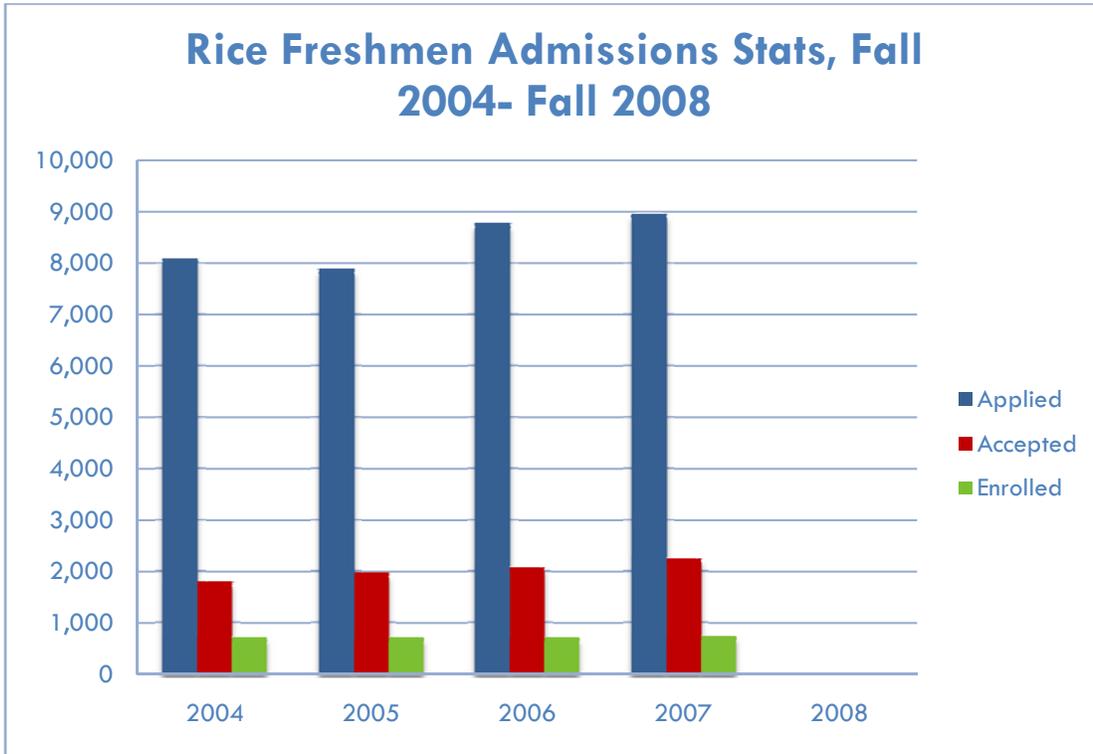
	2004	2005	2006	2007	2008
Applied	22,127	22,450	23,687	24,343	25,485
Accepted	14,307	14,016	14,027	13,415	11,901
Enrolled	6,240	6,067	6,222	6,133	5,027



Rice University

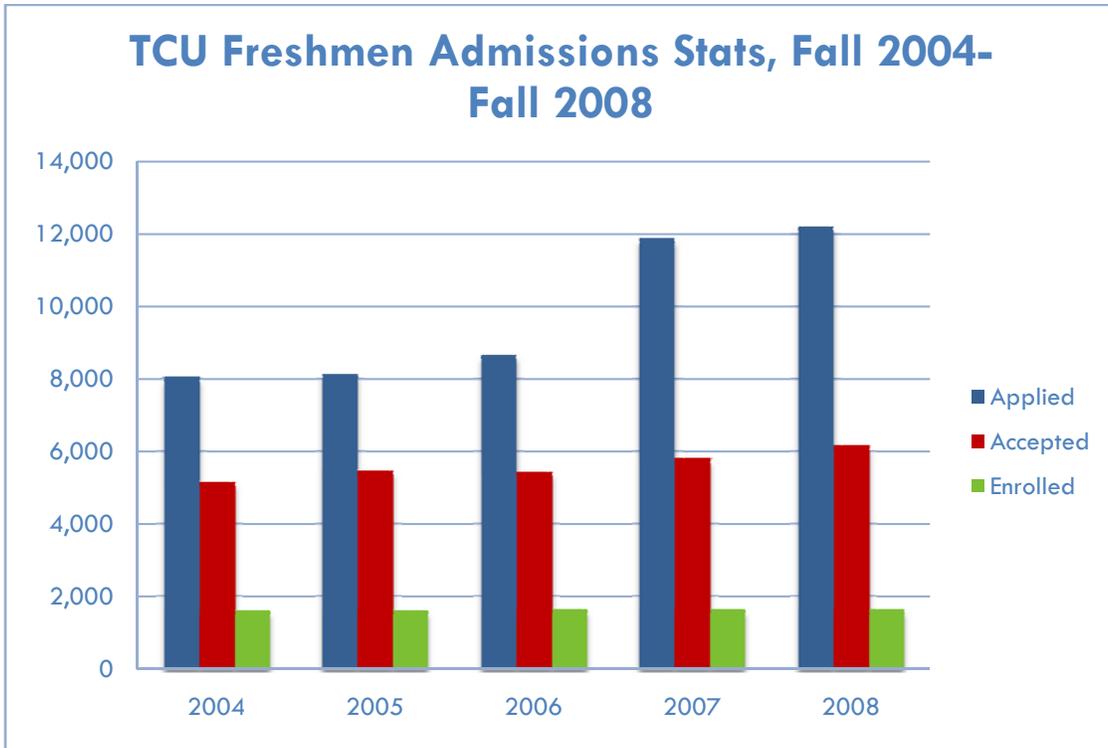
	2004	2005	2006	2007	2008
Applied	8,106	7,890	8,776	8,968	n/a
Accepted	1,802	1,970	2,080	2,251	n/a

Enrolled	727	722	715	742	n/a
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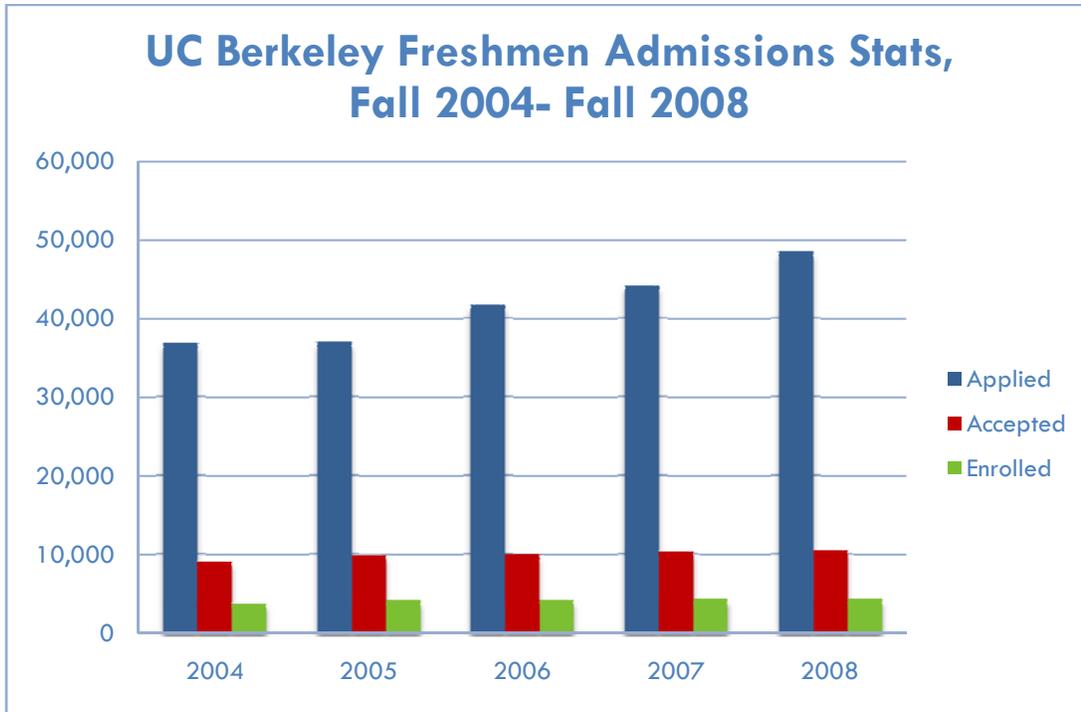
Texas Christian University

	2004	2005	2006	2007	2008
Applied	8,061	8,155	8,677	11,888	12,212
Accepted	5,153	5,471	5,442	5,812	6,157
Enrolled	1,607	1,610	1,652	1,644	1,630



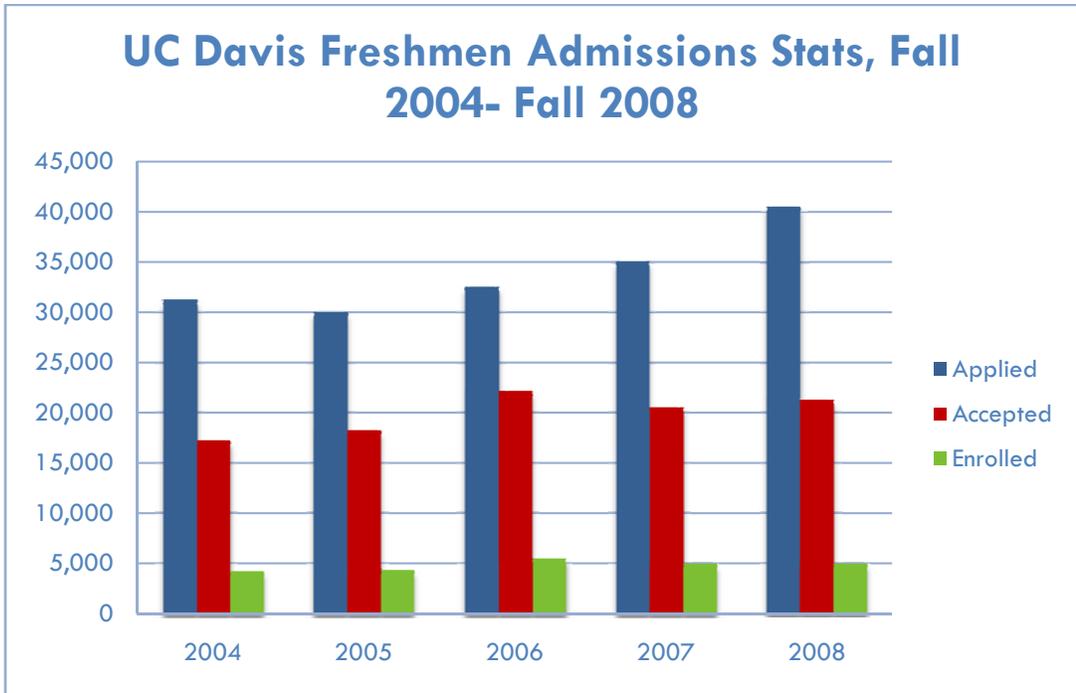
University of California at Berkeley

	2004	2005	2006	2007	2008
Applied	36,784	36,989	41,750	44,149	48,461
Accepted	9,024	9,809	9,943	10,287	10,474
Enrolled	3,671	4,105	4,157	4,225	4,261



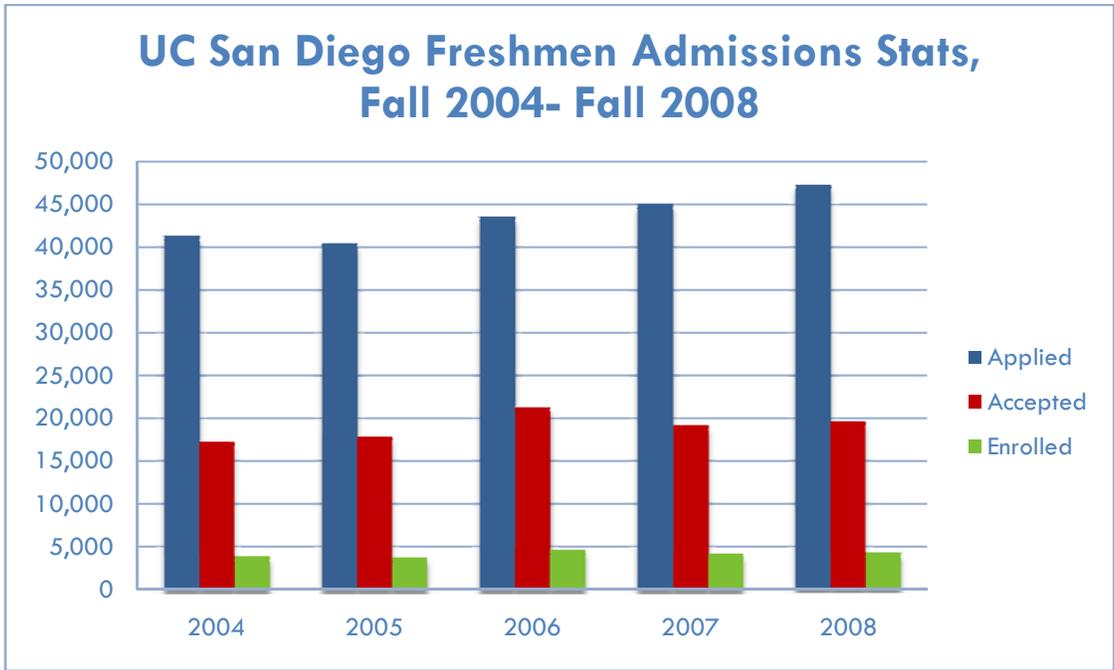
University of California at Davis

	2004	2005	2006	2007	2008
Applied	31,292	30,079	32,635	35,128	40,605
Accepted	17,291	18,264	22,142	20,598	21,357
Enrolled	4,266	4,381	5,513	4,955	4,972



University of California at San Diego

	2004	2005	2006	2007	2008
Applied	41,330	40,518	43,586	45,073	47,365
Accepted	17,269	17,891	21,345	19,178	19,717
Enrolled	3,874	3,720	4,589	4,141	4,292



APPENDIX 2. SUMMARY OF PREMIUMS AND OUT-OF-POCKET COSTS

Florida State University

Premium*	Aug 2008- Aug 2009	Fall 2008	Spring & Summer 2009	Summer 2009
Student	\$1,404	\$543	\$891	\$394
Spouse	\$2,416	\$909	\$1,507	\$652
Each Child	\$1,779	\$669	\$1,110	\$479
All Children	\$2,828	\$1,064	\$1,764	\$763

*Costs for international students are different

Out of Pocket Costs	
Deductible:	\$100 per covered person per policy year
	\$250 deductible for family per policy year
	deductible waived at student health center
Co-insurance:	80% of the Negotiated Charge for the first \$50,000 then 100%
	Preferred Providers
Non-preferred Providers	50% of the Negotiated Charge for the first \$50,000 then 80%
Cap on Out of Pocket Costs	\$10,000 per insured person per year for preferred care
	Not applicable for non-preferred care
Prescription Co-pay	\$10/ Generic
	\$20/ Brand
	\$1,250 Rx max per year
Maximum limit on plan payments	\$250,000 per policy year
Optional Costs	
Blood and Body Fluid	\$30

Out of Pocket Costs

Exposure/ Needle-Stick Coverage	
Evacuation & Repatriation Coverage	\$66/ insured person; for international students covered under a standard US medical plan that did not provide the required evacuation & repatriation coverage
	coverage is available to the student and the student's eligible dependents(spouse and dependent children)

Rice University

Premium	Annual	Fall Only	Spring Only
	8/15/08 - 8/14/09	8/15/08 - 12/31/08	1/1/09 - 8/14/09
Student	\$1,732	\$660	\$1,072
Spouse/Domestic Partner	\$2,380	\$906	\$1,474
Each Child	\$1,751	\$667	\$1,084

Optional Dental Premium		
	Annual	Spring
	9/1/08 - 8/31/09	1/1/09 - 8/31/09
Student	\$153	\$102
Student Plus one Dependent	\$302	\$201
Student Plus two or more dependents	\$575	\$383

Out of Pocket Costs	
Annual Deductible:	\$250 for preferred care per person per policy year
	\$750 for non-preferred care per person per policy year
Co-insurance:	80% preferred
	50% non-preferred
Out-of-Pocket Maximum	\$3,000 per insured person
Prescription Drug Benefit	\$15/ Generic
	\$25/ Brand
Aggregate Lifetime Maximum	\$500,000 per accident and sickness

Texas Christian University

Premium*	Aug 2008-Aug 2009	Fall 2008	Spring/Summer 2009	Summer 2009
Student	\$1,246	\$623	\$623	\$370
Spouse/Domestic Partner Only	2,352	1,176	1,176	705
Children	1,754	877	877	529
Spouse/Domestic Partner and Children	3,226	1,613	1,613	966

* Student rates include an administrative fee.

Out of Pocket Costs	
Deductible	\$250 per policy year
	\$500 Family deductible per year
Co-insurance	80% preferred
	70% non-preferred
Cap on Out of Pocket Costs	\$3,000 per insured person for preferred care
	\$6,000 per insured person for non-preferred care
Prescription Co-pay	\$2,000 Maximum per plan year
Maximum limit on plan payments	\$500,000 per illness/ injury

University of California at Berkeley

Premium	Aug 2008- Aug 2009	Fall 2008	Spring/ Summer 2009
Student(Undergrad)	\$1,276	\$638	\$638
Graduate/International Students	\$1,698	\$849	\$849

Out of Pocket Costs	
Deductible	\$200 for care provided outside of University Health Services
Co-insurance	80% or 90% In-Network (percentage varies by service)
	60% or 80% Non-Network (most services are 60%)
Cap on Out of Pocket Costs	\$3,000 Per year
Prescription Co-pay	\$15/ Generic at Health Center
	\$25/ Brand at Health Center
	70% Copayment outside of Health Center
	\$5,000 Rx Max per policy year
Maximum limit on plan payments	\$400,000 Lifetime maximum

University of California at Davis

Premium	Aug 2008- Aug 2009	Fall 2008	Winter 2008/ 2009	Spring/ Summer 2009
Student	\$858	\$286	\$286	\$286
Graduate Students	\$1,854			
Law Students	\$2,781			

Note: UCD is on the quarter system.

Out of Pocket Costs	
Deductible	\$200
Co-insurance	80% Network (90% for in-patient care and selected others)
	50% Non-Network
Cap on Out of Pocket Costs	\$3,000 Network
	\$5,000 Non-Network
Prescription Co-pay	\$15 Generic at Health Center
	\$20 Brand at Health Center
	50% Copayment outside of Health Center
	\$5,000 RX max per policy year
Maximum limit on plan payments	\$400,000 Lifetime maximum benefit

University of California at San Diego

Premium	Plan Year (9/22/08- 9/20/09)	Fall 2008	Winter 2009	Spring 2009	Summer 2009
Undergraduate Students	\$849.00	\$283.00	\$283.00	\$283.00	Included w/ Spring
Spouse/Domestic Partner	\$3,312.00	\$828.00	\$828.00	\$828.00	\$828.00
Child(ren)	\$2,216.00	\$554.00	\$554.00	\$554.00	\$554.00
Graduate/Professional Students	\$1,548.00	\$516.00	\$516.00	\$516.00	Included w/ Spring
Spouse/Domestic Partner	\$3,996.00	\$999.00	\$999.00	\$999.00	\$999.00
Child(ren)	\$1,992.00	\$498.00	\$498.00	\$498.00	\$498.00

Out of Pocket Costs	
Deductible	\$200 Outpatient
	\$250 Inpatient
Co-pay	\$15 per Office Visit
	\$50 per visit for Emergency Care
Co-insurance	100% UCSD providers
	80% Network
	60% Non-Network
Out of Pocket Maximum	\$3,000 Network
	\$10,000 Non-Network
Prescription Co-pay	\$15 Generic (Formulary) at Health Center
	\$30 Brand (Formulary) at Health Center
	50% Copayment outside of Formulary
	\$15 Plus 50 % Generic (Formulary) outside health Center
	\$25 Plus 50 % Brand (Formulary) outside Health Center
	50% Copayment outside of Formulary
Plan Year Maximum Benefit	\$5,000 RX max per policy year
	\$300,000 Per Illness or Injury

APPENDIX 3. FIVE YEAR HISTORY OF INSURANCE CARRIERS AND MAJOR CHANGES IN BENEFITS

Florida State University

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
Insurer	Collegiate Risk Management (Broker) And Aetna Student Health	Collegiate Risk Management (Broker) And Aetna Student Health	Health Benefit Concepts (Broker) & GMSouthwest Plan not mandatory	Health Benefit Concepts (Broker) & GMSouthwest Plan not mandatory	Health Benefit Concepts (Broker) & GMSouthwest Plan not mandatory
Premiums (domestic plan)					
Student	\$1,404	\$1,440	under 25: \$1,449 25-34: \$1,740 35 & older: \$2,207	under 25: \$1,294 25-34: \$1,553 35 & older: \$1,970	under 25: \$1,189 25-34: \$1,341 35 & older: \$1,670
Spouse	\$2,416	\$2,477	under 25: \$2,709 25-34: \$4,088 35 & older: \$4,788	under 25: \$2,419 25-34: \$3,650 35 & older: \$4,275	under 25: \$2,090 25-34: \$3,156 35 & older: \$3,637
Each Child	\$1,779	\$1,824	\$1,988	\$1,775	\$1,532
All Children	\$2,828	\$2,900	\$3,799	\$3,392	\$2,931
GS supplement	\$500	\$500	\$500	\$400	\$0
AD&D Benefit	up to \$10,000	up to \$10,000	life or 2+ members: \$2,000 1 member: \$1,000	life or 2+ members: \$2,000 1 member: 1,000	life or 2+ members: \$2,000 1 member: 1,000

Major Differences	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
Max. Benefits	\$250,000	\$250,000	\$30,000	\$30,000	\$50,000/illness/ injury
Co-insurance	80% in network to \$50,000, then 100%; 50% out of network	80% for in network and 60% for out of network	80% for in network and 60% for out of network	80% for in network and 60% for out of network	80% in network; 70% out of network
RX max.	\$1,250	\$1,250	\$750	\$750	\$750
Co-pays	Co-pays for women's physical and general physicals have been eliminated	Co-pays for women's physical and general physicals have been eliminated	\$20 co-pay for woman's wellness exam	\$20 co-pay for woman's wellness exam	\$20 co-pay for woman's wellness exam
Family Deductible	\$250	\$250	\$400		\$300
Deductible outside of health center	\$100	\$100	\$150		\$100
Optional Costs					
Major Medical buy up			student: \$270; spouse: \$239, each child: \$240		\$147/ insured
Evac & Repat			\$26	\$26	\$22
Continuation	not available	not available	up to 6 months (rate based on age & # months)	up to 6 months	up to 6 months
Dental	discount, direct buy \$29	discount, direct buy \$29	insurance \$159	insurance \$159	none
Vision	discount plan included	discount plan included	discount plan \$113	discount plan \$113	none

Rice University

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
Insurer	Aetna Student Health (formerly Chickering Group)	Chickering Group Aetna	Chickering Group Aetna	Chickering Group Aetna	Columbian Life
Premiums					
Student	\$1,732	\$2,193	\$2,150	\$1,936	\$1,769
Spouse/ Domestic Partner	\$2,380	\$3,013	\$3,109	\$4,744	\$4,425
Each Child	\$1,751	\$2,217	\$2,288	\$2,062	\$1,935
Major Differences					
Max Benefits	\$500,000	\$400,000		\$100,000	\$50,000
Co-insurance		80%	70%		

Texas Christian University

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
Insurer	Aetna Student Health				
Premiums					
Student	\$1,246	\$1,180	\$1,104	\$966	\$738
Spouse/ Domestic Partner	\$2,352	\$2,260	\$2,140	\$1,790	\$1,256
Children	\$1,754	\$1,686	\$1,596	\$1,350	\$952
Spouse/ Domestic Partner and Children	\$3,226	\$3,100	\$2,936	\$2,456	\$1,724

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
Major Differences					
Max Benefits	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
Co-insurance		80% preferred and 70% non-preferred	Same as '07/'08	Same as '06/'07	Same as '05/'06
Out of pocket max	\$3,000/ \$6,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$2,000/ \$4,000
Deductible	\$250	\$250	\$250	\$250	\$200
Rx cap	\$2,000	\$2,000	\$2,000	\$2,000	No cap
HC Rx reimburse.	80%	80%	80%	80%	90%

University of California at Berkeley

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
Insurer	University of California Berkeley Student Health Insurance Plan (self-funded plan)	University of California Berkeley Student Health Insurance Plan (self-funded plan)	University of California Berkeley Student Health Insurance Plan (self-funded plan)	University of California Berkeley Student Health Insurance Plan (self-funded plan)	University of California Berkeley Student Health Insurance Plan (self-funded plan)
Premiums					
Student	\$1,276	\$1,220	\$1,146	\$922	\$774
Spouse/ Domestic Partner	Not available				
Each Child	Not available				
Major Differences					
Max benefits	\$400,000	\$250,000	\$250,000	\$250,000	\$250,000
Co-insurance		80% in-network, 60%	80% in-network, 60%	80% in-network, 60%	80% in-network 60%

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2005-Aug 2006	Aug 2004-Aug 2005
		out of network	out of network	out of network	out of network
	Vision Plan added				
Pharmacy Benefits	Pharmacy max \$5,000	Pharmacy max \$2,000	Increased RX co-pays, Increased allergy coverage to \$1,000		

University of California at Davis

	Aug 2008-Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2006-Aug 2005	Aug 2004-Aug 2005
Insurer	Anthem Blue Cross				
Premiums					
Student (USHIP annual cost)	\$858	\$801	\$747	\$672	\$621
Student (GSHIP annual cost)	\$1,854	\$1,440	\$1,500	\$1,371	\$1,446
Spouse/ Domestic Partner	Not available				
Each Child	Not available				
GS supplement	None	None	None	None	None
Major Differences					
Max benefits	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000
	Vision Plan added				

	Aug 2008- Aug 2009	Aug 2007-Aug 2008	Aug 2006-Aug 2007	Aug 2006-Aug 2005	Aug 2004- Aug 2005
Pharmacy max	\$5000	\$4000	\$4000	\$4000	\$4000

University of California at San Diego

Plan Year	2008-2009	2007-2008	2006-2007	2005-2006	2004-2005
	9/22/08- 9/20/09	09/24/07- 9/21/08	09/18/06- 9/23/07	09/19/05- 09/17/06	09/20/04- 09/18/05
Insurer (Underwriter)	National Union Fire	National Union Fire	Nationwide Life Insurance	Nationwide Life Insurance	Nationwide Life Insurance
Annual Premiums					
Undergraduate Students	\$849.00	\$849.00	\$738.00	\$633.00	\$627.00
Spouse/ Domestic Partner	\$3,312.00	\$3,108.00	\$3,312.00	\$2,440.00	\$2,076.00
Child(ren)	\$2,216.00	\$2,080.00	\$2,120.00	\$1,576.00	\$1,360.00
Graduate/ Professional Students	\$1,548.00	\$1,494.00	\$1,347.00	\$1,290.00	\$1,173.00
Spouse/ Domestic Partner	\$3,996.00	\$3,772.00	\$4,572.00	\$2,920.00	\$2,600.00
Child(ren)	\$1,992.00	\$1,832.00	\$2,104.00	\$1,740.00	\$1,554.00
GS supplement	None	none	none	none	none
Major Differences					
Deductible		\$200 deductible	\$150 deductible	\$100 deductible	
Co-pays		\$50 ER, \$15 Office visit	\$35 ER, \$10 Office visit		
			60% OON	70% OON	

Plan Year	2008-2009	2007-2008	2006-2007	2005-2006	2004-2005
			benefit	benefit	
			\$3,000 OOP maximum	\$5,000 OOP maximum	
Max Benefits			\$300,000	\$500,000	