



DIVISION OF
Health Care
Finance and Policy

Student Health Program Academic Year 2009-2010 Annual Report

August 2011

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Commonwealth of Massachusetts

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About this Report

The *Student Health Program 2009-2010 Annual Report* is an annual report on student health programs (SHPs) from the Division of Health Care Finance and Policy (DHCFFP). The purpose of this report is to:

- Continue to improve the transparency of financial and benefit coverage within the SHP market in Massachusetts;
- Highlight opportunities for improvement and SHP innovation;
- Update and enhance data and analysis provided in the *Student Health Program 2008-2009 Annual Report*, including new analysis of benefit maximums; and
- Offer information to stakeholders to support informed decisions regarding student health.

The major findings of this report include:

Financial Performance:

- Over 108,000 students were enrolled in SHPs during the 2009-2010 academic year.
- The average SHP premium was \$1,294 per year, which represents a 3% decrease compared to the 2008-2009 academic year.
- There was wide variability of premiums among schools ranging from \$325 to \$6,143. Some schools achieved lower than average premiums by limiting benefit coverage.
- The student health insurance market was concentrated among a small number of national insurance carriers that, in most instances, reported lower medical expense ratios and higher average profit margins when compared to those seen in private insurance products in Massachusetts.

Benefit Coverage:

- Many SHPs included non-standard benefit limitations which could expose students to significant out-of-pocket costs due to coverage gaps.
- Students who exceeded their annual benefit maximum in the 2009-2010 academic year all had annual benefit maximums at or below \$100,000.
- Over 1,200 students (approximately 1% of total enrolled students) exceeded outpatient benefit limitations. The most common limits exceeded were prescription drugs, outpatient miscellaneous benefits, high-cost procedure services, and ambulance services. Since few schools offered SHPs with out-of-pocket maximums, these students may have experienced significant out-of-pocket medical expenses.

Student Health Program Group Purchasing Initiative:

- Major goals for year two of the SHP Group Purchasing Initiative included expanding the purchasing group to include over 14,000 UMass system students and continuing to bring high value SHPs to students at other public institutions of higher education. Key improvements made to SHPs being offered in the 2011-2012 academic year include adding prescription drug coverage for community college students, maintaining high-value SHPs for state university students, and eliminating benefit caps and improving access to care for many UMass students.
- These changes continue to provide a strong platform to further improve SHPs by expanding the number of schools that participate in these efforts.



About the Student Health Program

The student health program (SHP) statute (MGL C. 15A § 18) requires:

- Students enrolled at Massachusetts institutions of higher education to have health insurance, and
- Schools to offer health insurance to their students.

The SHP regulation (114.6 CMR 3.00) sets the minimum requirements for a SHP and the criteria by which students may waive participation in their school's SHP. The regulation applies to students enrolled in at least 75% of a full-time course load at public or private colleges and universities under the purview of the Massachusetts Department of Higher Education.

Student health programs are currently required to offer reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental health services. Student health programs must provide at least a \$50,000 maximum aggregate indemnity benefit per illness or injury. Fully insured SHPs must include all Massachusetts mandated benefits. Student health programs must also provide coverage for a 52-week period, to students who are away from campus for any reason, and for Christian Science healing practices.

Student health programs may:

- Contain reasonable exclusions and limitations, including different benefit levels for in-network and out-of-network providers,
- Include reasonable co-payments and deductibles (total annual deductible may not exceed \$250 per year),
- Exclude charges reimbursable by another health plan,
- Exclude coverage for injuries resulting from participation in intercollegiate athletics,
- Provide some or all of its SHP benefits through an on-campus student health center, and
- Exceed the minimum benefit requirements.

Schools may tailor SHPs to fit their student population and join with other schools to realize savings through collective bidding.



Student Health Program Insurance Carriers

For the 2009-2010 academic year, the following ten insurance carriers underwrote student health programs (SHPs) in Massachusetts:

- Aetna Life Insurance Company (Aetna)
- Blue Cross and Blue Shield Of Massachusetts, Inc. (BCBS)
- Combined Insurance Company of America (Combined)
- HPHC Insurance Company, Inc. (HPIC)
- Markel Insurance Company (Markel)
- Monumental Life Insurance Company (Monumental)
- Nationwide Life Insurance Company (Nationwide)
- Security Mutual Life Ins. Company of New York (Security Mutual)
- Tufts Associated Health Maintenance Org., Inc. (Tufts)
- United HealthCare Insurance Company (United)

For the 2009-2010 academic year, three schools self-funded their student health programs:

- Harvard University
- Massachusetts Institute of Technology
- Northeastern University

Source: DHCFFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Student Enrollment Overview

Academic Year	2008-2009	2009-2010
Total number of students subject to student health insurance requirement	393,567	401,521
Number of students covered by comparable coverage	291,882	292,968
Number of students enrolled in student health programs	101,685	108,553
Percent of students enrolled	26%	27%

Students must have health insurance coverage in order to attend colleges and universities in Massachusetts.

In 2009-2010, over 400,000 students were required to have health insurance while they attended school in Massachusetts.

Most students (73%) had health insurance through their parents, spouse, or employer that provided coverage at least comparable to the school's student health program (SHP).

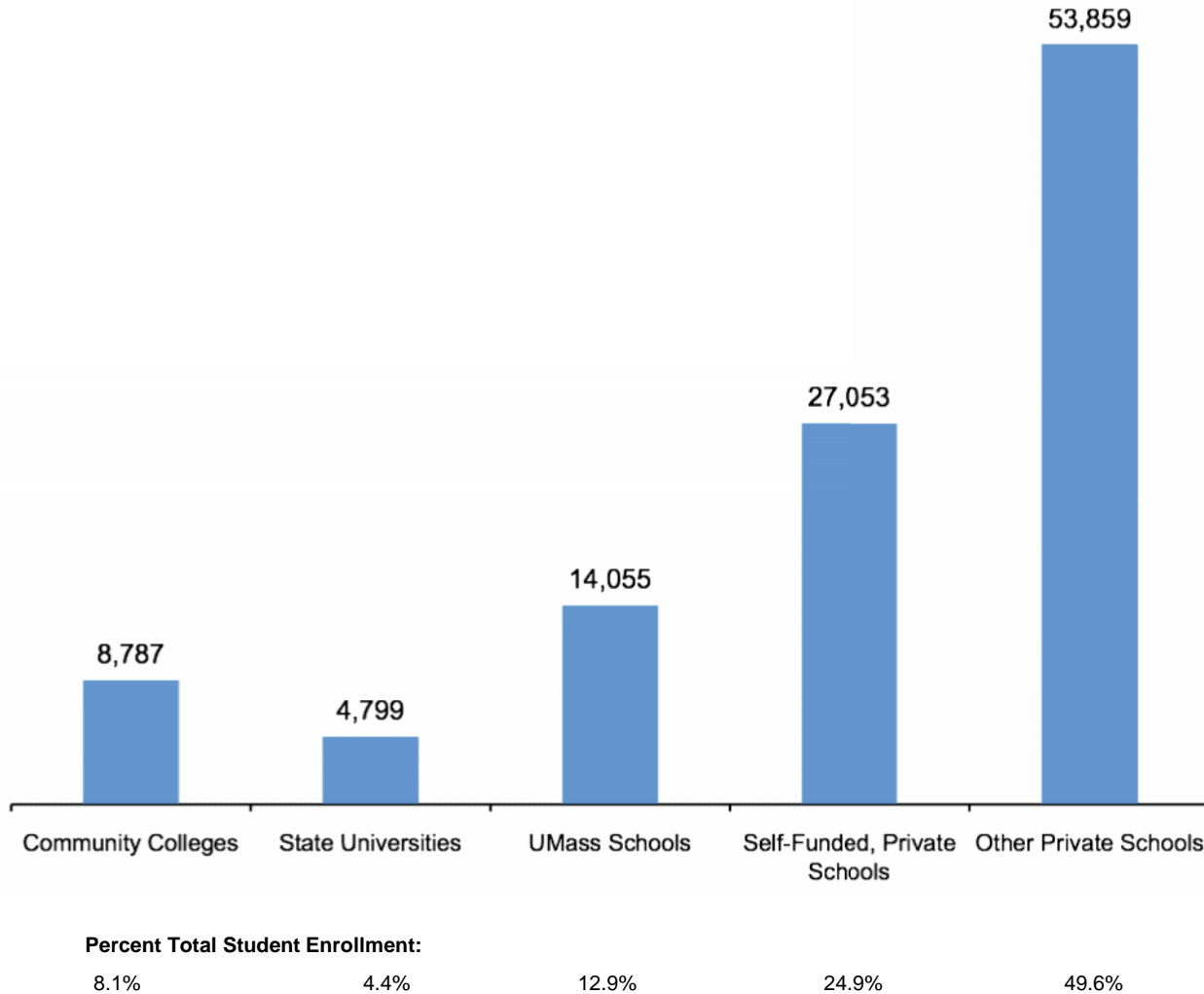
Over 108,000 students (27%) purchased health insurance through their schools.

Notes: The analysis excludes schools that did not submit student enrollment data in their Performance Metrics filing. Percentages are rounded to the nearest whole percent.

Source: The number of students who purchased SHPs in the 2008-2009 academic year is from the DHCFP SHP 2008 Fall Enrollment and Performance Metrics datasets as of 4/30/10. The percentage of students who purchased SHPs in the 2009-2010 academic year is from the DHCFP SHP 2009 Fall Enrollment and Performance metrics datasets as of 4/20/11. The remaining enrollment numbers are calculated using the available data.



SHP Student Enrollment by School Category, 2009-2010



The three schools who self-funded their student health program (SHP) accounted for 25% of all students enrolled in SHPs.

Students enrolled in SHPs at the five UMass schools comprised 13% of all SHP students.

Students enrolled in SHPs at the 15 community colleges and Quincy College accounted for 8% of the SHP enrolled population.

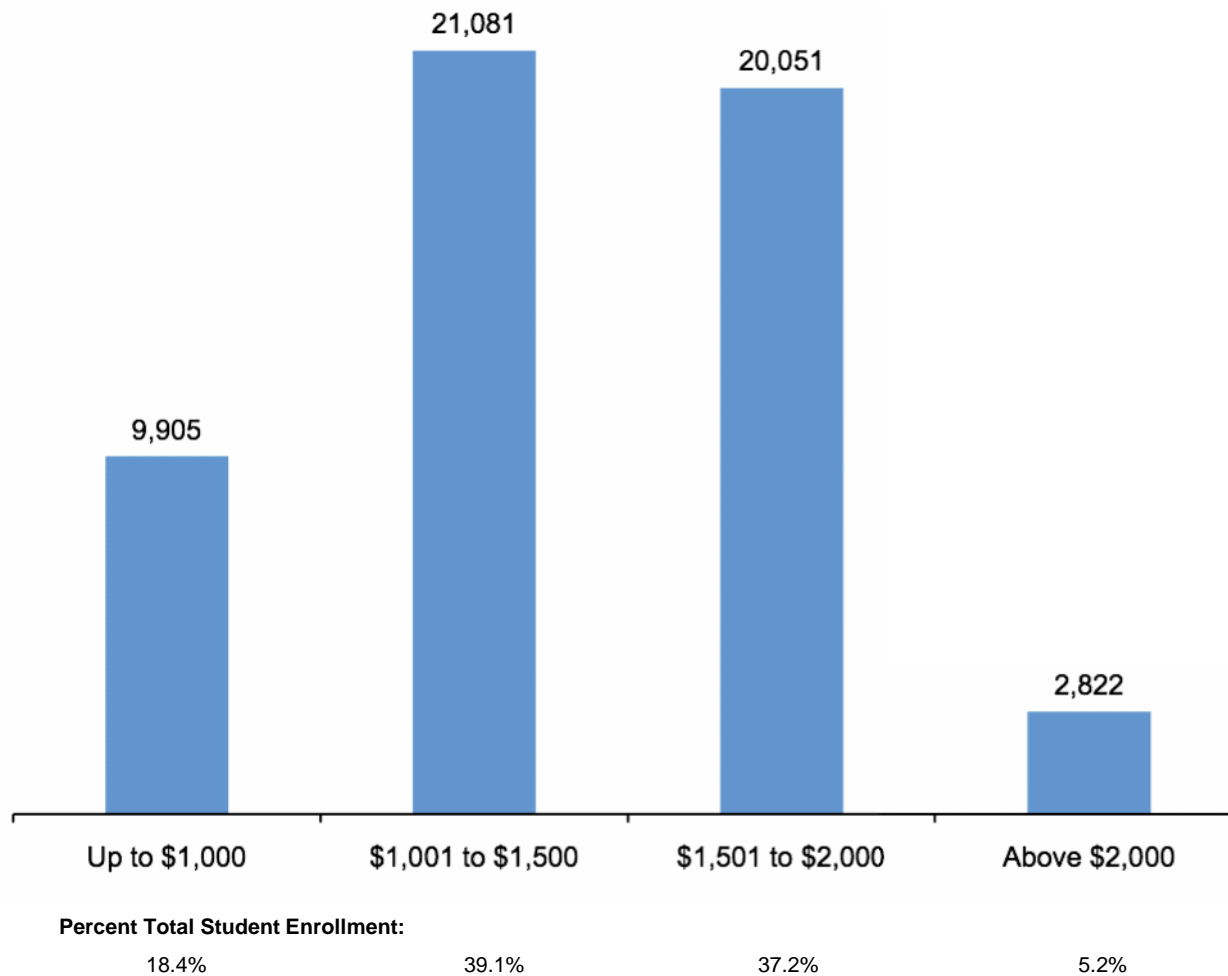
Of the remaining enrolled students, 4% attended state universities and 50% attended other private schools.

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide student enrollment data in their Performance Metrics filing. Numbers are rounded to the nearest whole number.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



SHP Student Enrollment at Other Private Schools by Premium Range, 2009-2010



The student health programs (SHPs) with premiums between \$1,001 and \$1,500 accounted for 39% of all students enrolled in SHPs at private, not self-funded schools (other private schools).

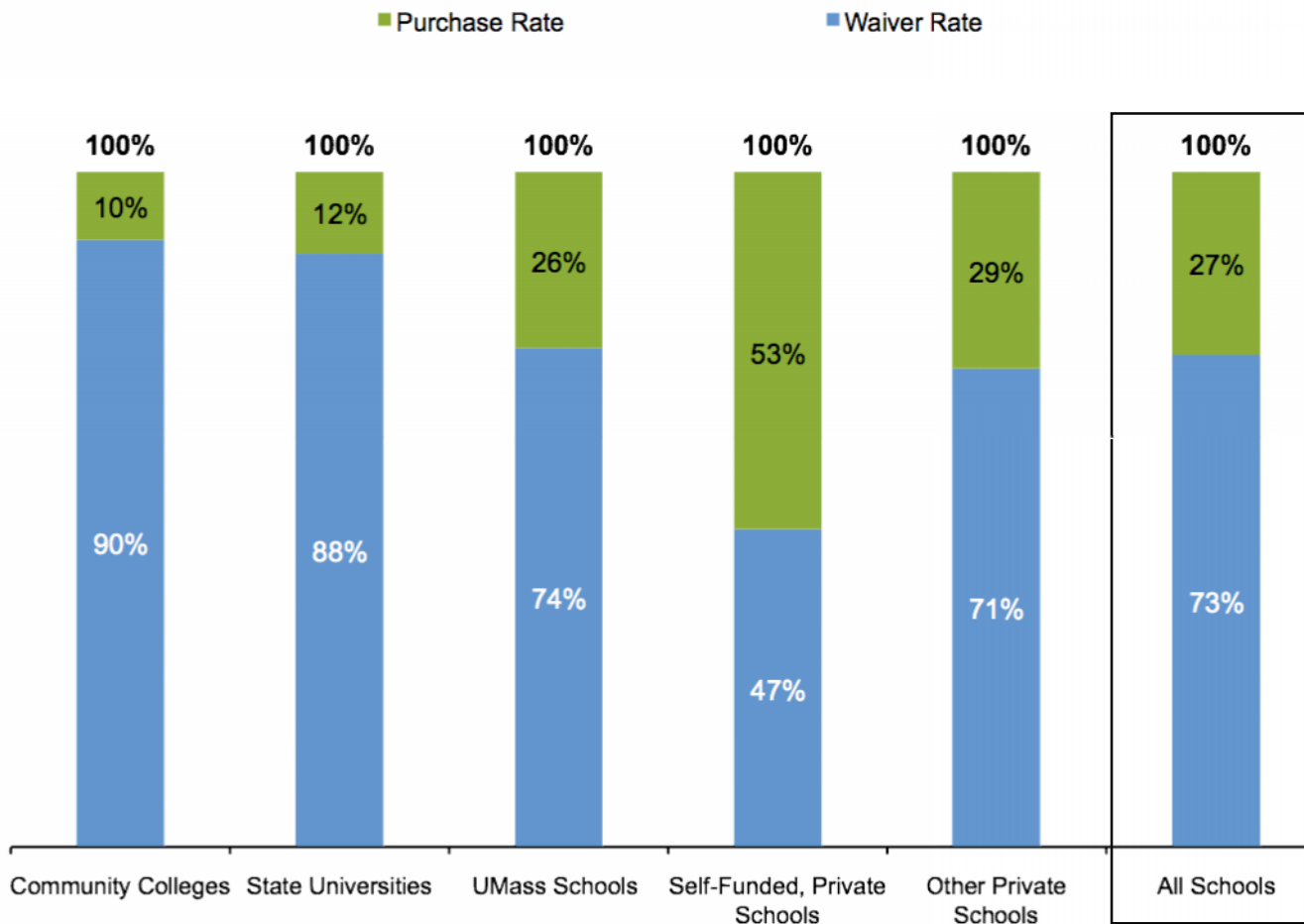
Students enrolled in SHPs between \$1,501 and \$2,000 accounted for 37% of the SHP enrolled population at other private schools.

Students enrolled in SHPs with premiums up to \$1,000 comprised 18% of all SHP students at other private schools.

The remaining 5% of enrolled students at other private schools paid over \$2,000 per year for their SHP.

Notes: The analysis excludes schools that did not provide student enrollment data in their Performance Metrics filing. Numbers are rounded to the nearest whole number.
Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.

Waiver and Purchase Rates by School Category, 2009-2010



Students must have health insurance coverage in order to attend colleges and universities in Massachusetts.

Students may either purchase the student health program (SHP) offered by their schools or waive if they have existing coverage that is at least comparable to the school's SHP.

Community colleges had the highest waiver rate (90%) among schools.

Self-funded schools had the lowest waiver rate (47%), which were likely due to the higher proportion of graduate students at self-funded schools.

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide student enrollment data in their Performance Metrics filing. Percentages are rounded to the nearest whole percent.
Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochure, and Fall Enrollment datasets as of 4/20/11.

SHP Student Enrollment by Insurance Carrier, 2009-2010

	Number of Schools	Number of Students Enrolled	Percent of Total Students Enrolled
Aetna	13	28,584	26.3%
Self-Funded	3	27,053	24.9%
Nationwide	37	18,356	16.9%
BCBS	11	11,511	10.6%
HPIC	15	9,683	8.9%
Combined	15	6,443	5.9%
Monumental	7	2,126	2.0%
Security Mutual	10	1,634	1.5%
Tufts	1	1,562	1.4%
United	6	1,088	1.0%
Markel	2	513	0.5%
Total	120	108,553	100.0%

Ten insurance carriers underwrote student health programs (SHPs) in Massachusetts during the academic year 2009-2010.

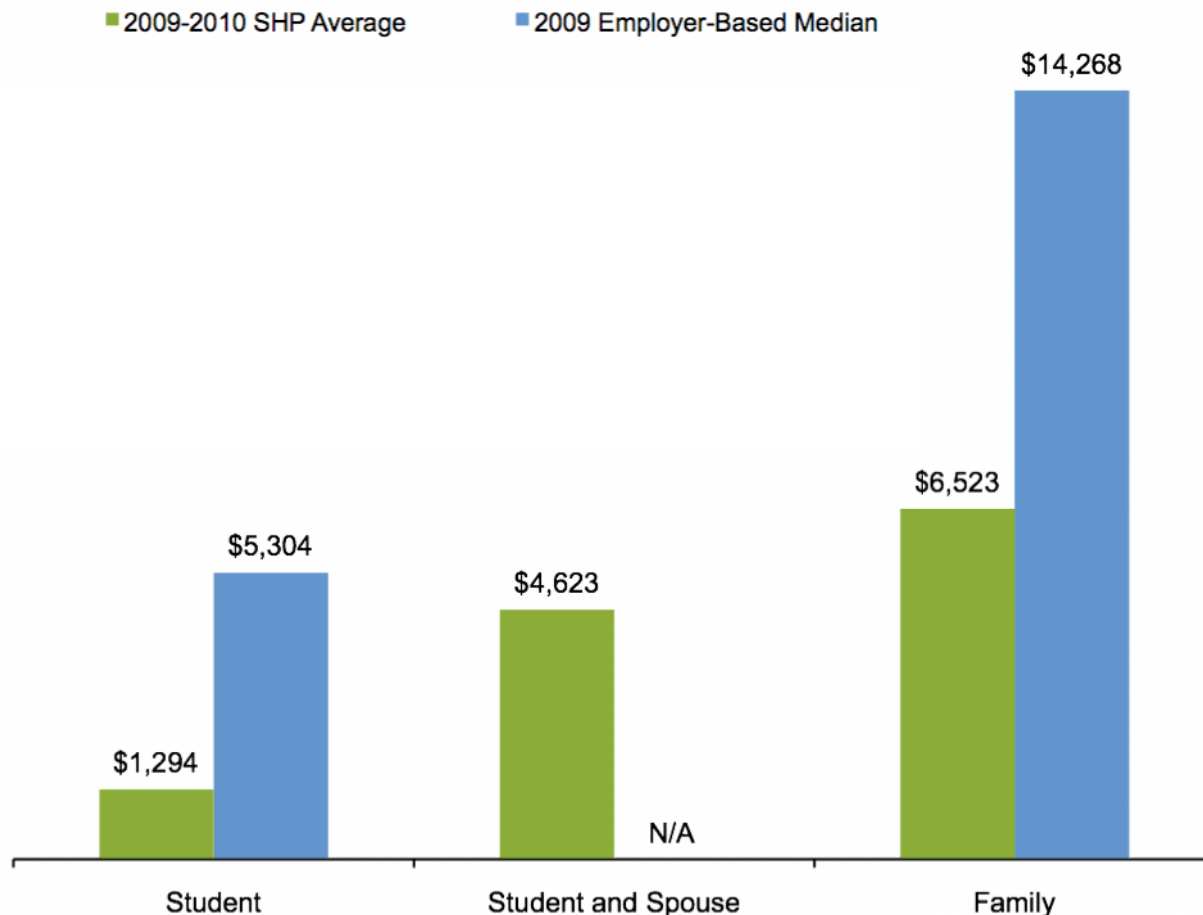
The majority of students were enrolled in an Aetna, self-funded, or Nationwide SHPs, representing approximately 68% of the total enrolled student population.

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide student enrollment in their Performance Metrics filings. DHCFP used data from schools' benefit brochures to supplement missing or inaccurate carrier data from Performance Metrics. Numbers are rounded to the nearest whole number and percentages are rounded to the nearest tenth of a percent.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Average Annual Premium for All Schools, 2009-2010



On average, students paid \$1,294 for student health programs (SHPs) during the 2009-2010 academic year.

On average, student health coverage for a student and his/her spouse cost \$4,623. The average SHP premium for family coverage was \$6,523.

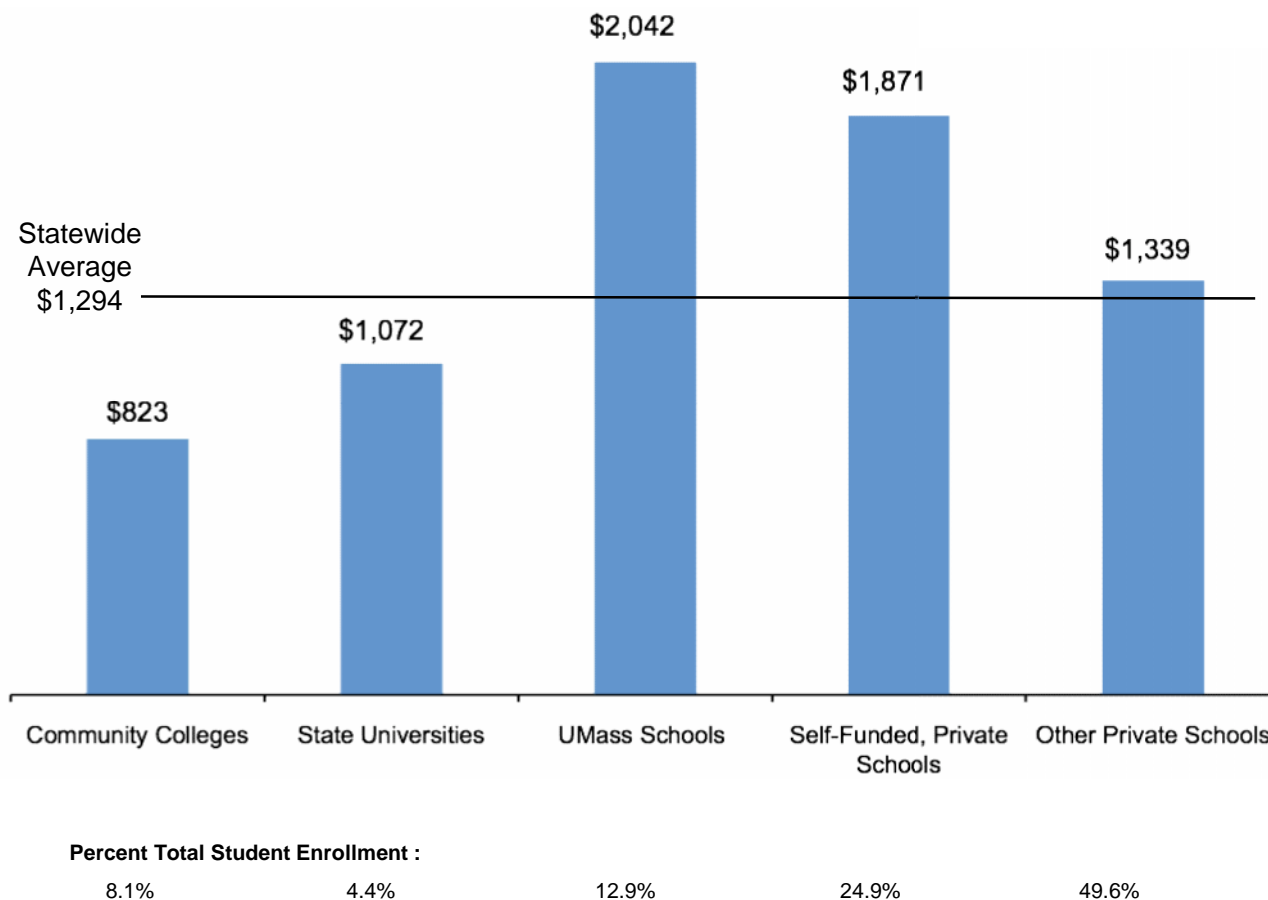
Premiums vary significantly across schools. These differences resulted, at least in part, because of benefit differences.

Additional premium information for individual schools is available in Appendix C.

Notes: The analysis excludes schools that did not provide annual premium data for each of the categories. Schools are not required to offer SHPs to spouses or families. Family premium represents the cost for covering a student, his or her spouse, and one child. Premiums include administrative fees and may vary due to the range of benefits covered by the SHP and the scope of services provided at on-campus student health centers. Student health centers may lower premiums, as some medical expenses will be covered exclusively through school, and not insurance carrier, resources. Employer-based premiums are total premiums including both the employer and employee share. Premiums are rounded to the nearest whole dollar.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11. Employer-based mean comparison data from 2009 DHCFP Employer Survey.

Average Student Premiums by School Category, 2009-2010



On average, students paid \$1,294 for student health programs (SHPs) during the 2009-2010 academic year.

Premiums may have varied due to the level of health benefits covered by each SHP.

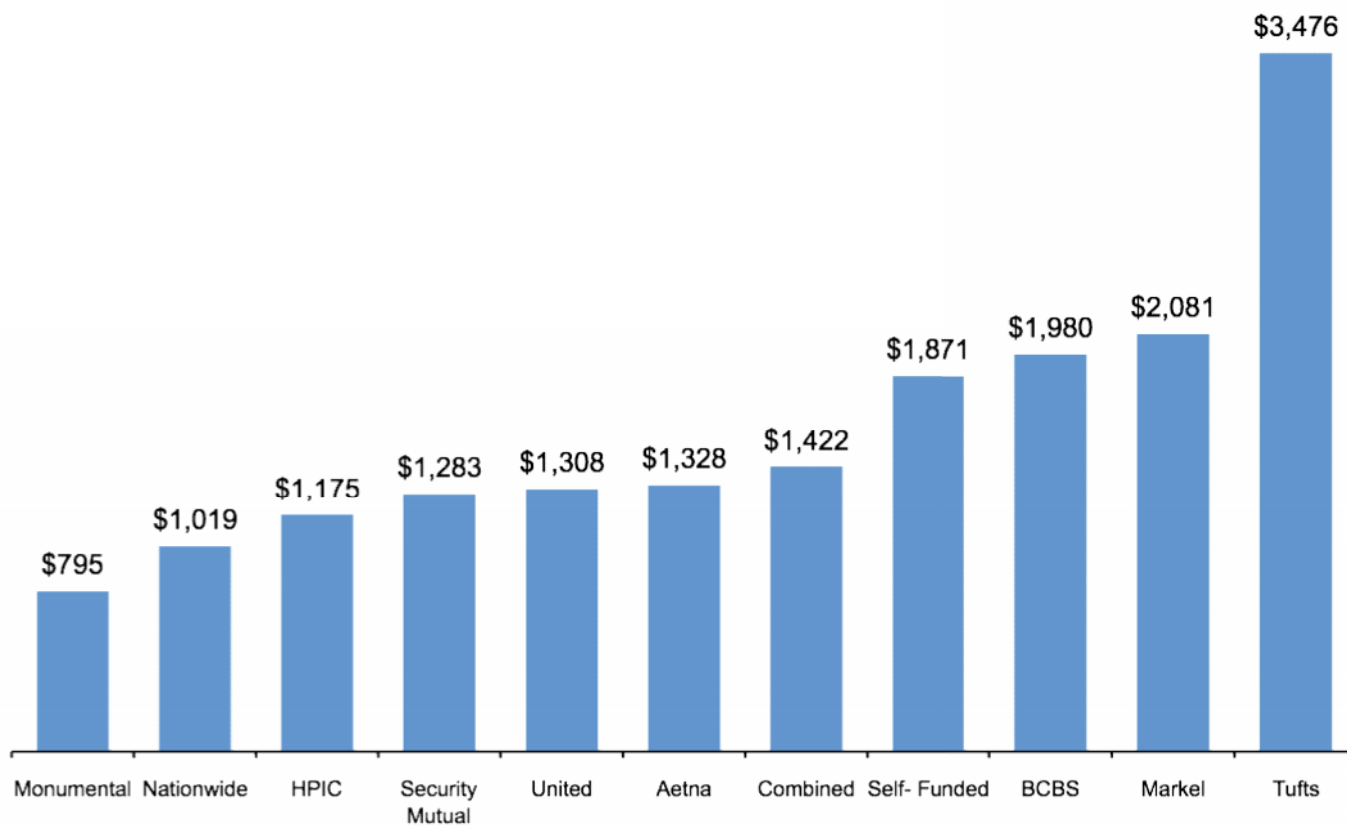
Among these categories, community college students paid the lowest premiums for health insurance. Students enrolled at UMass schools paid the most for health insurance in the 2009-2010 academic year.

Additional premium information for individual schools is available in Appendix C.

Notes: The analysis excludes schools that did not provide annual premium data for students only. Premiums include administrative fees and may vary due to the range of benefits covered by the SHP and the scope of services provided at on-campus student health centers. Student health centers may lower premiums, as some medical expenses will be covered exclusively through school, and not insurance carrier, resources. Premiums are rounded to the nearest whole dollar.
Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Average Student Premiums by Insurance Carrier, 2009-2010



Percent Total Student Enrollment:

2.0%	16.9%	8.9%	1.5%	1.0%	26.3%	5.9%	24.9%	10.6%	0.5%	1.4%
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The average premium by carrier for a student health program (SHP) in the 2009-2010 academic year ranged from \$795 to \$3,476 per student per year.

Premiums varied in part due to the range of benefits covered by the SHP. Schools may have provided benefits that exceeded the minimum regulatory requirements.

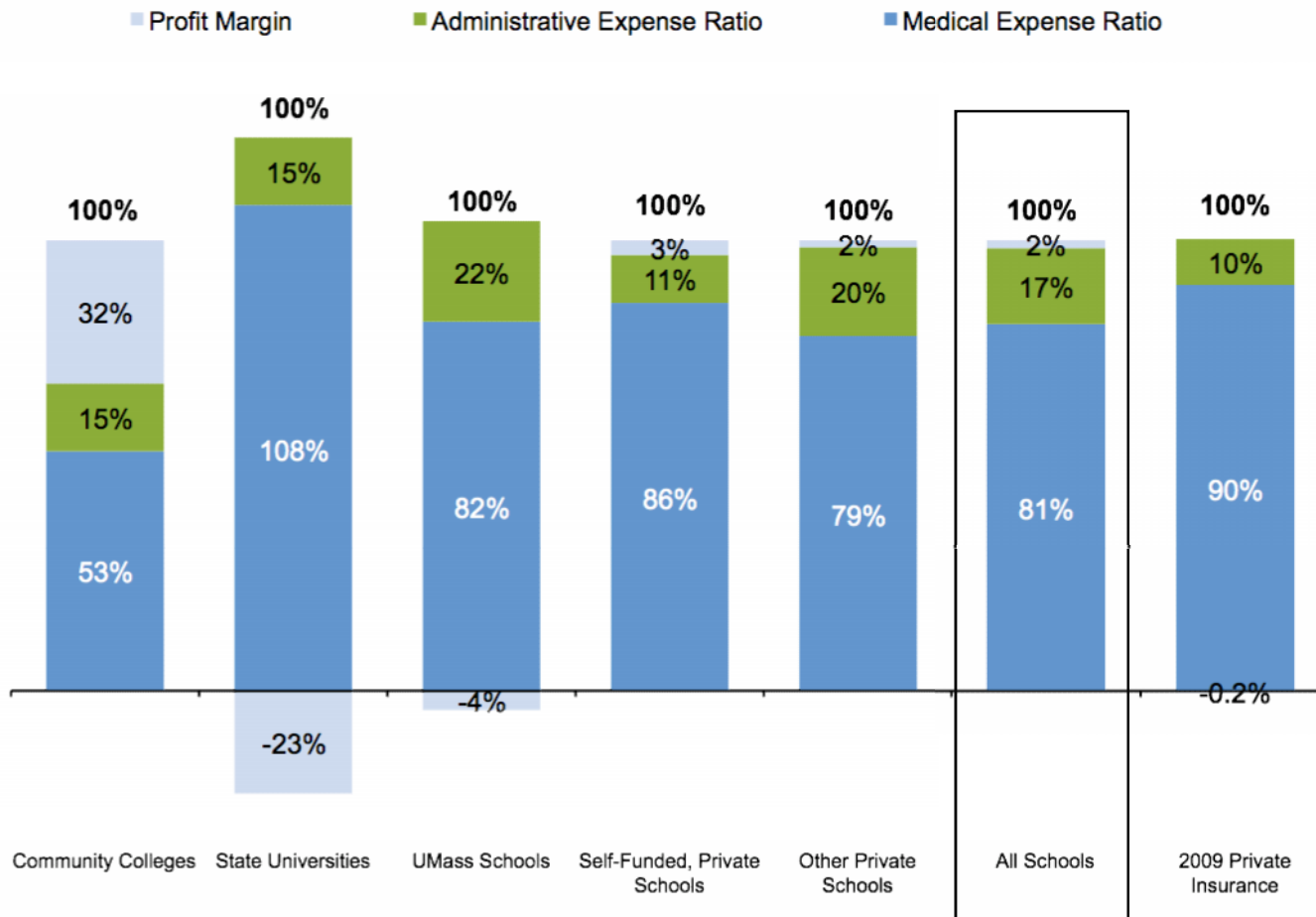
It is important to note that some SHP carriers covered only a small number of students; most students (68%) were covered by a self-funded, Aetna, or Nationwide SHP.

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide annual premium data for students only. Premiums include administrative fees and may vary due to the range of benefits covered by the SHP and the scope of services provided at on-campus student health centers. Student health centers may lower premiums, as some medical expenses will be covered exclusively through school, and not insurance carrier, resources. Premiums are rounded to the nearest whole dollar.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Expense Ratios and Profit Margin by School Category, 2009-2010



Percent Total Student Enrollment:

8.1% 4.4% 12.9% 24.9% 49.6% 100.0% N/A

Notes: Medical expense ratio is calculated by dividing the total medical expenses by total premiums earned. Administrative expense ratio is calculated by dividing the total administrative expenses (including commissions) by total premiums earned. Profit margin is calculated by dividing the difference between the total premium and sum of total medical and administrative expenses (including commissions) by total premiums earned. Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFCP SHP 2009 Performance Metrics dataset as of 4/20/11. *QSHIP Minimum Benefits Analysis for the Massachusetts Division of Health Care Finance and Policy* from Oliver Wyman Actuarial Consulting, Inc. on October 30, 2009. Comparative private insurance information derived from data included on pages 30 through 32 of *Health Care in Massachusetts: Key Indicators*, November 2010.

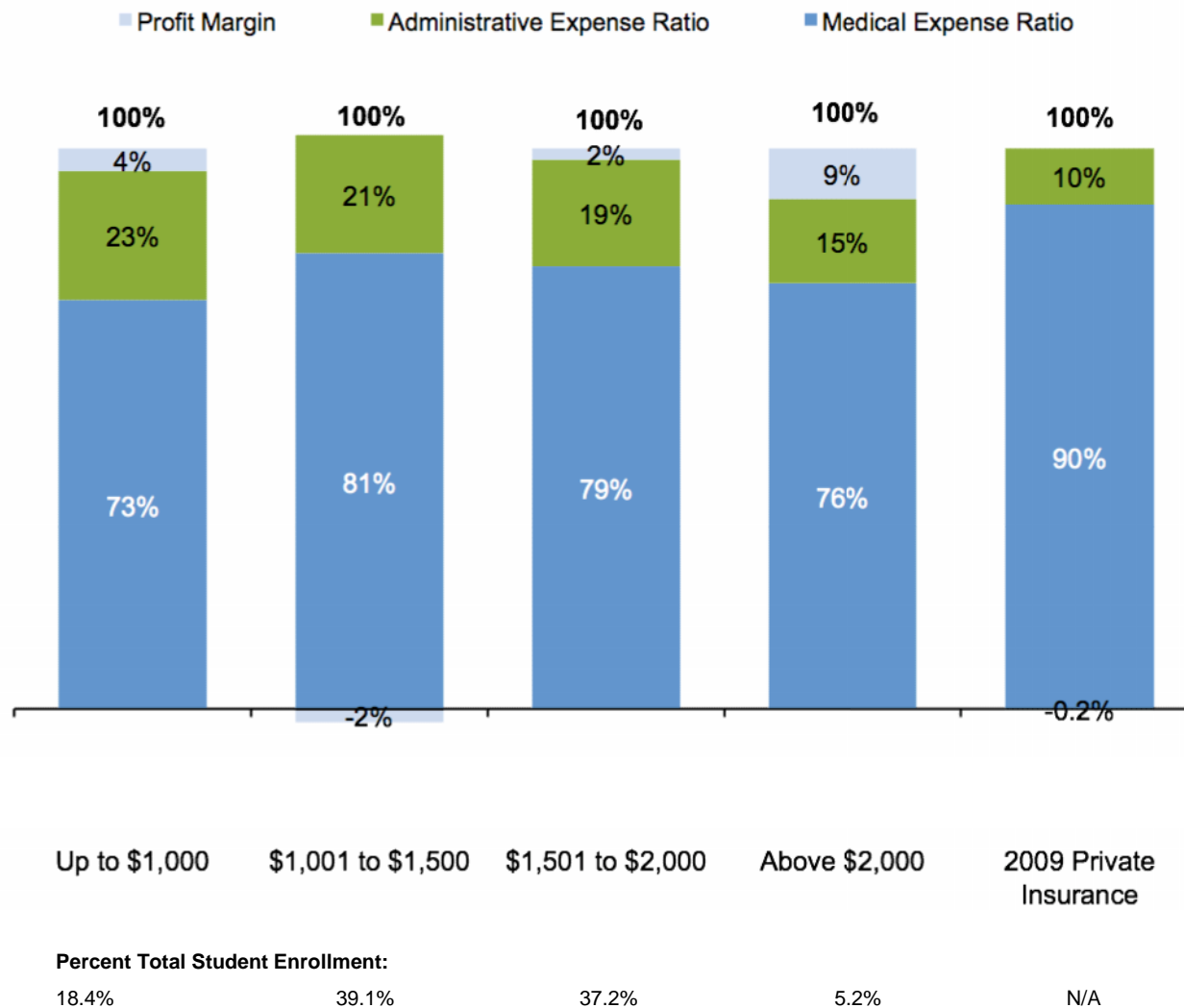
Student health program (SHP) medical expense ratios generally compare unfavorably to those seen in private insurance products in Massachusetts.

SHP profit margins are generally much higher than private insurance products.

SHP administrative expense ratios are generally higher than private insurance products. This may be due, in part, to SHP premiums being lower than private insurance products. With fewer premium dollars to pay for fixed expenses, administrative costs will account for a larger percentage of total premiums.



Expense Ratios and Profit Margin for Other Private Schools by Premium Range, 2009-2010



Student health program (SHP) medical and administrative expense ratios varied significantly across all premium ranges at other private schools, but mirrored the trend seen across all schools.

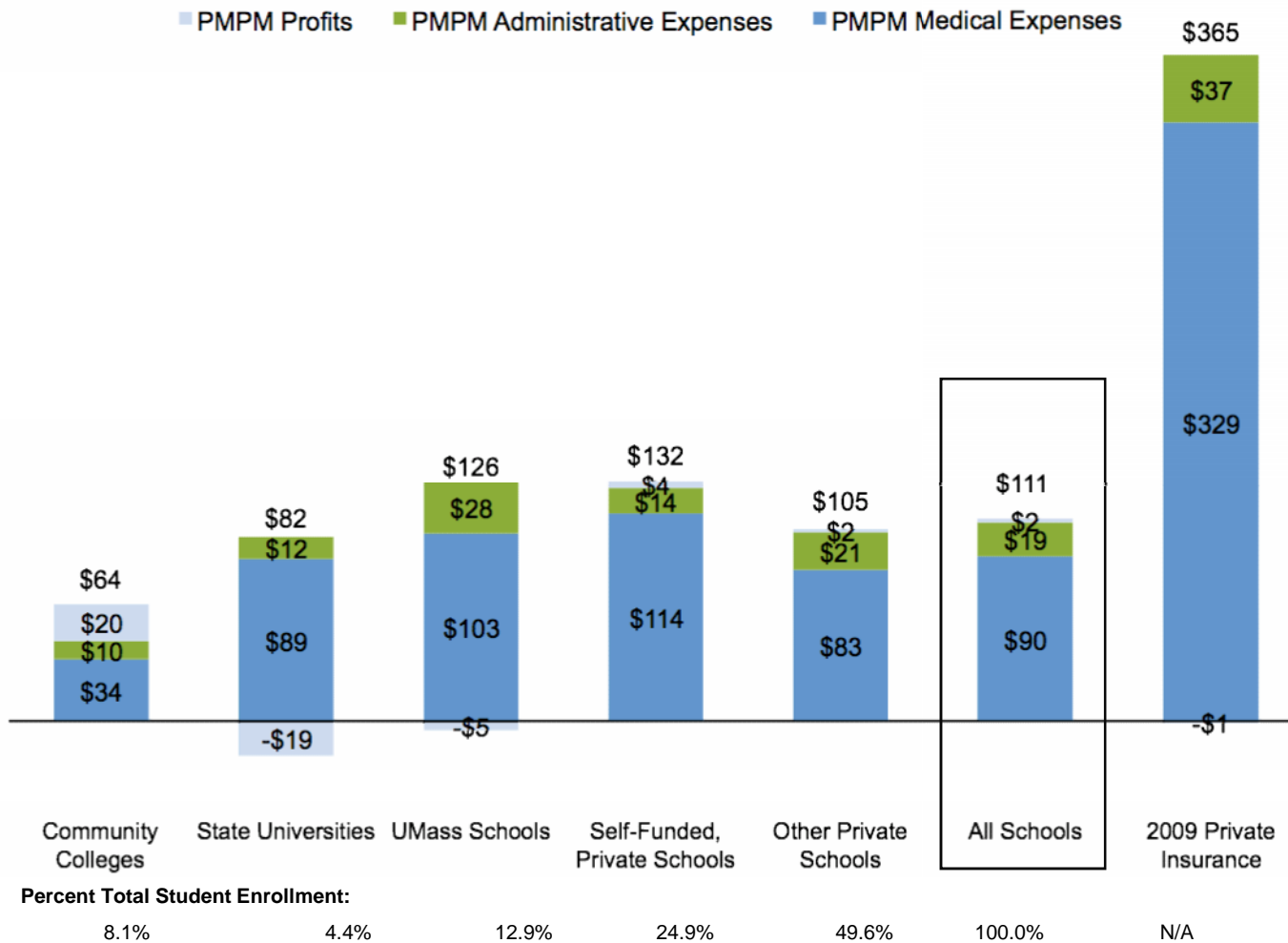
SHP profit margins at other private schools also varied significantly across all premium groups, but were generally higher than private insurance products, which is similar to the trend seen across most schools.

Notes: Medical expense ratio is calculated by dividing the total medical expenses by total premiums earned. Administrative expense ratio is calculated by dividing the total administrative expenses (including commissions) by total premiums earned. Profit margin is calculated by dividing the difference between the total premium and sum of total medical and administrative expenses (including commissions) by total premiums earned. The analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics dataset as of 4/20/11. Comparative private insurance information derived from data included on pages 30 through 32 of *Health Care in Massachusetts: Key Indicators*, November 2010.



PMPM Expenses and Profit by School Category, 2009-2010



Student health program (SHP) per member per month (PMPM) medical expenses were lower than private insurance products. This may be due to students being younger and healthier, and SHPs offering fewer benefits.

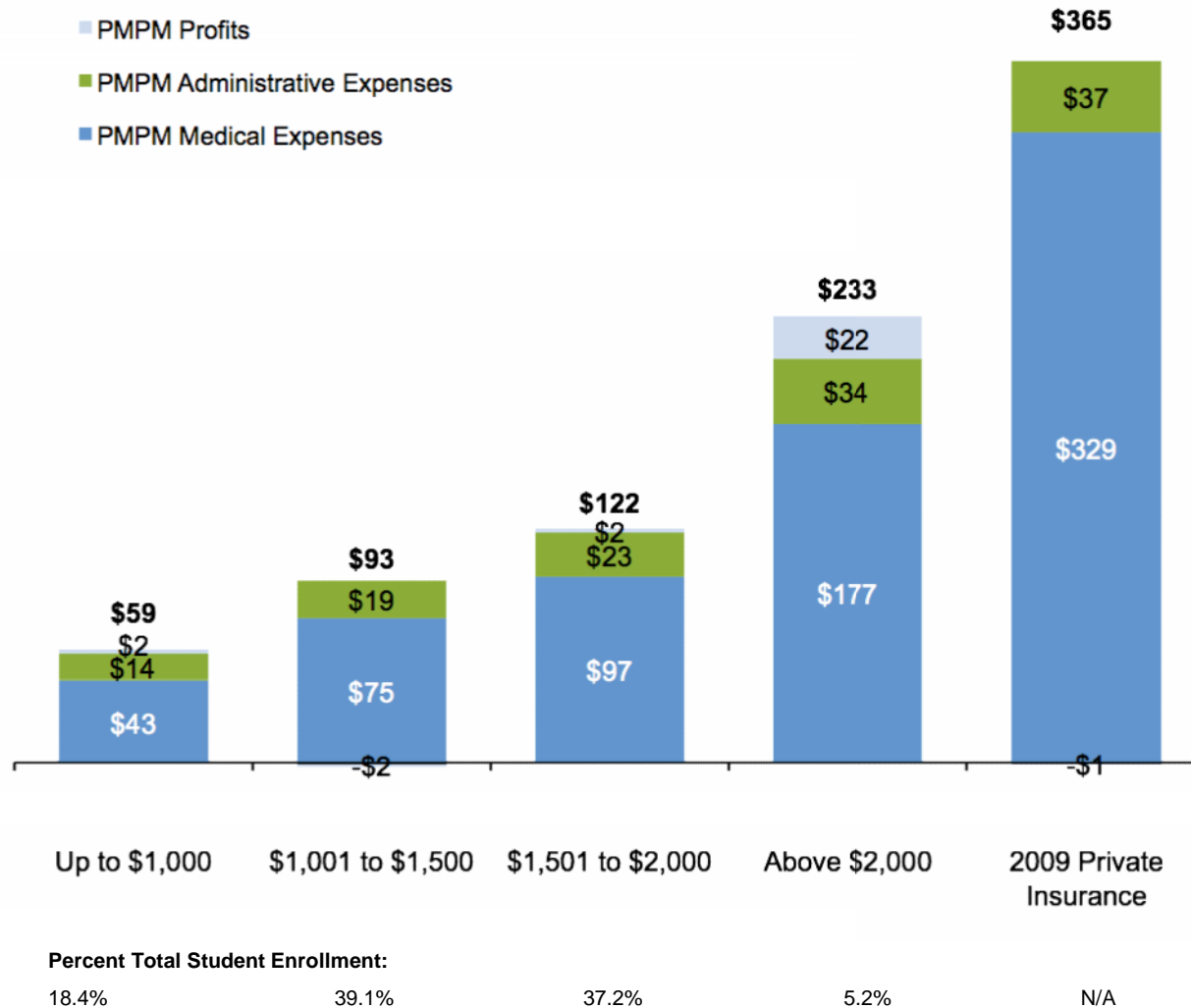
SHP administrative PMPM expenses were lower than private insurance products. This may be due to lower claims and administrative processing expenses for this population.

SHP PMPM profits were generally higher than private insurance products, despite SHP premiums per member being generally lower than private insurance products.

Notes: Medical expense can vary significantly from year to year, particularly for small schools. Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide total earned premium, total medical expense, total administrative expense, and total membership data. PMPM expenses and profits are calculated by dividing the total earned premium, total medical expenses, total administrative expenses, and total profits by the total covered lives, then reducing the yearly per member expenses and profits to monthly per member expenses and profits. Expenses and profits are rounded to the nearest whole dollar and may not sum to total due to rounding.

Source: DHCFP SHP 2009 Performance Metrics dataset as of 4/20/11. *QSHIP Minimum Benefits Analysis for the Massachusetts Division of Health Care Finance and Policy* from Oliver Wyman Actuarial Consulting, Inc. on October 30, 2009. Comparative private insurance information derived from data included on pages 30 through 32 of *Health Care in Massachusetts: Key Indicators*, November 2010.

PMPM Expenses and Profit for Other Private Schools by Premium Range, 2009-2010



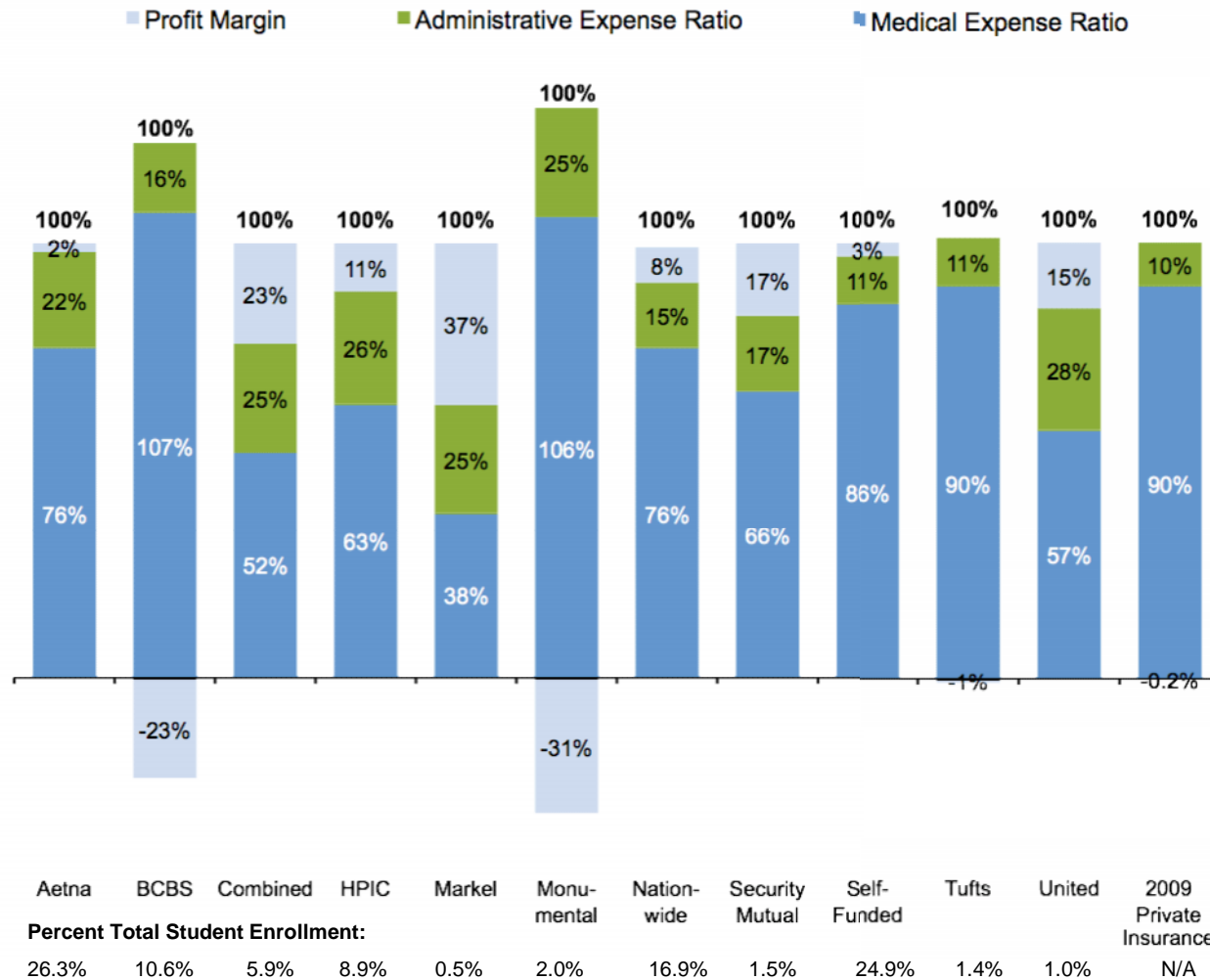
Student health program (SHP) per member per month (PMPM) medical and administrative expenses varied significantly across all premium ranges at other private schools but were consistently lower than private insurance products.

SHP PMPM profits at other private schools also varied significantly across all premium groups, but were generally higher than private insurance products, despite SHP premiums per member being generally lower than private insurance products.

Notes: Medical expenses can vary significantly from year to year, particularly for small schools. The analysis excludes schools that did not provide total earned premium, total medical expense, total administrative expense, and total membership data. PMPM expenses and profits are calculated by dividing the total earned premium, total medical expenses, total administrative expenses, and total profits by the total covered lives, then reducing the yearly per member expenses and profits to monthly per member expenses and profits. Expenses and profits are rounded to the nearest whole dollar and may not sum to total due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11. Comparative private insurance information derived from data included on pages 30 through 21 of *Health Care in Massachusetts: Key Indicators*, November 2010.

Expense Ratios and Profit Margin by Insurance Carrier, 2009-2010



Student health program (SHP) expense ratios and profit margins varied significantly across carriers participating in the SHP market.

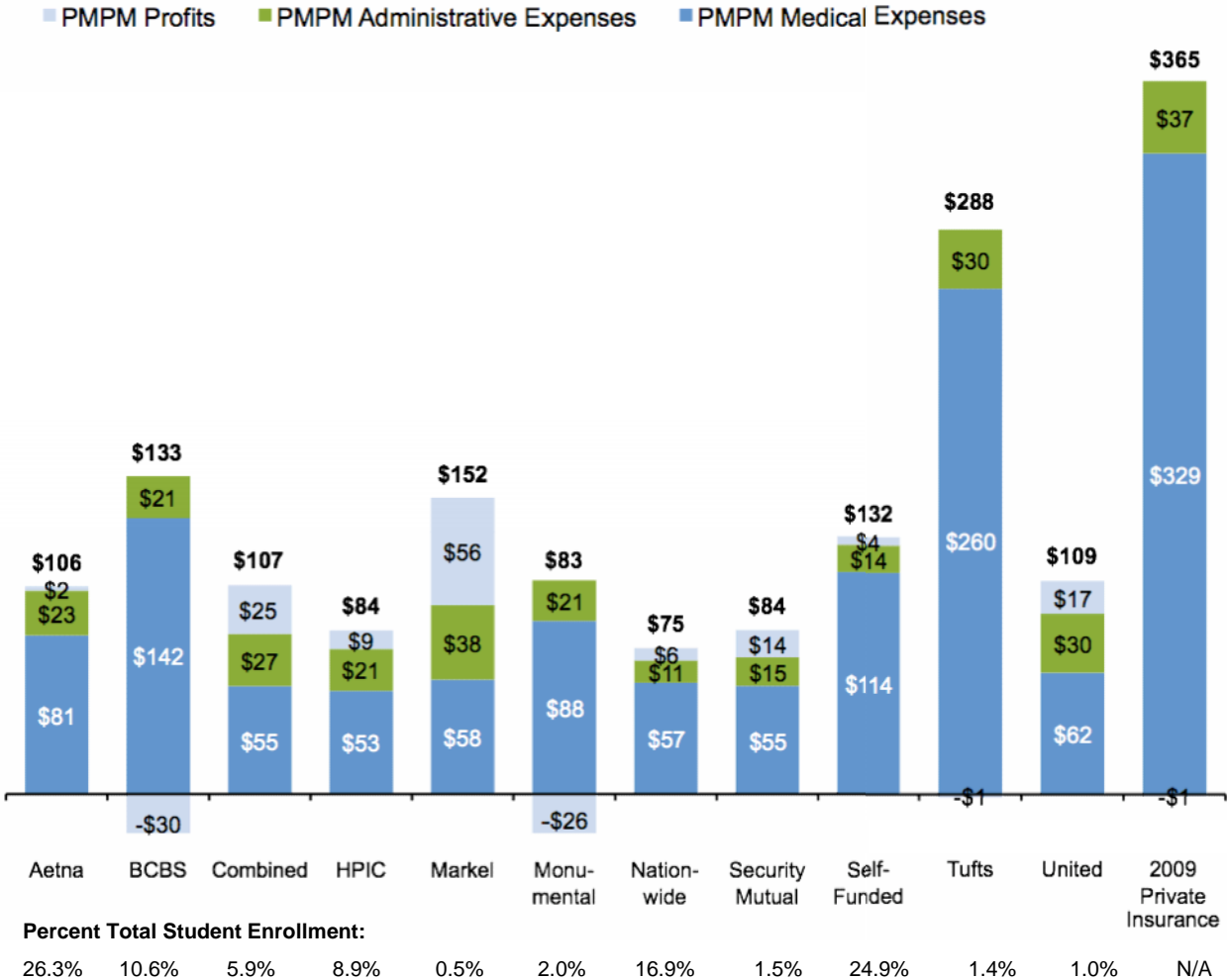
It is important to note that medical expense ratios can vary significantly from year to year, particularly for carriers with fewer students enrolled.

Some SHP carriers covered only a small number of students; in the 2009 academic year, most students (68%) were covered by an Aetna, self-funded, or Nationwide SHP.

Notes: Medical expense ratio is calculated by dividing the total medical expenses by total premiums earned. Administrative expense ratio is calculated by dividing the total administrative expenses (including commissions) by total premiums earned. Profit margin is calculated by dividing the difference between the total premium and sum of total medical and administrative expenses (including commissions) by total premiums earned. Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide total earned premium, total medical expense, total administrative expense, and total membership data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11. QSHIP Minimum Benefits Analysis for the Massachusetts Division of Health Care Finance and Policy from Oliver Wyman Actuarial Consulting, Inc. on October 30, 2009. Comparative private insurance information derived from data included on pages 30 through 32 of *Health Care in Massachusetts: Key Indicators*, November 2010.

PMPM Expenses and Profit by Insurance Carrier, 2009-2010



Student health program (SHP) expenses and profits, on a per member per month (PMPM) basis varied significantly across carriers participating in the SHP market.

In many cases PMPM profits exceeded that of private insurance products in Massachusetts.

SHP administrative PMPM expenses were generally lower than private insurance products. This may be due to lower claims and administrative processing expenses for this population.

Notes: Medical expenses can vary significantly from year to year, particularly for small schools. Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide total earned premium, total medical expense, total administrative expense, and total membership. DHCFP used data from schools' Fall Enrollment filings and benefit brochures to supplement missing or inaccurate carrier data from Performance Metrics. PMPM expenses and profits are calculated by dividing the total earned premium, total medical expenses, total administrative expenses, and total profits by the total covered lives, then reducing the yearly per member expenses and profits to monthly per member expenses and profits. Numbers are rounded to the nearest whole dollar and may not sum to total due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, and Fall Enrollment datasets as of 4/20/11. *QSHIP Minimum Benefits Analysis for the Massachusetts Division of Health Care Finance and Policy* from Oliver Wyman Actuarial Consulting, Inc. on October 30, 2009. Comparative private insurance information derived from data included on pages 30 through 32 of *Health Care in Massachusetts: Key Indicators*, November 2011.

Students Exceeding Annual Benefit Maximum by Amount, 2009-2010

Annual Maximum Amount	# Schools With Maximum	# SHP Enrolled Students	# SHP Enrolled Students Exceeding Maximum	% SHP Enrolled Students Exceeding Maximum
\$50,000	81	29,933	4	0.01%
\$75,000	5	3,116	0	0%
\$100,000	14	14,916	3	0.02%
Over \$100,000	2	20,462	0	0%
Subtotal: All Maximums	105	68,427	7	0.01%
No maximum	15	40,126	0	0%
All SHPs	120	108,553	7	0.01%

Student health programs (SHPs) must provide an annual benefit maximum of at least \$50,000 per illness or injury. Some schools offered SHPs with higher or unlimited benefit maximums.

Few students exceeded their school's annual benefit maximum, however those that did may have been exposed to significant out-of-pocket costs.

No students exceeded their annual benefit maximum when it was over \$100,000.

While most schools had low annual benefit maximums, 56% of students were enrolled in SHPs with an annual benefit maximum which was over \$100,000 or unlimited.

Notes: Data represents coverage for in-network services only. Number of SHP enrolled students exceeding may include both students and dependents. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.
Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Annual Benefit Maximum by School Category, 2009-2010

	# SHP Enrolled Students Exceeding Annual Benefit Maximum	% SHP Enrolled Students Exceeding Annual Benefit Maximum
Community Colleges	0	0%
State Universities	1	0.02%
UMass Schools	0	0%
Self-Funded, Private Schools	0	0%
Other Private Schools (total)	6	0.01%
<i>Premium Range for Other Private Schools:</i>		
<i>Up to \$1,000</i>	2	<i>0.02%</i>
<i>\$1,001 to \$1,500</i>	2	<i>0.01%</i>
<i>\$1,501 to \$2,000</i>	2	<i>0.01%</i>
<i>Above \$2,000</i>	0	<i>0%</i>
All Schools	6	0.01%

Student health programs (SHPs) must provide an annual benefit maximum of at least \$50,000 per illness or injury. Some schools offered SHPs with higher or unlimited benefit maximums.

Few students exceeded their school's annual benefit maximum, however those that did may have been exposed to significant out-of-pocket costs.

Most students who exceeded the maximum aggregate indemnity in 2009-2010 were enrolled at other private schools.

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. Number of SHP enrolled students exceeding may include both students and dependents. The analysis excludes schools that did not provide student enrollment and number of students exceeding their annual benefit maximums data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Inpatient Benefit Limit by School Category, 2009-2010

	# SHP Enrolled Students Exceeding Inpatient Benefit Limit	% SHP Enrolled Students Exceeding Inpatient Benefit Limit
Community Colleges	1	0.01%
State Universities	0	0%
UMass Schools	0	0%
Self-Funded, Private Schools	0	0%
Other Private Schools (total)	9	0.02%
<i>Premium Range for Other Private Schools:</i>		
<i>Up to \$1,000</i>	3	0.03%
<i>\$1,001 to \$1,500</i>	3	0.01%
<i>\$1,501 to \$2,000</i>	3	0.01%
<i>Above \$2,000</i>	0	0%
All Schools	10	0.01%

Schools may include reasonable exclusions and limitations in their student health program (SHP), such as inpatient benefit limits. Inpatient benefit limits varied by school.

Less than one percent of students exceeded inpatient benefit limits for their SHPs in the 2009-2010 academic year. However, students who did exceed these limits may have been exposed to significant out-of-pocket costs.

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. Number of SHP enrolled students exceeding may include both students and dependents. The analysis excludes schools that did not provide student enrollment and number of students exceeding their inpatient benefit limits data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochure, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Outpatient Benefit Limits by School Category and Service, 2009-2010

	Community Colleges	State Universities	UMass Schools	Self-Funded, Private Schools	Other Private Schools	All Schools
Prescription Drugs	0	18	30	0	357	405
Outpatient Miscellaneous	3	0	0	0	248	251
High-cost Procedures	9	6	7	0	101	123
Ambulance	0	0	45	0	70	115
Surgery	18	2	0	0	31	51
Mental Health	0	0	10	0	26	36
Dental	0	0	0	0	25	25
Physiotherapy	0	0	0	0	0	0
All Other Limits	6	0	6	0	236	248
All Limits	36	26	98	0	1,094	1,254

Percent SHP Enrolled Students Exceeding:

0.41% 0.54% 0.70% 0% 2.03% 1.16%

Notes: Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. Number of students exceeding may include both students and dependents. The analysis excludes schools that did not provide student enrollment and number of students exceeding their outpatient benefit limits data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.

Schools may include reasonable exclusions and limitations in their student health program (SHP), such as outpatient benefit limits. Outpatient benefit limits varied by school.

Of the students exceeding outpatient benefits, most exceeded benefits for prescription drugs, outpatient miscellaneous, high-cost procedures, and ambulance.

It is important to note that current SHP regulations do not require SHPs to cover prescription drugs.



Students at Other Private Schools Exceeding Outpatient Benefit Limits by Premium Range and Service, 2009-2010

	Up to \$1,000	\$1,001 to \$1,500	\$1,501 to \$2,000	Above \$2,000	All Other Private Schools
Prescription Drugs	71	94	192	0	357
Outpatient Miscellaneous	97	32	92	27	248
High-cost Procedures	35	40	16	10	101
Ambulance	49	12	9	0	70
Surgery	17	10	4	0	31
Mental Health	3	13	10	0	26
Dental	6	0	19	0	25
Physiotherapy	0	0	0	0	0
All Other Limits	69	52	115	0	236
All Limits	347	253	457	37	1,094

Percent SHP Enrolled Students Exceeding:

3.50% 1.20% 2.28% 1.31% 2.03%

Schools may include reasonable exclusions and limitations in their student health program (SHP), such as outpatient benefit limits. Outpatient benefit limits varied by school.

Of the students at other private schools exceeding outpatient benefits, most exceeded benefits for prescription drugs, outpatient miscellaneous, high-cost procedures, and ambulance. This mirrors the trend seen across all schools.

Generally, schools with higher premiums had fewer students exceed outpatient benefits.

Notes: Number of students exceeding may include both students and dependents. The analysis excludes schools that did not provide student enrollment and number of students exceeding their outpatient benefit limits data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Outpatient Prescription Drug Maximum by Amount, 2009-2010

Prescription Drug Maximum Amount	# Schools With Maximum	# SHP Enrolled Students	# SHP Enrolled Students Exceeding Maximum	% SHP Enrolled Students Exceeding Maximum
Up to \$500	24	5,182	60	1.16%
\$501 to \$1,000	30	11,580	85	0.73%
\$1,001 to \$2,000	16	25,113	213	0.85%
\$2,001 to \$3,000	12	9,437	47	0.50%
Over \$3,000	3	13,162	0	0%
Subtotal: All Maximums	85	64,474	405	0.63%
No maximum	17	34,550	0	0%
No prescription drug coverage	18	9,529	N/A	N/A
All SHPs	120	108,553	405	0.37%

Of the 1,254 students exceeding outpatient benefits, most exceeded benefits for prescription drugs (405 students) and may have been exposed to significant out-of-pocket costs. Current SHP regulations do not require SHPs to cover prescription drugs, and 9% of students were enrolled in SHPs with no prescription drug coverage.

While most schools had low annual benefit maximums, 21% of students were enrolled in SHPs with prescription drug maximum which was over \$3,000 or unlimited. No students exceeded their prescription drug benefit when the maximum was over \$3,000.

Notes: Data represents coverage for in-network services only and includes SHPs with per incident prescription maximums and SHPs that cover prescription drugs under the outpatient miscellaneous benefit maximum. Number of SHP enrolled students exceeding may include both students and dependents. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Outpatient Miscellaneous Maximum by Amount, 2009-2010

Outpatient Miscellaneous Maximum Amount	# Schools With Maximum	# SHP Enrolled Students	# SHP Enrolled Students Exceeding Maximum	% SHP Enrolled Students Exceeding Maximum
Up to \$2,000	48	20,855	183	0.88%
\$2,001 to \$3,000	15	4,137	25	0.60%
\$3,001 to \$4,000	1	121	5	4.13%
\$4,001 to \$5,000	11	6,745	37	0.55%
Over \$5,000	1	2,565	1	0.04%
Subtotal: All Maximums	76	34,423	251	0.73%
No maximum	44	74,130	0	0%
All SHPs	120	108,553	251	0.23%

Of the 1,254 students exceeding outpatient benefits, 251 students exceeded benefits for outpatient miscellaneous services and may have been exposed to significant out-of-pocket costs.

Students exceeded their outpatient miscellaneous benefit maximum at all maximum amounts.

While most schools had low annual benefit maximums, 68% of students were enrolled in SHPs without an outpatient miscellaneous benefit maximum.

Notes: Data represents coverage for in-network services only. Number of SHP enrolled students exceeding may include both students and dependents. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.
Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochure, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Outpatient High Cost Procedure* Maximum by Amount, 2009-2010

Outpatient High Cost Procedure Maximum Amount	# Schools With Maximum	# SHP Enrolled Students	# SHP Enrolled Students Exceeding Maximum	% SHP Enrolled Students Exceeding Maximum
Up to \$2,500	86	37,654	96	0.25%
\$3,000	9	4,581	27	0.59%
\$5,000	1	1,065	0	0%
Subtotal: All Maximums	96	43,300	123	0.28%
No maximum	24	65,253	0	0%
All SHPs	120	108,553	123	0.11%

Of the 1,254 students exceeding outpatient benefits, 123 students exceeded benefits for high cost procedures and may have been exposed to significant out-of-pocket costs.

No students exceeded their high cost procedure maximum when it was over \$3,000.

While a majority of schools have high cost procedure maximums, 61% of students were enrolled in SHPs without a high cost procedure maximum.

* High cost procedures are generally defined as outpatient procedures costing over \$200, which may include C.A.T. scans, magnetic resonance imaging (MRI), and laser treatments.

Notes: Data represents coverage for in-network services only. Number of SHP enrolled students exceeding may include both students and dependents. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.
Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochure, and Fall Enrollment datasets as of 4/20/11.



Students Exceeding Ambulance Maximum by Amount, 2009-2010

Ambulance Maximum Amount	# Schools With Maximum	# SHP Enrolled Students	# SHP Enrolled Students Exceeding Maximum	% SHP Enrolled Students Exceeding Maximum
Up to \$200	41	14,734	15	0.10%
\$201 to \$300	12	6,769	44	0.65%
\$301 to \$400	6	2,402	8	0.33%
\$401 to \$500	8	5,652	48	0.85%
Over \$500	11	17,466	0	0%
Subtotal: All Maximums	78	47,023	115	0.24%
No maximum	42	61,530	0	0%
All SHPs	120	108,553	115	0.11%

Of the 1,254 students exceeding outpatient benefits, 115 students exceeded benefits for ambulance services and may have been exposed to significant out-of-pocket costs.

No students exceeded their ambulance benefit maximum when it was over \$500.

While a majority of schools had low annual benefit maximums, 73% of students were enrolled in SHPs with an ambulance benefit maximum which was over \$500 or unlimited.

Notes: Data represents coverage for in-network services only and includes annual, per injury and illness, and per injury only maximums. Number of SHP enrolled students exceeding may include both students and dependents. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Student Health Program Grievances and Reviews Filed, 2009-2010

	# Total Members	# Total Internal Grievances	# Grievances per 1,000 members	# Grievances for Claims Issues	# Grievances for Customer Service
Aetna	30,215	158	5.23	139	19
BCBS	11,700	9	0.77	9	0
Combined	6,447	4	0.62	4	0
HPIC	9,797	1	0.10	1	0
Markel	518	0	0	0	0
Monumental	2,132	0	0	0	0
Nationwide	18,468	5	0.27	5	0
Security Mutual	1,644	1	0.61	1	0
Self-Funded	31,044	37	1.19	36	1
Tufts	1,681	2	1.19	2	0
United	1,094	0	0	0	0
All Insurance Carriers	114,740	217	1.89	197	20

Aetna, self-funded, and Tufts had the highest rate of internal grievances per 1,000 members.

Only Aetna had formal complaints filed with the Office of Patient Protection (OPP) in the Massachusetts Department of Public Health. The OPP investigates appeals filed by consumers when insurance claims or access to services are denied. Of the two external reviews filed, both were for customer service issues.

Notes: The number of total members includes student enrollees and their dependents. Self-funded SHPs are an arrangement in which a school provides health benefits to students and assumes the insurance risk for claims payment; an insurance carrier may act as a third party administrator but is not at risk for medical costs. Self-funded schools likely purchase reinsurance for very large claims. The analysis excludes schools that did not provide data on student enrollment, number of internal grievances filed against the insurance carrier, and number of external reviews filed with the OPP.

Source: DHCFCP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Student Health Program Group Purchasing Initiative

In November 2009 the Division of Health Care Finance and Policy (DHCFP) published the Student Health Program (SHP) Baseline Report, in order to improve transparency within the SHP marketplace. The report found that in many cases, students were not receiving the best value for their premium dollars and some carriers were making proportionally larger profits on SHPs than generally seen in the private market in Massachusetts. Additionally, the report highlighted that low SHP premiums were often achieved by imposing non-standard benefit limitations. These benefit limitations may have left students with gaps in coverage and exposed to potentially significant out-of-pocket expenses.

In response to the report, Governor Patrick directed a multi-stakeholder collaborative to improve student health insurance. The Department of Higher Education convened the SHP Steering Committee (the Committee), leveraging the expertise of the Commonwealth Connector Authority (Connector) to develop a group purchasing initiative to achieve better value for students and schools. The 26-member Committee included students and administrators from the Commonwealth's state universities and community colleges, as well as representatives from the University of Massachusetts; the Connector; the Department of Higher Education; the Executive Office of Education; the Executive Office for Administration and Finance; and DHCFP.

In the first year of the procurement effort, the Committee succeeded in significantly improving coverage for approximately 12,000 state university and community college students, with minimal increases in premium cost. For the 2010-2011 academic year, state universities and community colleges offered SHPs without annual benefit maximums or per illness and injury caps on outpatient services. Removal of these caps will minimize coverage gaps for students. Additionally, state university and community college students have improved access to preventive care, an array of medical and disease management tools, and a broader provider network.

Major goals for year two of the procurement effort included expanding the purchasing group to include over 14,000 UMass system students and continuing to bring high value SHPs to students at other public institutions of higher education. Key improvements made to SHPs being offered in the 2011-2012 academic year include prescription drug coverage for community college students, maintaining high-value SHPs for state university students, and eliminating benefit caps and improving access to care for many UMass students.*

This effort continues to demonstrate the effectiveness of consolidated purchasing. Moving forward, the Committee plans to build upon the success of this initiative by expanding high value student health options to an even broader base of students and schools.

Notes: * Not all UMass campuses have finalized decisions regarding their 2011-2012 at the time this report was written.



Improvements to Community College Student Health Program

The 2010-2011 community college student health program (SHP) provides many enhancements that minimizes out-of-pocket costs for students, which include:

Eliminating the \$50,000 annual benefit maximum

Students will no longer have a benefit maximum, which ensures that students who experience serious medical conditions will have coverage for those events.

Eliminating the 6-month pre-existing condition limitation

Students with existing medical conditions will benefit from immediate plan coverage.

Eliminating the \$1,500 cap on all outpatient services for each illness or injury

Students will no longer have to pay out-of-pocket for expenses over \$1,500, significantly reducing students' total medical expenses.

Eliminating the \$150 cap on ambulance coverage

Students will no longer have to pay for the significant ambulance expenses that typically exceed the previous \$150 cap on coverage.

Lowering co-payments for most office visits

Community college students will experience lower co-payments for most office visits (\$10 compared to \$20).

Improving in-network provider access

Community college students will be able to access a broader provider network that covers them worldwide.

Improving access to preventive care and disease management

Students will also have access to preventive care and an array of medical and disease management tools. These improvements will allow students to proactively manage their health and wellness and develop healthy habits for life.

For the 2011-2012 academic year, the community college SHP not only maintains the enhancements made in the previous year, but will also include a \$5,000 prescription drug benefit for their students with minimal increases to the annual premium. This is the first time that the community college SHP will include coverage for prescription drugs.



Community College Student Health Program In-Network Coverage Comparison

	2009-2010 Community College	2010-2011 Community College	Benefit Change
Annual Premium	\$823	\$861	+\$38
Annual Deductible	None	None	-
Out-of-pocket Maximum	None	None	-
Annual Benefit Maximum (total in-network & out-of-network services)	\$50,000	None	↑
Pre-existing Condition Limitation	6 months	None	↑
Outpatient Miscellaneous Cap (total in-network & out-of-network services)	\$1,500 per illness/ injury	None	↑
In-network Coverage			
Adult Routine Physical	Not covered	\$20 co-pay, 100% coverage, Limited to 1 visit per year	↑
PCP Office Visit	\$10 co-pay, \$1,500 per illness/ injury	\$20 co-pay, 100% coverage	↑
Specialist Office Visit	\$10 co-pay, \$1,500 per illness/ injury	\$20 co-pay, 100% coverage	↑
Outpatient Mental Health (non-biologically based)	\$10 co-pay, \$1,500 per illness/ injury, Limited to 24 visits per year	\$20 co-pay, 100% coverage, Limited to 24 visits per year	↑
Diagnostic X-rays/ Labs	\$1,500 per illness/ injury	100% coverage	↑
Hospitalization Services (semi-private room and board)	\$1,500 per illness/ injury	100% coverage	↑
Emergency Room	\$50 co-pay, \$1,500 per illness/ injury	\$50 co-pay, 100% coverage	↑
Ambulance	\$25 co-pay, \$150 maximum	100% coverage	↑
Prescription Drugs	Not covered	Not covered*	-

Notes: * Prescription drugs will be covered, up to \$5,000 per year, in the 2011-2012 academic year.

Source: The Massachusetts Community Colleges 2009-2010 Student Accident and Sickness Insurance Program brochure and summary of benefits submitted to DHCFFP in Fall 2009. Blue Cross Blue Shield of Massachusetts *Proposal to provide student health insurance plans for the Commonwealth of Massachusetts College and Universities*, 3/10/10.



Improvements to State University Student Health Program

The 2010-2011 state university student health program (SHP) provides many enhancements that minimize out-of-pocket costs for students, which include:

Eliminating the \$50,000 annual benefit maximum

Students will no longer have a benefit maximum, which ensures that students who experience serious medical conditions will have coverage for those events.

Eliminating the 6-month pre-existing condition limitation

Students with existing medical conditions will benefit from immediate plan coverage.

Implementing a \$5,000 annual out-of-pocket maximum

Students total out-of-pocket spending will be limited to a maximum of \$5,000.

Eliminating the \$3,000 maximum on prescription drug coverage

Students will now benefit from unlimited prescription drug coverage.

Lowering co-payments for most office visits

State university students will experience lower co-payments for most office visits (\$20 compared to \$25).

Improving in-network provider access

State university students will be able to access a broader provider network that covers them worldwide.

Improving access to preventive care and disease management

Students will also have lower co-payments for preventive care (\$20 compared to \$50) and access to an array of medical and disease management tools. These improvements will allow students to proactively manage their health and wellness and develop healthy habits for life.

For the 2011-2012 academic year, the state university SHP will renew their 2010-2011 SHP and maintain the enhancements made in the previous year with minimal increases in annual premium.



State University Student Health Program In-Network Coverage Comparison

	2009-2010 State University (Group)	2010-2011 State University	Benefit Change
Annual Premium	\$1,017	\$1,062	+\$45
Annual Deductible	None	None	-
Out-of-pocket Maximum	None	\$5,000 per member	↑
Annual Benefit Maximum (total in-network & out-of-network services)	\$50,000	None	↑
Pre-existing Condition Limitation	6 months	None	↑
Outpatient Miscellaneous Cap (total in-network & out-of-network services)	None	None	-
In-network Coverage			
Adult Routine Physical	\$50 co-pay, 100% coverage, Limited to 1 visit per year	\$20 co-pay, 100% coverage, Limited to 1 visit per year	↑
PCP Office Visit	\$25 co-pay, 100% coverage	\$20 co-pay, 100% coverage	↑
Specialist Office Visit	\$25 co-pay, 100% coverage	\$20 co-pay, 100% coverage	↑
Outpatient Mental Health (non-biologically based)	\$25 co-pay, 100% coverage, Limited to 24 visits per year	\$20 co-pay, 100% coverage, Limited to 24 visits per year	↑
Diagnostic X-rays/ Labs	20% coinsurance	20% coinsurance	-
Hospitalization Services (semi-private room and board)	20% coinsurance	20% coinsurance	-
Emergency Room	\$50 co-pay, 100% coverage	\$50 co-pay, 100% coverage	-
Ambulance	100% coverage	20% coinsurance	↓
Prescription Drugs	Tier 1: \$10 co-pay, 100% coverage, up to \$3,000 per year Tier 2: \$15 co-pay, 100% coverage, up to \$3,000 per year	Tier 1: \$15 co-pay, 100% coverage, no limit Tier 2: \$30 co-pay, 100% coverage, no limit Tier 3: \$50 co-pay, 100% coverage, no limit	↑

Notes: Massachusetts College of Art and Design, Westfield State University, and Worcester State College did not offer the state university group SHP.

Source: The Massachusetts State College System 2009-2010 Student Accident and Sickness Insurance Program brochure and summary of benefits submitted to DHCFP in Fall 2009. Blue Cross Blue Shield of Massachusetts *Proposal to provide student health insurance plans for the Commonwealth of Massachusetts College and Universities*, 3/10/10.



Impact of the Affordable Care Act on the Student Health Program

On February 11, 2011, the Department of Health and Human Services (HHS) issued proposed rules defining student health programs (SHPs) as a type of individual health insurance coverage under the Patient Protection and Affordable Care Act (ACA) that will satisfy ACA individual mandate requirements. Under the ACA, individual health plans are subject to provisions regarding various consumer protections. The table below provides a summary and timeline of the proposed requirements.

ACA Effective Date	Academic Year Affected	Requirements
Jan 1, 2012	2012-2013	<ul style="list-style-type: none"> Disallow coverage denials based on health-related factors Eliminate pre-existing condition limitations for members under 19 Eliminate lifetime limits on essential health benefits* Restrict plan rescissions Require coverage and eliminate cost-sharing for preventive care services Allow choice of healthcare provider for primary and emergency care Annual dollar limits for essential health benefits must be at least \$100,000* Require carriers to disclose any ACA requirements that are not applicable to SHPs
Sep 23, 2012	2013-2014	<ul style="list-style-type: none"> Annual dollar limits for essential health benefits must be at least \$2 million*
Jan 1, 2014	2014-2015	<ul style="list-style-type: none"> Eliminate pre-existing condition limitations for all members Eliminate annual dollar limits for all members on essential health benefits

The proposed rules apply to SHPs offered on or after January 1, 2012, or plans offered for the 2012-2013 academic year. Because the ACA does not regulate self-funded SHPs, such plans are not subject to requirements of the proposed rule. However, the proposed rule does allow states to regulate self-funded plans.

Notes: * Health plans are not required to cover essential health benefits until January 1, 2014. Essential health benefits are defined in ACA 1302(b).

Sources: 76 FR 7767. 75 FR 37188. 75 FR 41726. Healthcare.gov *Essential Health Benefits*. <http://www.healthcare.gov/glossary/e/essential.html>. The Center for Consumer Information and Insurance Oversight. *Improving Health Insurance Protections for Students: Status of Student Health Insurance Coverage with Policy Years Starting Prior to January 1, 2012*. http://cciio.cms.gov/resources/factsheets/student_healthinsurance_faqs.html.



Appendix A

Data Sources



Data Sources

The Division of Health Care Finance and Policy (DHCFP) analyzed student health program (SHP) enrollment, performance metrics, benefit survey, and plan benefit data submitted by schools for the 2009-2010 academic year.

Fall Enrollment Dataset

Schools are required to submit enrollment and basic insurance carrier information to DHCFP by November 1 of each academic year. This survey includes questions on SHP enrollment, student waivers, and basic SHP information including premiums and insurance carriers.

The response rate for the fall enrollment submission varies by year. In 2008, 96% of schools submitted data. In 2009, 98% of schools submitted data.

Performance Metrics Dataset, Benefit Survey Dataset and Plan Benefit Brochures

Schools are required to submit enrollment, annual premiums (without health center or administrative fees), financial performance, benefit limit, customer service information, plan benefit data, and plan benefit brochures to DHCFP by November 1 of each academic year. Schools do not include services provided at student health centers in the data submitted.

Schools were required to submit a survey of plan benefit data for the 2009-2010 academic year. The survey was developed by DHCFP, in consultation with the SHP Technical Advisory Group which included schools, students, consumer advocates, carriers, and brokers. The response rate for the 2009-2010 Performance Metrics dataset was 100%. The response rate for the 2009-2010 Benefit Survey dataset was 99%. However, not all schools who submitted a survey provided information for all data elements requested.

Schools are also required to submit electronic versions of their plan benefit brochure, marketing materials, and evidence of coverage to DHCFP for the 2009-2010 academic year. The response rate from schools was 100%.



Appendix B

List of Schools by Category

List of Other Private Schools by Premium Range

List of Schools that Purchased SHPs Together



List of Schools by Category, 2009-2010

Community Colleges (16)

Berkshire Community College
 Bristol Community College
 Bunker Hill Community College
 Cape Cod Community College
 Greenfield Community College
 Holyoke Community College
 Massasoit Community College
 MassBay Community College
 Middlesex Community College
 Mount Wachusett Community College
 North Shore Community College
 Northern Essex Community College
 Quincy College*
 Quinsigamond Community College
 Roxbury Community College
 Springfield Technical Community College

Self-Funded, Private Schools (3)

Harvard University
 Massachusetts Institute of Technology
 Northeastern University

State Universities (9)

Bridgewater State University
 Fitchburg State University
 Framingham State University
 Massachusetts College of Art and Design
 Massachusetts College of Liberal Arts
 Massachusetts Maritime Academy
 Salem State University
 Westfield State University
 Worcester State University

UMass Schools (5)

University of Massachusetts at Amherst
 University of Massachusetts Boston
 University of Massachusetts Dartmouth
 University of Massachusetts Lowell
 University of Massachusetts Medical School

There were 124 schools that provided student health program (SHP) performance metrics data for the 2009-2010 academic year.

Grouping schools into categories allows DHCFP to compare data among various public and private schools throughout Massachusetts.

Notes: * Quincy College is municipally funded.
Source: DHCFP SHP 2009 Performance Metrics dataset as of 4/20/11.



List of Other Private Schools Category (91) 2009-2010

American International College	Endicott College	New England School of Law
Amherst College	Episcopal Divinity School	Newbury College
Andover Newton Theological Seminary	FINE Mortuary College	Nichols College
Anna Maria College	Fisher College	Olin College
Assumption College	Gibbs College-Boston	Pine Manor College
Atlantic Union College	Gordon College	Regis College
Babson College	Gordon-Conwell Theological Seminary	Saint John's Seminary
Bay Path College	Hampshire College	School of the Museum of Fine Arts
Bay State College	Hebrew College	Simmons College
Becker College	Hellenic College	Simon's Rock College of Bard
Benjamin Franklin Institute of Technology	Hult International Business School	Smith College
Bentley University	ITT Technical Institute-Norwood	Smith College for Social Work
Berklee College of Music	ITT Technical Institute-Woburn	Southern New England School of Law
Blessed John XXIII National Seminary	Lasell College	Springfield College
Boston Architectural College	Le Cordon Bleu College of Culinary Arts	Stonehill College
Boston Baptist College	Lesley University	Suffolk University
Boston College	Longy School of Music	The Boston Conservatory
Boston Graduate School of Psychoanalysis	Marian Court College	The National Graduate School of Quality Management
Boston University	Massachusetts College of Pharmacy and Health Services	The New England Institute of Art
Brandeis University	Massachusetts School of Law	Tufts University
Cambridge College	Massachusetts School of Professional Psychology	Tufts University School of Medicine
Caritas Laboure College	Merrimack College	Urban College of Boston
Clark University	MGH Institute of Health Professions	Wellesley College
College of the Holy Cross	Montserrat College of Art	Wentworth Institute of Technology
Conway School of Landscape Design	Mount Holyoke College	Western New England College
Curry College	Mount Ida College	Wheaton College
Dean College	New England College of Finance	Wheelock College
Eastern Nazarene College	New England College of Optometry	Williams College
Elms College	New England Conservatory of Music	Woods Hole Oceanographic Institute
Emerson College	New England School of Acupuncture	Worcester Polytechnic Institute
Emmanuel College		

Source: DHCFP SHP 2009 Performance Metrics dataset as of 4/20/11.



List of Other Private Schools by Premium Range, 2009-2010

Premiums up to \$1,000

American International College
 Andover Newton Theological Seminary
 Atlantic Union College
 Benjamin Franklin Institute of Technology
 Bentley University
 Boston Architectural College
 College of the Holy Cross
 Curry College
 Dean College
 Eastern Nazarene College
 Emerson College
 Gibbs College-Boston
 Hebrew College
 Lasell College
 Le Cordon Bleu College of Culinary Arts
 New England College of Optometry
 Newbury College
 Olin College
 Pine Manor College
 Regis College
 Simon's Rock College of Bard
 Stonehill College
 The New England Institute of Art
 Wentworth Institute of Technology
 Worcester Polytechnic Institute

Premiums from \$1,001 to \$1,500

Amherst College
 Anna Maria College
 Assumption College

Babson College
 Bay State College
 Becker College
 Berklee College of Music
 Boston Baptist College
 Boston Graduate School of Psychoanalysis
 Caritas Laboure College
 Clark University
 Conway School of Landscape Design
 Elms College
 Emmanuel College
 Endicott College
 Gordon College
 Hampshire College
 ITT Technical Institute-Norwood
 ITT Technical Institute-Woburn
 Lesley University
 Marian Court College
 Massachusetts College of Pharmacy and Health Sciences
 Merrimack College
 Montserrat College of Art
 Mount Ida College
 Nichols College
 Simmons College
 Southern New England School of Law
 Springfield College
 Suffolk University
 Tufts University
 Urban College of Boston
 Wellesley College
 Wheaton College

Wheelock College
 Williams College

Premiums from \$1,501 to \$2,000

Bay Path College
 Blessed John XXIII National Seminary
 Boston College
 Boston University
 Brandeis University
 Episcopal Divinity School
 Fisher College
 Gordon-Conwell Theological Seminary
 Hellenic College
 Hult International Business School
 Massachusetts School of Law
 MGH Institute of Health Professions
 Mount Holyoke College
 New England Conservatory
 New England School of Law
 Saint John's Seminary
 School of the Museum of Fine Arts
 The Boston Conservatory
 Western New England College

Premiums above \$2,000

Longy School of Music
 Massachusetts School of Professional Psychology
 New England School of Acupuncture
 Smith College
 Smith College for Social Work
 Tufts University School of Medicine
 Woods Hole Oceanographic Institute

Notes: New England College of Finance and The National Graduate School of Quality Management do not offer SHPs due to the nature of their student population. Cambridge College and FINE Mortuary College did not have any students enrolling in their SHPs due to the nature of their student population.

Source: DHCFCP SHP 2009 Performance Metrics dataset as of 4/20/11.



Schools that Purchased Student Health Programs Together, 2009-2010

All 15 Community Colleges and Quincy College

Berkshire Community College
 Bristol Community College
 Bunker Hill Community College
 Cape Cod Community College
 Greenfield Community College
 Holyoke Community College
 Massasoit Community College
 MassBay Community College
 Middlesex Community College
 Mount Wachusett Community College
 North Shore Community College
 Northern Essex Community College
 Quincy College
 Quinsigamond Community College
 Roxbury Community College
 Springfield Technical Community College

Six of Nine State Universities

Bridgewater State University
 Fitchburg State University
 Framingham State University
 Massachusetts College of Liberal Arts
 Massachusetts Maritime Academy
 Salem State University

Four Schools Purchased SHPs through the Colleges of the Fenway

Emmanuel College
 Massachusetts College of Art and Design
 Simmons College
 Wheelock College

Seven Schools Purchased SHPs through the American College Student Association

Boston Graduate School of Psychoanalysis
 Cambridge College
 Caritas Laboure College
 Conway School of Landscape Design
 FINE Mortuary College
 Marian Court College
 Urban College of Boston

Additional Schools that Purchased Together

Blessed John XXIII National Seminary and Saint John's Seminary
 Episcopal Divinity School and Lesley University
 ITT Woburn and ITT Norwood

One School Offers Students the Same Insurance as the School's Employees

Woods Hole Oceanographic Institute

The student health program (SHP) regulation allows schools to group together with other schools to pursue savings through a collective purchasing process.

There are a variety of ways schools gathered together to maximize savings through group purchasing for the 2009-2010 academic year.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Appendix C

Individual School Data Summary



Summary Data by School (1 of 5)

School	2009-2010 School Category	2009-2010 Insurance Carrier	2009-2010 Annual Premium	2009-2010 Annual Student Enrollment	2009-2010 SHP Medical Expense Ratio	2009-2010 SHP Administrative Expense Ratio	2009-2010 SHP Profit Margin
American International College	Other Private	Nationwide	\$785	678	79%	1%	19%
Amherst College	Other Private	Combined	\$1,212	724	66%	25%	9%
Andover Newton Theological School	Other Private	Monumental	\$859	53	295%	25%	-221%
Anna Maria College	Other Private	Combined	\$1,013	141	54%	25%	21%
Assumption College	Other Private	HPIC	\$1,100	139	107%	52%	-60%
Atlantic Union College	Other Private	Monumental	\$760	140	131%	23%	-54%
Babson College	Other Private	BCBS	\$1,073	1,318	72%	15%	13%
Bay Path College	Other Private	Security Mutual	\$1,548	210	83%	15%	2%
Bay State College	Other Private	Security Mutual	\$1,085	73	19%	20%	61%
Becker College	Other Private	Security Mutual	\$1,257	185	63%	15%	22%
Benjamin Franklin Institute of Technology	Other Private	Nationwide	\$334	174	47%	20%	33%
Bentley University	Other Private	HPIC	\$908	1,172	69%	26%	4%
Berklee College of Music	Other Private	BCBS	\$1,491	1,918	85%	19%	-4%
Berkshire Community College	Community	Nationwide	\$823	209	41%	15%	44%
Blessed John XXIII National Seminary	Other Private	Nationwide	\$1,503	8	254%	20%	-174%
Boston Architectural College	Other Private	HPIC	\$845	415	45%	25%	30%
Boston Baptist College	Other Private	Aetna	\$1,005	114	45%	35%	20%
Boston College	Other Private	BCBS	\$1,741	3,664	96%	17%	-13%
Boston Graduate School of Psychoanalysis	Other Private	United	\$1,297	2	N/A	N/A	N/A
Boston University	Other Private	Aetna	\$1,517	10,398	80%	17%	3%
Brandeis University	Other Private	HPIC	\$1,508	1,761	69%	25%	6%
Bridgewater State College	State	Nationwide	\$1,017	1,219	102%	14%	-16%
Bristol Community College	Community	Nationwide	\$823	572	58%	15%	27%
Bunker Hill Community College	Community	Nationwide	\$823	2,423	33%	15%	52%
Cambridge College	Other Private	United	\$1,297	0	N/A	N/A	N/A
Cape Cod Community College	Community	Nationwide	\$823	386	78%	15%	7%
Caritas Laboure College	Other Private	United	\$1,297	51	42%	32%	26%
Clark University	Other Private	BCBS	\$1,232	808	100%	4%	-4%

Notes: The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense, and total membership data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Summary Data by School (2 of 5)

School	2009-2010 School Category	2009-2010 Insurance Carrier	2009-2010 Annual Premium	2009-2010 Annual Student Enrollment	2009-2010 SHP Medical Expense Ratio	2009-2010 SHP Administrative Expense Ratio	2009-2010 SHP Profit Margin
College of the Holy Cross	Other Private	Monumental	\$815	314	61%	25%	14%
Conway School of Landscape Design	Other Private	United	\$1,297	51	42%	32%	26%
Curry College	Other Private	Aetna	\$673	346	110%	36%	-46%
Dean College	Other Private	Nationwide	\$627	267	124%	15%	-39%
Eastern Nazarene College	Other Private	Nationwide	\$895	210	81%	16%	3%
Elms College	Other Private	Security Mutual	\$1,350	73	93%	20%	-13%
Emerson College	Other Private	Aetna	\$894	1,153	87%	21%	-8%
Emmanuel College	Other Private	BCBS	\$1,030	182	134%	19%	-53%
Endicott College	Other Private	Combined	\$1,130	197	35%	25%	40%
Episcopal Divinity School	Other Private	HPIC	\$1,867	24	N/A	N/A	N/A
FINE Mortuary College	Other Private	United	\$1,297	0	N/A	N/A	N/A
Fisher College	Other Private	HPIC	\$1,650	310	54%	26%	20%
Fitchburg State College	State	Nationwide	\$1,017	439	116%	14%	-30%
Framingham State College	State	Nationwide	\$1,017	229	124%	14%	-38%
Gibbs College - Boston	Other Private	Monumental	\$436	56	60%	25%	15%
Gordon College	Other Private	Security Mutual	\$1,068	209	71%	20%	9%
Gordon-Conwell Theological Seminary	Other Private	Nationwide	\$1,676	355	99%	15%	-14%
Greenfield Community College	Community	Nationwide	\$823	286	46%	15%	39%
Hampshire College	Other Private	Combined	\$1,205	673	75%	25%	0%
Harvard University	Self-Funded, Private School	Self-Funded	\$1,714	13,902	88%	9%	2%
Hebrew College	Other Private	Monumental	\$859	40	212%	25%	-137%
Hellenic College	Other Private	HPIC	\$1,617	89	95%	26%	-21%
Holyoke Community College	Community	Nationwide	\$823	431	76%	15%	9%
Hult International Business School	Other Private	Aetna	\$1,600	113	43%	35%	22%
ITT Technical Institute - Norwood	Other Private	Security Mutual	\$1,032	81	21%	20%	59%
ITT Technical Institute - Woburn	Other Private	Security Mutual	\$1,032	101	30%	20%	50%
Lasell College	Other Private	Security Mutual	\$799	266	98%	15%	-13%
Le Cordon Bleu College of Culinary Arts	Other Private	Monumental	\$440	379	46%	25%	29%

Notes: The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense, and total membership data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Summary Data by School (3 of 5)

School	2009-2010 School Category	2009-2010 Insurance Carrier	2009-2010 Annual Premium	2009-2010 Annual Student Enrollment	2009-2010 SHP Medical Expense Ratio	2009-2010 SHP Administrative Expense Ratio	2009-2010 SHP Profit Margin
Lesley University	Other Private	HPIC	\$1,285	726	48%	25%	27%
Longy School of Music	Other Private	Markel	\$2,381	121	25%	25%	50%
Marian Court College	Other Private	United	\$1,297	7	N/A	N/A	N/A
Massachusetts College of Art and Design	State	BCBS	\$1,281	476	137%	19%	-56%
Massachusetts College of Liberal Arts	State	Nationwide	\$1,017	273	96%	14%	-10%
Massachusetts College of Pharmacy and Health Sciences	Other Private	Monumental	\$1,395	1,144	113%	25%	-38%
Massachusetts Institute of Technology	Self-Funded, Private School	Self-Funded	\$1,740	7,412	81%	11%	7%
Massachusetts Maritime Academy	State	Nationwide	\$1,017	176	142%	14%	-56%
Massachusetts School of Law	Other Private	Nationwide	\$1,965	48	64%	22%	14%
Massachusetts School of Professional Psychology	Other Private	Combined	\$2,180	118	59%	25%	16%
Massasoit Community College	Community	Nationwide	\$823	423	50%	15%	35%
MassBay Community College	Community	Nationwide	\$823	495	59%	15%	26%
Merrimack College	Other Private	Combined	\$1,223	186	34%	25%	41%
MGH Institute of Health Professions	Other Private	Nationwide	\$1,668	265	135%	20%	-55%
Middlesex Community College	Community	Nationwide	\$823	582	65%	15%	20%
Montserrat College of Art	Other Private	Aetna	\$1,089	79	19%	34%	47%
Mount Holyoke College	Other Private	Combined	\$1,630	1,065	65%	25%	10%
Mount Ida College	Other Private	Combined	\$1,087	444	33%	25%	42%
Mount Wachusett Community College	Community	Nationwide	\$823	332	49%	15%	36%
New England College of Finance	Other Private	N/A	N/A	0	N/A	N/A	N/A
New England College of Optometry	Other Private	HPIC	\$950	283	80%	26%	-6%
New England Conservatory	Other Private	Combined	\$1,656	364	35%	25%	40%
New England School of Acupuncture	Other Private	Security Mutual	\$2,988	30	25%	16%	59%
New England School of Law	Other Private	Aetna	\$1,891	537	59%	24%	17%
Newbury College	Other Private	Aetna	\$930	249	61%	35%	5%
Nichols College	Other Private	Nationwide	\$1,400	71	111%	20%	-31%
North Shore Community College	Community	Nationwide	\$823	473	66%	15%	19%
Northeastern University	Self-Funded, Private School	Self-Funded	\$2,160	5,739	87%	13%	0%

Notes: The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense, and total membership data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Summary Data by School (4 of 5)

School	2009-2010 School Category	2009-2010 Insurance Carrier	2009-2010 Annual Premium	2009-2010 Annual Student Enrollment	2009-2010 SHP Medical Expense Ratio	2009-2010 SHP Administrative Expense Ratio	2009-2010 SHP Profit Margin
Northern Essex Community College	Community	Nationwide	\$823	562	83%	15%	2%
Olin College	Other Private	Aetna	\$998	92	15%	32%	53%
Pine Manor College	Other Private	Combined	\$759	209	44%	25%	31%
Quincy College	Community	Nationwide	\$823	381	53%	15%	32%
Quinsigamond Community College	Community	Nationwide	\$823	419	73%	15%	12%
Regis College	Other Private	HPIC	\$325	1,118	44%	25%	31%
Roxbury Community College	Community	Nationwide	\$823	252	31%	15%	54%
Saint John's Seminary	Other Private	Nationwide	\$1,691	70	38%	20%	42%
Salem State College	State	Nationwide	\$1,017	1,373	107%	14%	-21%
School of the Museum of Fine Arts	Other Private	Nationwide	\$1,699	125	54%	20%	26%
Simmons College	Other Private	BCBS	\$1,259	879	163%	19%	-82%
Simon's Rock College of Bard	Other Private	Nationwide	\$622	396	53%	20%	27%
Smith College	Other Private	Combined	\$2,034	961	43%	25%	32%
Smith College For Social Work	Other Private	Combined	\$3,237	27	50%	25%	25%
Southern New England School of Law	Other Private	HPIC	\$1,289	63	60%	26%	13%
Springfield College	Other Private	Aetna	\$1,403	3,013	71%	34%	-5%
Springfield Technical Community College	Community	Nationwide	\$823	561	54%	15%	31%
Stonehill College	Other Private	Combined	\$782	165	89%	25%	-14%
Suffolk University	Other Private	Nationwide	\$1,300	2,579	79%	17%	4%
The Boston Conservatory	Other Private	HPIC	\$1,564	253	63%	25%	12%
The National Graduate School of Quality Management	Other Private	N/A	N/A	0	N/A	N/A	N/A
The New England Institute of Art	Other Private	Security Mutual	\$667	406	72%	20%	8%
Tufts University	Other Private	Aetna	\$1,389	2,565	71%	21%	8%
Tufts University School of Medicine	Other Private	Tufts	\$3,476	1,562	90%	11%	-1%
University of Massachusetts at Amherst	Umass	Aetna	\$2,322	5,720	86%	26%	-12%
University of Massachusetts Boston	Umass	Aetna	\$1,550	4,205	59%	20%	21%
University of Massachusetts Dartmouth	Umass	BCBS	\$1,686	1,416	143%	15%	-58%
University of Massachusetts Lowell	Umass	HPIC	\$952	2,006	62%	25%	13%

Notes: The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense, and total membership data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.



Summary Data by School (5 of 5)

School	2009-2010 School Category	2009-2010 Insurance Carrier	2009-2010 Annual Premium	2009-2010 Annual Student Enrollment	2009-2010 SHP Medical Expense Ratio	2009-2010 SHP Administrative Expense Ratio	2009-2010 SHP Profit Margin
University of Massachusetts Medical School	Umass	BCBS	\$3,698	708	79%	15%	6%
Urban College of Boston	Other Private	United	\$1,297	51	42%	32%	26%
Wellesley College	Other Private	United	\$1,385	926	59%	27%	14%
Wentworth Institute of Technology	Other Private	HPIC	\$925	621	67%	26%	7%
Western New England College	Other Private	Markel	\$1,780	392	44%	25%	31%
Westfield State College	State	Nationwide	\$1,110	301	89%	14%	-3%
Wheaton College	Other Private	Combined	\$1,100	483	41%	25%	34%
Wheelock College	Other Private	BCBS	\$1,150	139	448%	19%	-367%
Williams College	Other Private	Combined	\$1,085	686	40%	25%	35%
Woods Hole Oceanographic Institution	Other Private	BCBS	\$6,143	3	N/A	N/A	N/A
Worcester Polytechnic Institute	Other Private	HPIC	\$846	703	61%	24%	14%
Worcester State College	State	Nationwide	\$1,155	313	69%	19%	12%

Notes: The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense, and total membership data. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFP SHP 2009 Performance Metrics, Benefit Survey, Plan Benefit Brochures, and Fall Enrollment datasets as of 4/20/11.





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