



DIVISION OF
Health Care
Finance and Policy

Student Health Program Academic Year 2008-2009 Annual Report

December 2010

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Commonwealth of Massachusetts

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About this Report

The *Student Health Program 2008-2009 Annual Report* is an annual report on Student Health Programs (SHPs) from the Division of Health Care Finance and Policy (DHCFP). This report aims to:

- Continue to improve the transparency of financial and benefit coverage within the SHP marketplace;
- Highlight opportunities for improvement and SHP innovation; and
- Update and enhance data and analysis provided in the *Student Health Program 2005-2008 Baseline Report*, including new analysis of private school SHPs by premium range,
- Offer information to relevant stakeholders to support informed decisions regarding student health.

The major findings of this report include:

Financial Performance:

- Approximately 100,000 students were enrolled in SHPs during the 2008-2009 academic year.
- The average SHP premium was \$1,329 per year.
- There is wide variability of premiums among schools ranging from \$325 to \$5,863. Some schools achieve lower than average premiums by limiting benefit coverage. Students enrolled in SHPs offering less benefits in coverage may experience significant out-of-pocket expenses due to coverage gaps.
- The student health insurance market has been concentrated among a small number of national insurance carriers that report lower medical expense ratios and higher average profit margins when compared to those seen in private insurance products in Massachusetts.

Benefit Coverage:

- Many SHPs include non-standard benefit limitations which can expose students to significant out-of-pocket costs.
- Students who exceed their annual benefit maximum in the 2008-2009 academic year all had an annual benefit maximum of \$100,000 or below.
- Over 1,900 students (1.9% of total enrolled students) exceeded their limits on outpatient benefits. The most common limits exceeded were prescription drugs, outpatient miscellaneous benefits, and ambulance services. Since few schools offer SHPs with out-of-pocket maximums, these students may experience significant medical expenses.

Student Health Program Group Purchasing Initiative:

- The initial efforts of the Student Health Program Group Purchasing Initiative have brought significant improvements in value and benefit coverage to state university and community college students in Massachusetts for the academic year 2010-2011. Such improvements include eliminating annual benefit maximums and per illness and injury caps on outpatient services, which will minimize coverage gaps for students; improving access to preventive care and medical and disease management tools; and broadening the provider network.
- These changes 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 levels.

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



Student Health Program Insurance Carriers

For the academic years 2008-2009, the following ten insurance carriers underwrote Student Health Programs (SHPs) in Massachusetts:

- Aetna Life Insurance Company (Aetna)
- Blue Cross 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 Insurance Company of New York (Security Mutual)
- Tufts Insurance Company (Tufts)
- United HealthCare Insurance Company (United)

For the academic years 2008-2009, three schools self-funded their Student Health Programs:

- Harvard University
- Massachusetts Institute of Technology
- Northeastern University
- Episcopal Divinity School (purchased through Harvard University)

Source: DHCFP Student Health Program 2008 Performance Metrics and 2009 Fall Enrollment datasets as of 4/30/10.



Student Enrollment Overview

Academic Year	2007-2008	2008-2009
Total number of students subject to Student Health requirement	361,548	393,567
Number of students covered by comparable coverage	263,930	291,882
Number of students enrolled in Student Health Programs	97,618	101,685
Percent students enrolled	27%	26%

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

In 2008-2009, almost 400,000 students were required to have health insurance while they attend school in Massachusetts.

Most students (74%) had health insurance through their parents, spouse, or employer that provided coverage at least comparable to the school's Student Health Program (SHP).

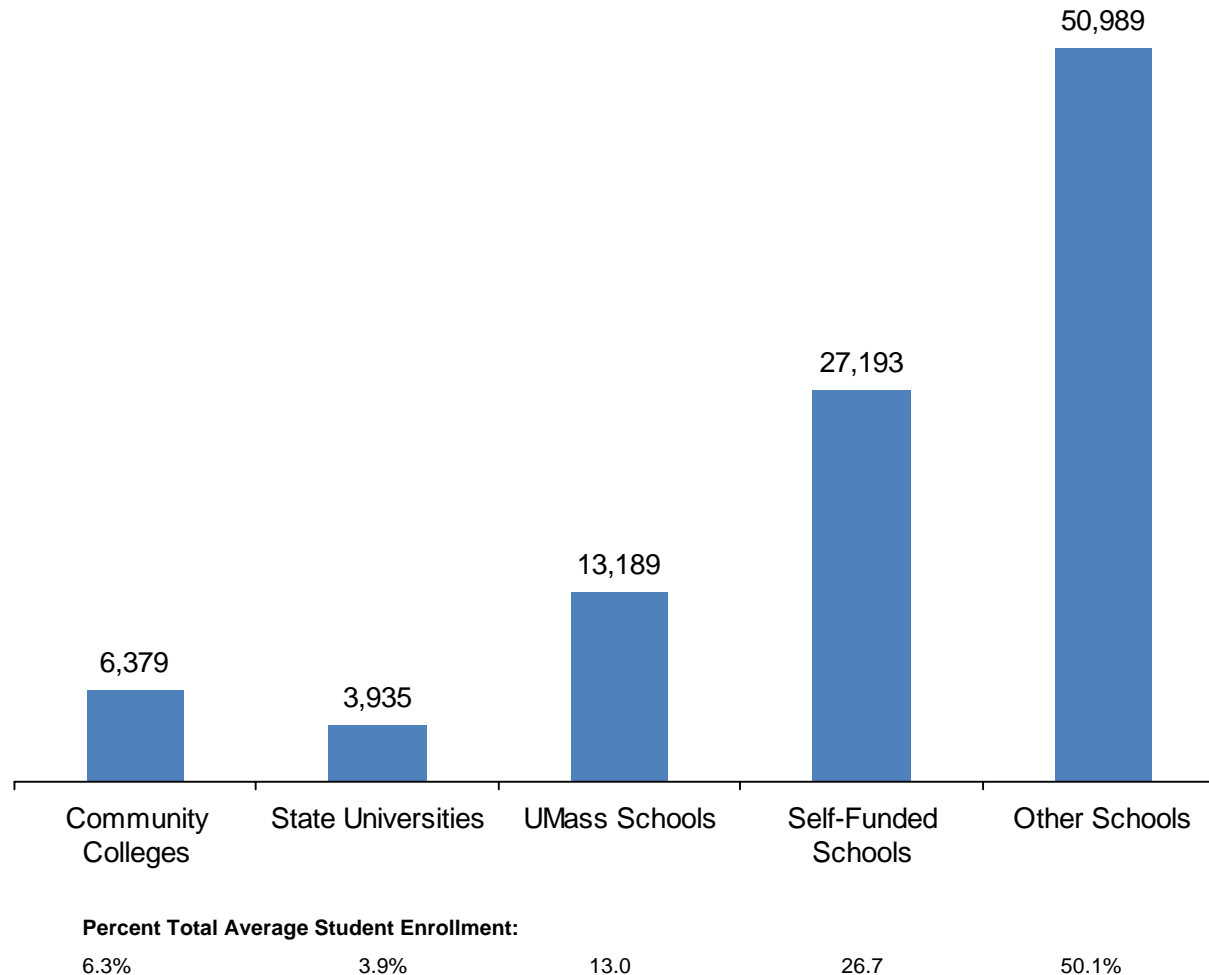
Over 100,000 students (26%) purchased health insurance through their schools.

Notes: The analysis excludes schools that did not submit student enrollment data. For 2007 and 2008 enrollment, DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment or carrier data. Percentages are rounded to the nearest whole percent.

Source: The number of students who purchased SHP in the 2007-2008 and 2008-2009 academic year is from DHCFP Student Health Program 2007 and 2008 Performance Metrics datasets as of 4/30/10. The percentage of students who purchased SHP is from the DHCFP Student Health Program 2007 and 2008 Fall Enrollment datasets as of 4/30/10. The remaining enrollment numbers are calculated using the available data.



SHP Student Enrollment by School Category, 2008-2009



The four schools who self-fund their Student Health Program (SHP) account for 27% of all students enrolled in SHPs.

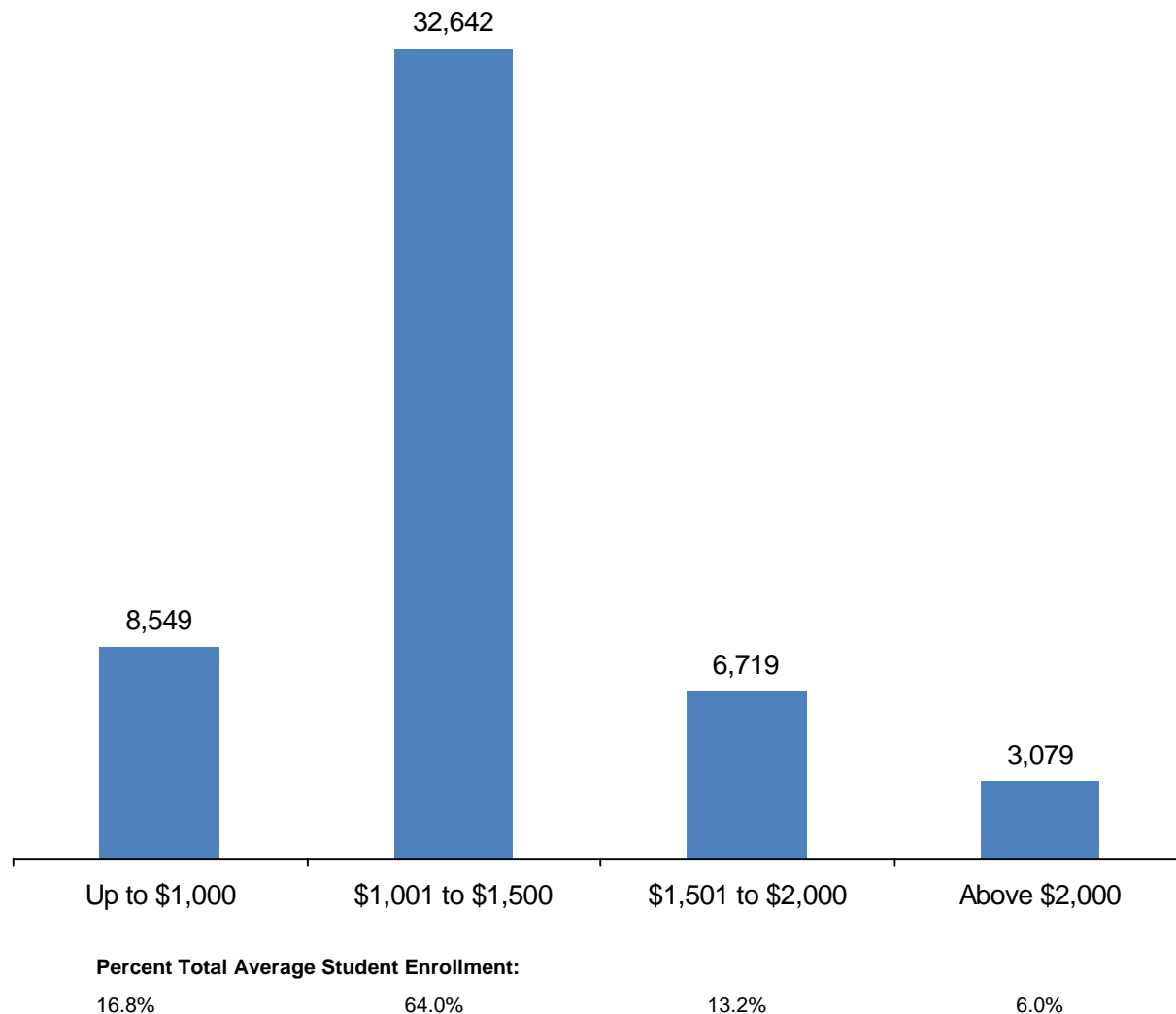
Students enrolled in SHPs at the five UMass schools comprise 13% of all SHP students.

Students enrolled in SHPs at the 15 community colleges and Quincy College account for 6% of the SHP enrolled population.

Of the remaining enrolled students, 4% attend state universities and 50% attend 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. DHCFCP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment or carrier data. Numbers are rounded to the nearest whole number.
Source: DHCFCP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.

SHP Student Enrollment at Other Schools by Premium Range, 2008-2009



The Student Health Programs (SHPs) with premiums between \$1,001 and \$1,500 account for 64% of all students enrolled in SHPs at private, not self-funded schools.

Students enrolled in SHPs with premiums up to \$1,000 comprise 17% of all SHP students at private, not self-funded schools.

Students enrolled in SHPs between \$1,501 and \$2,000 account for 13% of the SHP enrolled population at private, not self-funded schools.

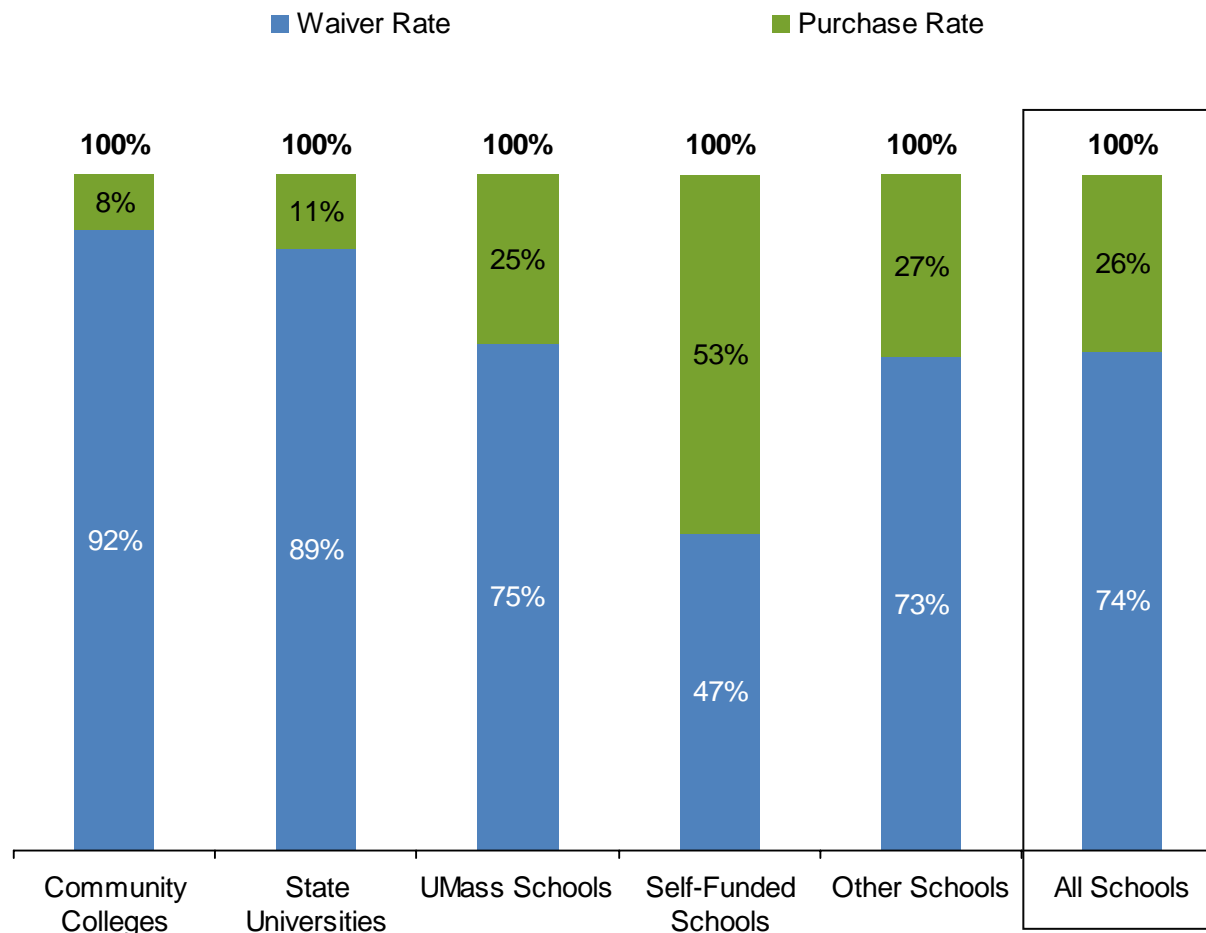
The remaining 6% of enrolled students at private, not self-funded schools pay over \$2,000 per year for their SHP.

Notes: The analysis excludes schools that did not provide student enrollment data. DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment or carrier data. Numbers are rounded to the nearest whole number.

Source: DHCFP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Waiver and Purchase Rates by School Category, 2008-2009



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 have the highest waiver rate (92%) among schools.

Self-funded schools have the lowest waiver rate (47%), which is 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. DHCFP used data from schools' Performance Metrics filings to supplement missing enrollment data from Fall Enrollment; however, there are still some schools that did not submit enrollment or carrier data. Percentages are rounded to the nearest whole percent.
Source: DHCFP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.

SHP Student Enrollment by Insurance Carrier, 2008-2009

	Number of Schools	Number of Students Enrolled	Percent of Total Students Enrolled
Aetna	19	31,197	30.7%
Self-Funded	4	27,193	26.7%
Nationwide	34	13,207	13.0%
BCBS	8	9,091	8.9%
HPIC	14	8,210	8.1%
Combined	18	6,593	6.5%
Tufts	1	1,567	1.5%
Monumental	5	1,789	1.8%
Security Mutual	7	1,240	1.2%
United	6	912	0.9%
Markel	3	686	0.7%
Total	119	101,685	100.0%

Ten insurance carriers underwrote Student Health Programs (SHPs) in Massachusetts during the academic year 2008-2009.

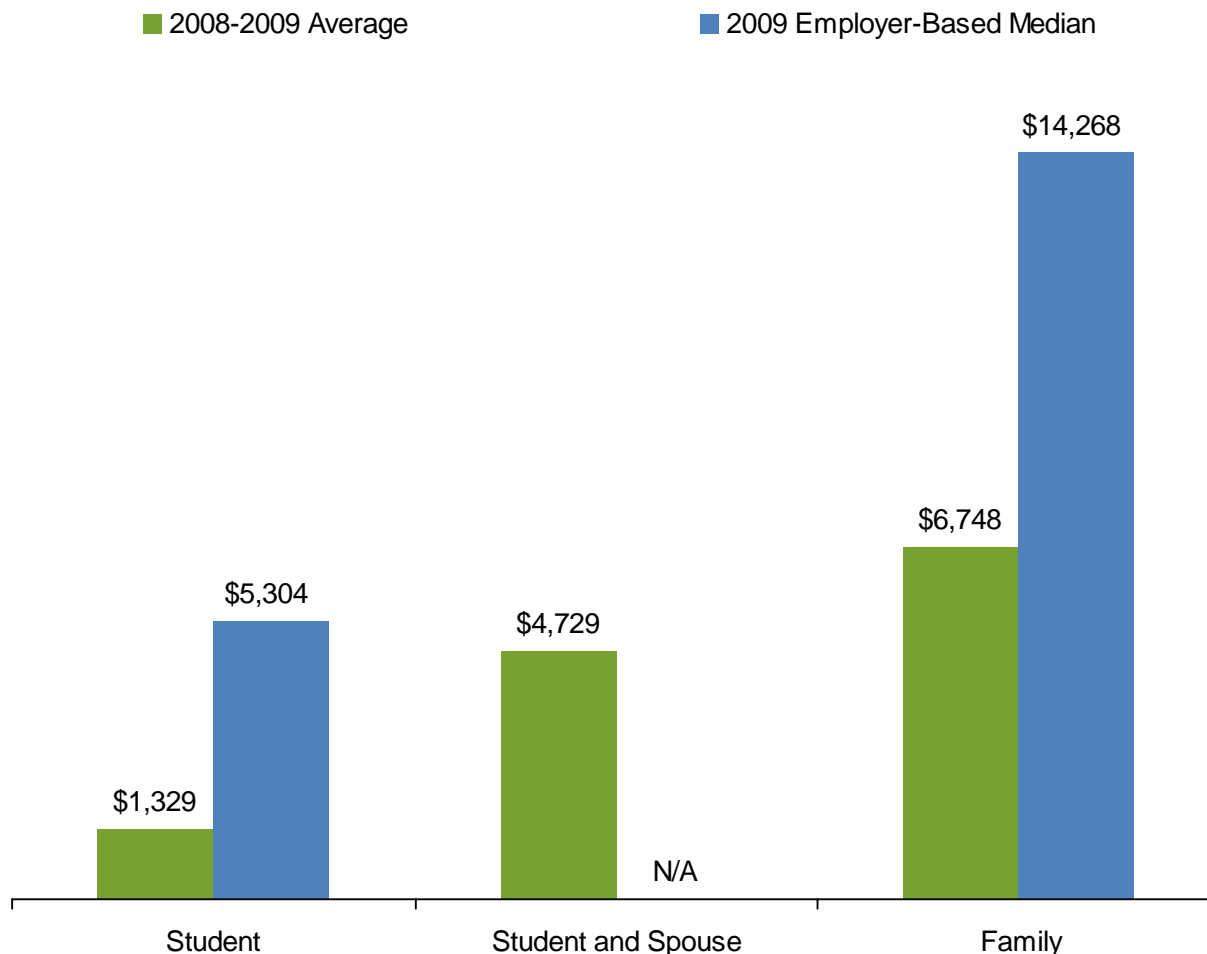
The majority of students were enrolled in an Aetna, self-funded, or Nationwide SHP, representing 70.4% of the total enrolled student population.

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. DHCFP used data from schools' Fall Enrollment filings and benefit brochures to supplement missing enrollment and missing or inaccurate carrier data from Performance Metrics; however, there are still some schools that did not submit enrollment data. Numbers are rounded to the nearest whole number and percentages are rounded to the nearest tenth of a percent.

Source: DHCFP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Average Annual Premium for All Schools, 2008-2009



On average, students paid \$1,329 for Student Health Programs (SHPs) during the 2008-2009 academic year.

On average, student health coverage for a student and his/her spouse costs \$4,729. The average SHP premium for family coverage was \$6,748.

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

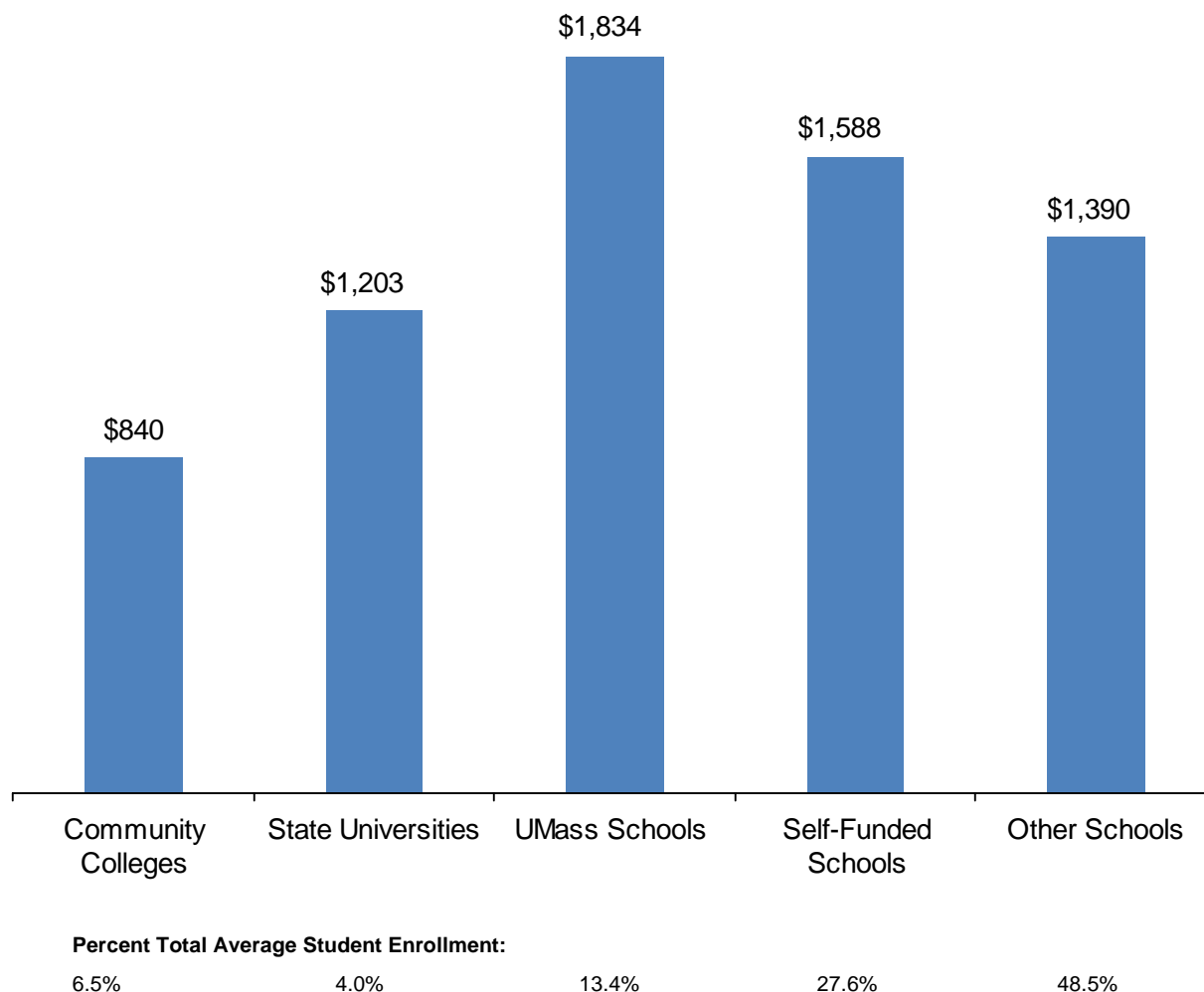
Additional premium information for individual schools is available in Appendix C.

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. Premiums 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 Student Health Program 2008 Performance Metrics and 2008 and 2009 Fall Enrollment datasets as of 4/30/10. Employer-based mean comparison data from 2009 DHCFP Employer Survey.



Average Student Premiums by School Category, 2008-2009



On average, students paid \$1,329 for health insurance during the 2008-2009 academic year.

Premiums may vary due to the level of health benefits covered by each Student Health Program (SHP).

Community college students pay the lowest premiums for health insurance each academic year. Students enrolled at UMass schools paid the most for health insurance in the 2008-2009 academic year.

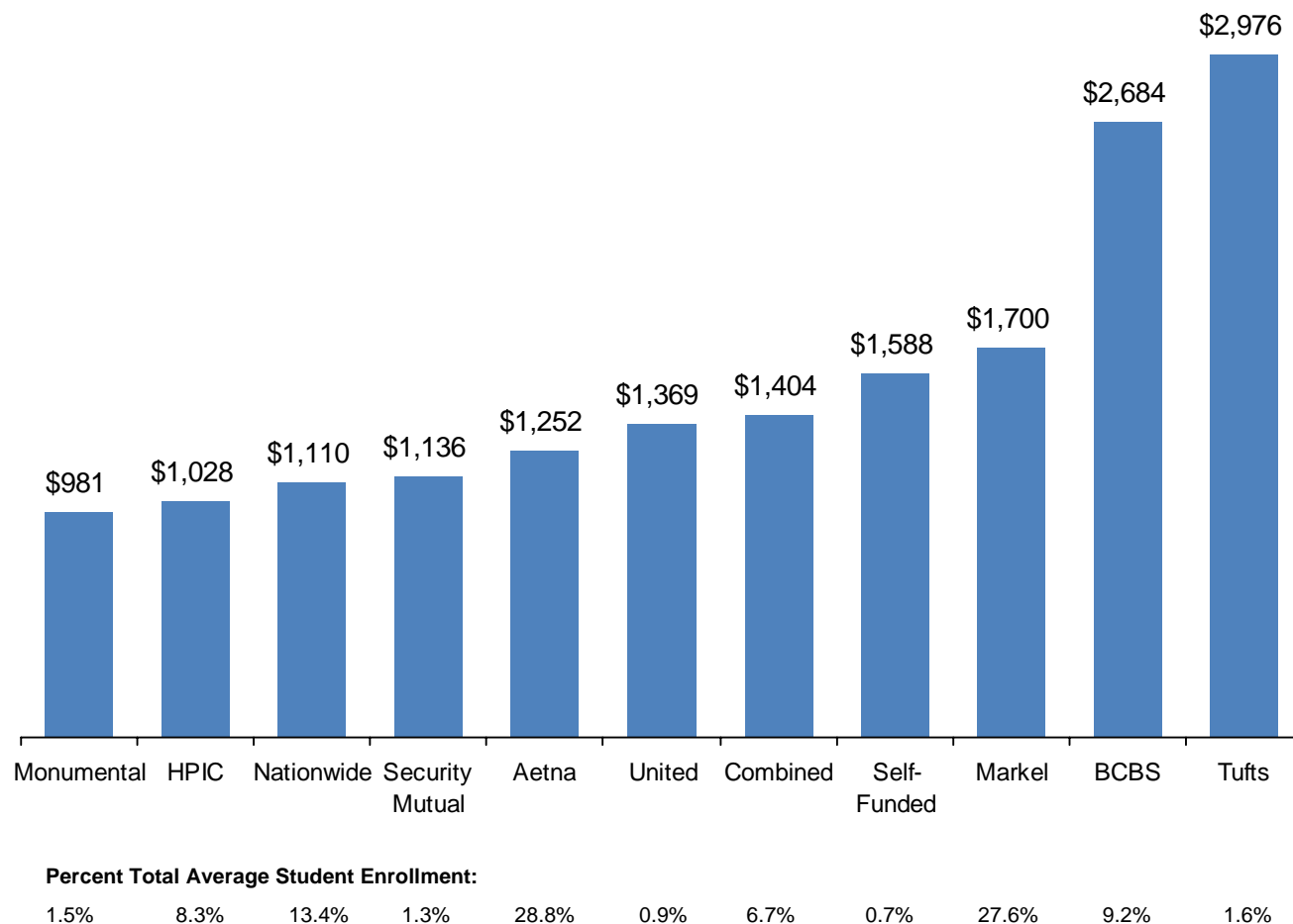
Additional premium information for individual schools is available in Appendix C.

Notes: The analysis excludes schools that did not provide annual premium data for each of the categories. Schools are not required to offer SHPs to spouses or families. Premiums 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 Student Health Program 2008 Performance Metrics and 2008 and 2009 Fall Enrollment datasets as of 4/30/10. Employer-based mean comparison data from 2009 DHCFP Employer Survey.



Average Student Premiums by Insurance Carrier, 2008-2009



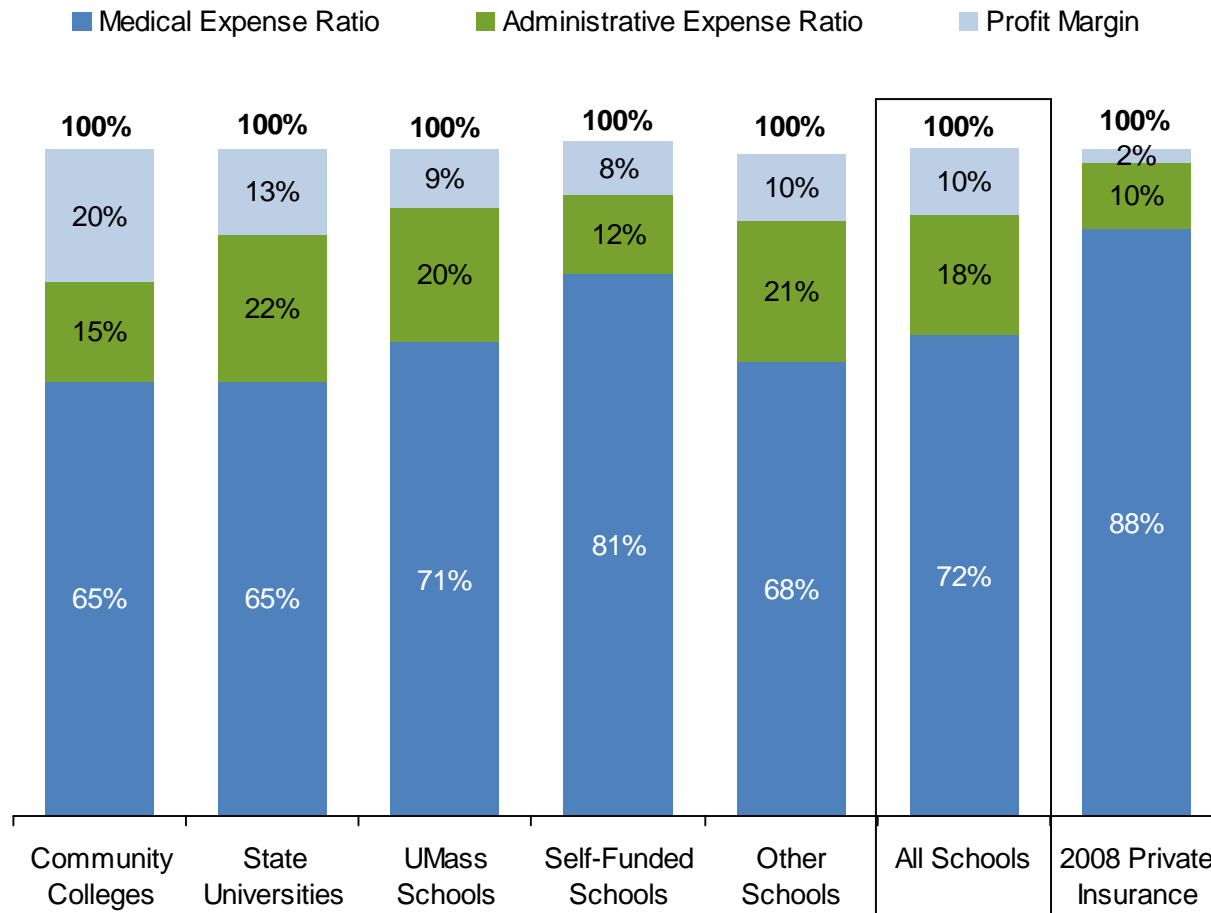
The average premium by carrier for a Student Health Program (SHP) in the 2008-2009 academic year ranged from \$981 to \$2,976 per student per year.

Premiums vary in part, due to the range of benefits covered by the SHP. Schools may provide benefits that exceed the minimum regulatory requirements.

It is important to note that some SHP carriers cover only a small number of students; most students (70%) are 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 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 Student Health Program 2008 Performance Metrics and 2008 and 2009 Fall Enrollment datasets as of 4/30/10.

Expense Ratios and Profit Margin by School Category, 2008-2009



Percent Total Average Student Enrollment:

Community Colleges	State Universities	UMass Schools	Self-Funded Schools	Other Schools	All Schools	2008 Private Insurance
6.3%	3.9%	13.0%	26.7%	50.1%	100.0%	N/A

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.

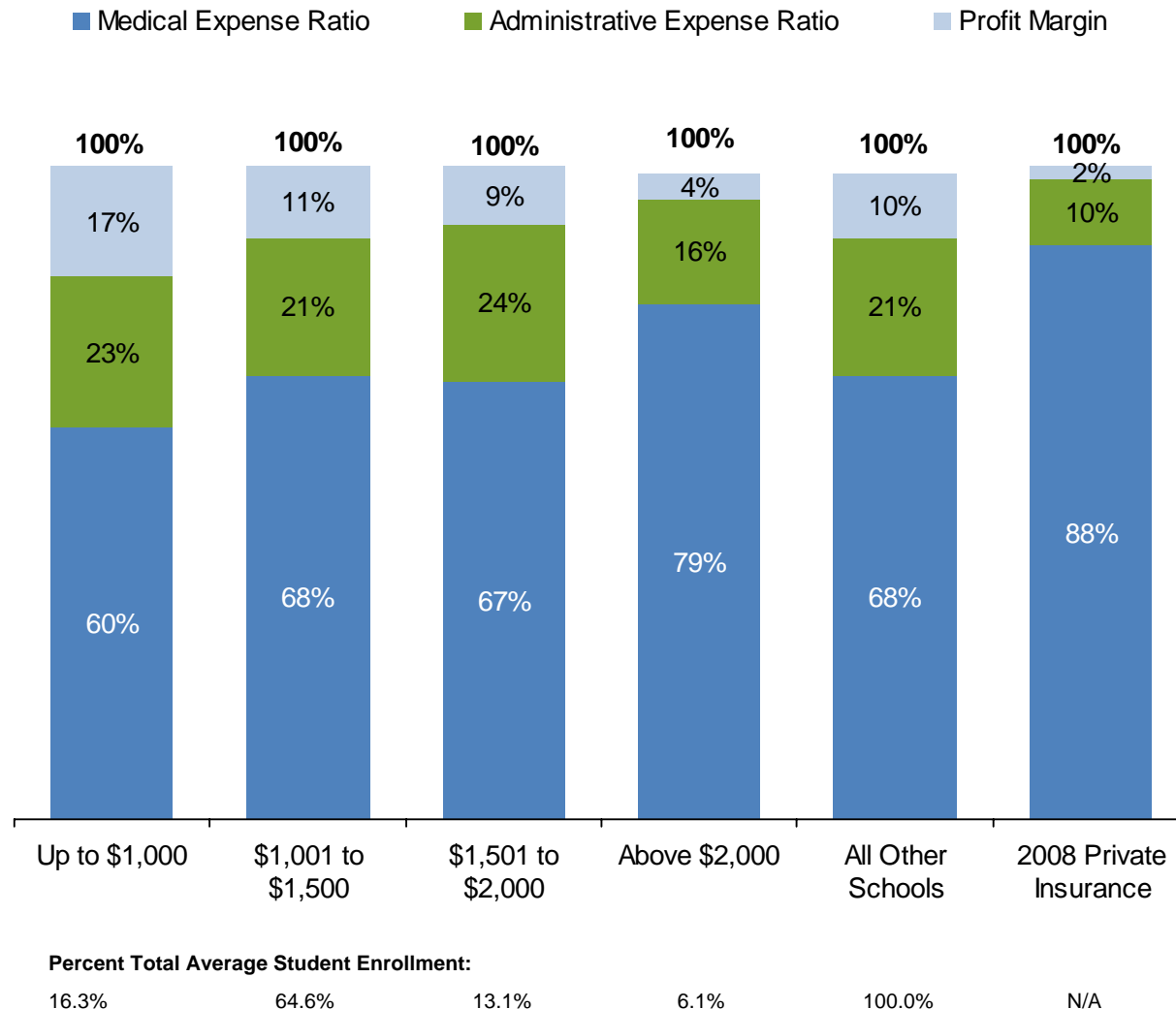
SHP administrative expense ratios are generally higher than private insurance products. This may be due, in part, to SHP premiums being lower than private insurance products. With fewer premium dollars to pay for fixed expenses, administrative costs will account for a larger percentage of total premiums.

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 Student Health Program 2008 Performance Metrics dataset as of 4/30/10. *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 17 through 19 of *Health Care in Massachusetts: Key Indicators*, May 2009.



Expense Ratios and Profit Margin for Other Schools by Premium Range, 2008-2009



Student Health Program (SHP) medical and administrative expense ratios at private, not self-funded schools mirror the trend seen across all schools.

SHP profit margins at private, not self-funded schools are also generally much higher than private insurance products, which continues the trend seen across all schools.

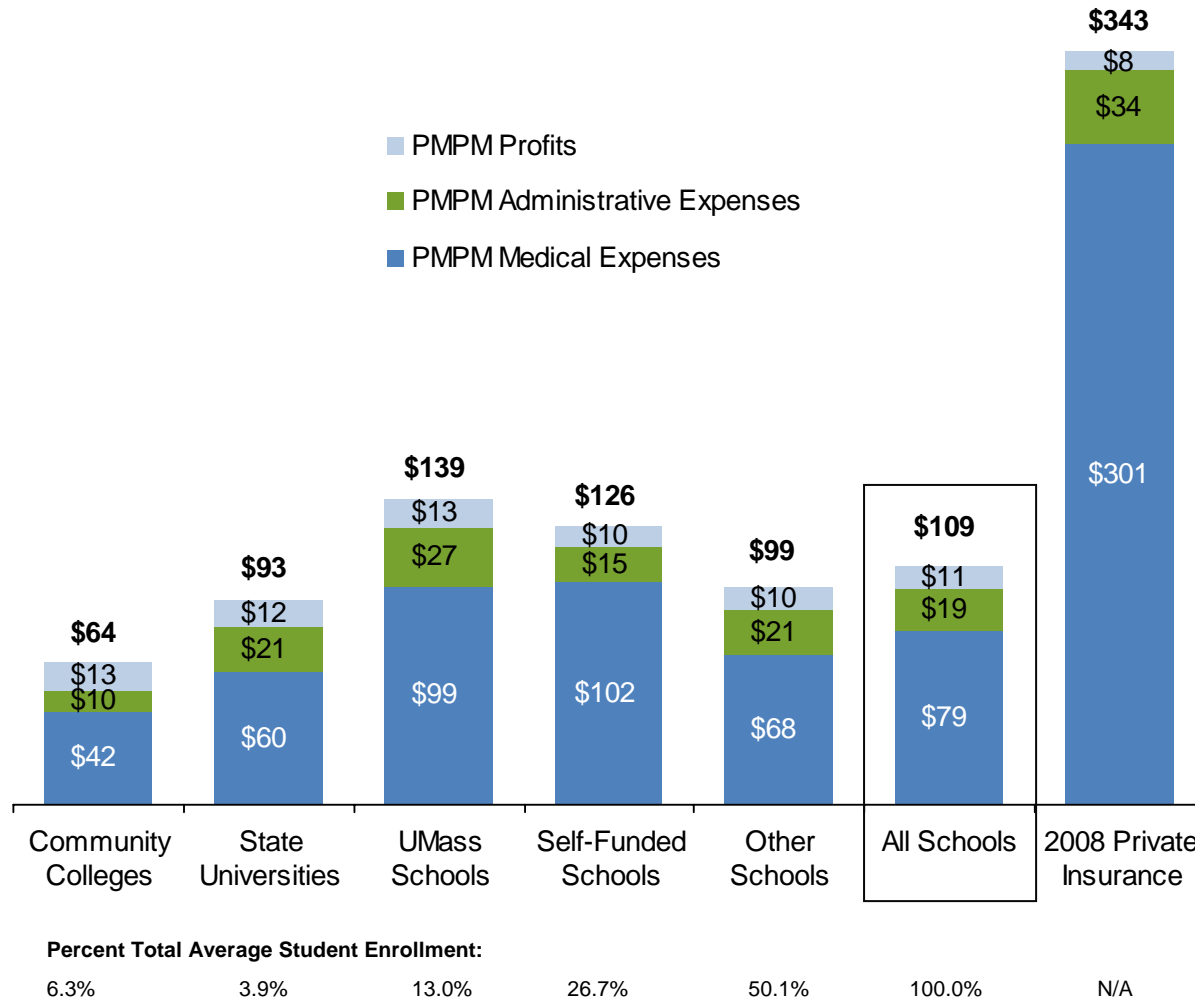
However, SHPs with higher premiums show ratios and margins that are closer to private market products.

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 Student Health Program 2008 Performance Metrics dataset as of 4/30/10. Comparative private insurance information derived from data included on pages 17 through 19 of *Health Care in Massachusetts: Key Indicators, May 2009*.



PMPM Expenses and Profit by School Category, 2008-2009



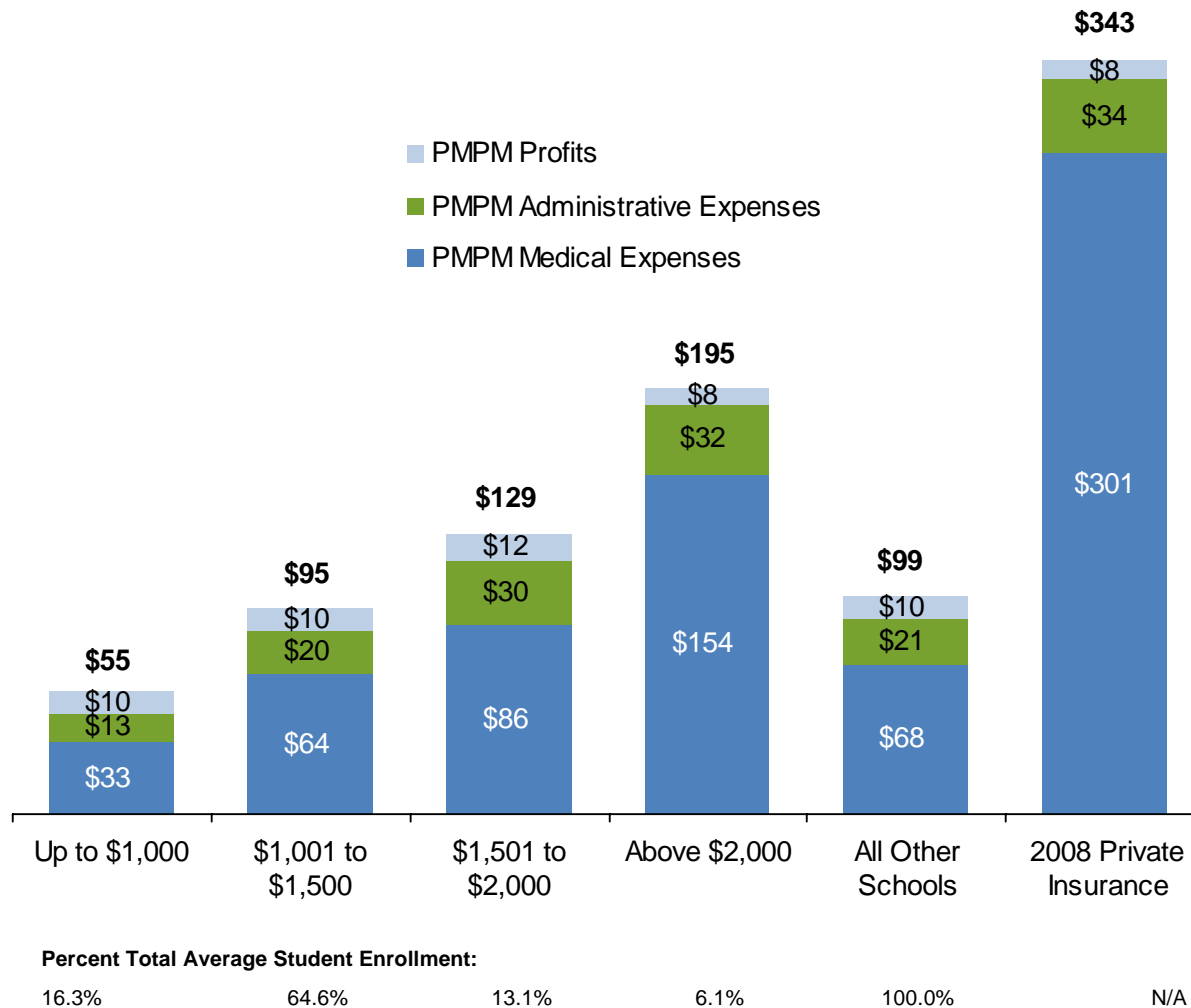
Student Health Program (SHP) per member per month (PMPM) medical expenses are lower than private insurance products. This may be due to students being younger and healthier, and SHPs offering fewer benefits.

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

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

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. DHCFP used data from schools' Fall Enrollment filings and benefit brochures to supplement missing enrollment data from Performance Metrics; however, there are still schools that did not submit enrollment 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 Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10. 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 17 through 19 of *Health Care in Massachusetts: Key Indicators, May 2009*.

PMPM Expenses and Profit for Other Schools by Premium Range, 2008-2009



Student Health Program (SHP) per member per month (PMPM) medical and administrative expenses at private, not self-funded schools are lower than private insurance products.

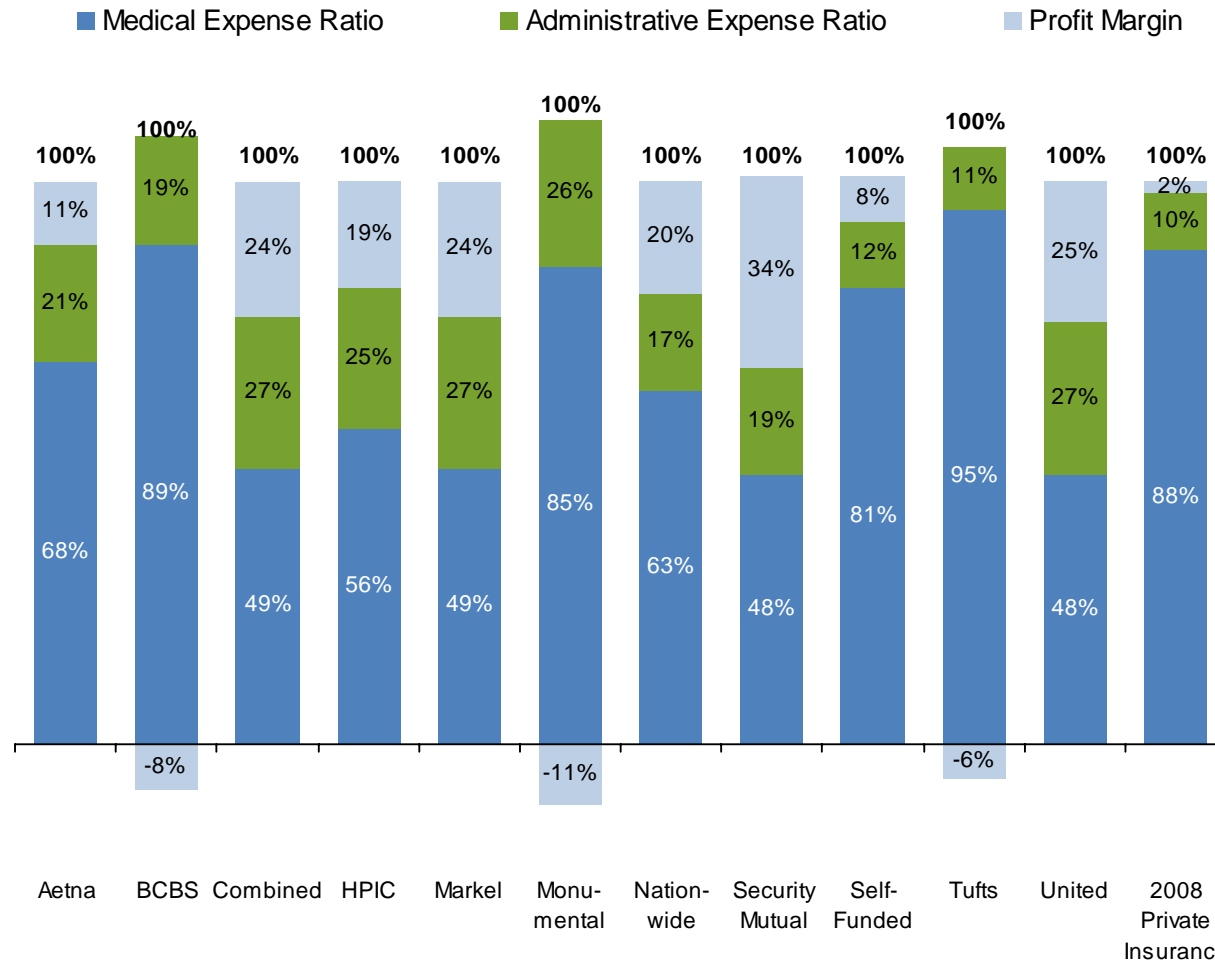
SHP PMPM profits are generally higher than private insurance products, despite SHP premiums per member being generally lower than private insurance products in 2008.

These findings mirror trends seen across all schools. However, SHPs with higher annual premiums show administrative expenses and profits that are more in line with 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. DHCFP used data from schools' Fall Enrollment filings and benefit brochures to supplement missing enrollment data from Performance Metrics; however, there are still schools that did not submit enrollment 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 Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10. Comparative private insurance information derived from data included on pages 17 through 19 of *Health Care in Massachusetts: Key Indicators*, May 2009.

Expense Ratios and Profit Margin by Insurance Carrier, 2008-2009



Percent Total Average Student Enrollment:

Aetna	BCBS	Combined	HPIC	Markel	Monumental	Nation-wide	Security Mutual	Self-Funded	Tufts	United	2008 Private Insurance
30.7%	8.9%	6.5%	8.1%	0.7%	1.8%	13.0%	1.2%	26.7%	1.5%	0.9%	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. DHCFCP used data from the Fall Enrollment filings and benefit brochures to supplement missing or inaccurate carrier data from Performance Metrics. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFCP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10. 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 17 through 19 of *Health Care in Massachusetts: Key Indicators*, May 2009.

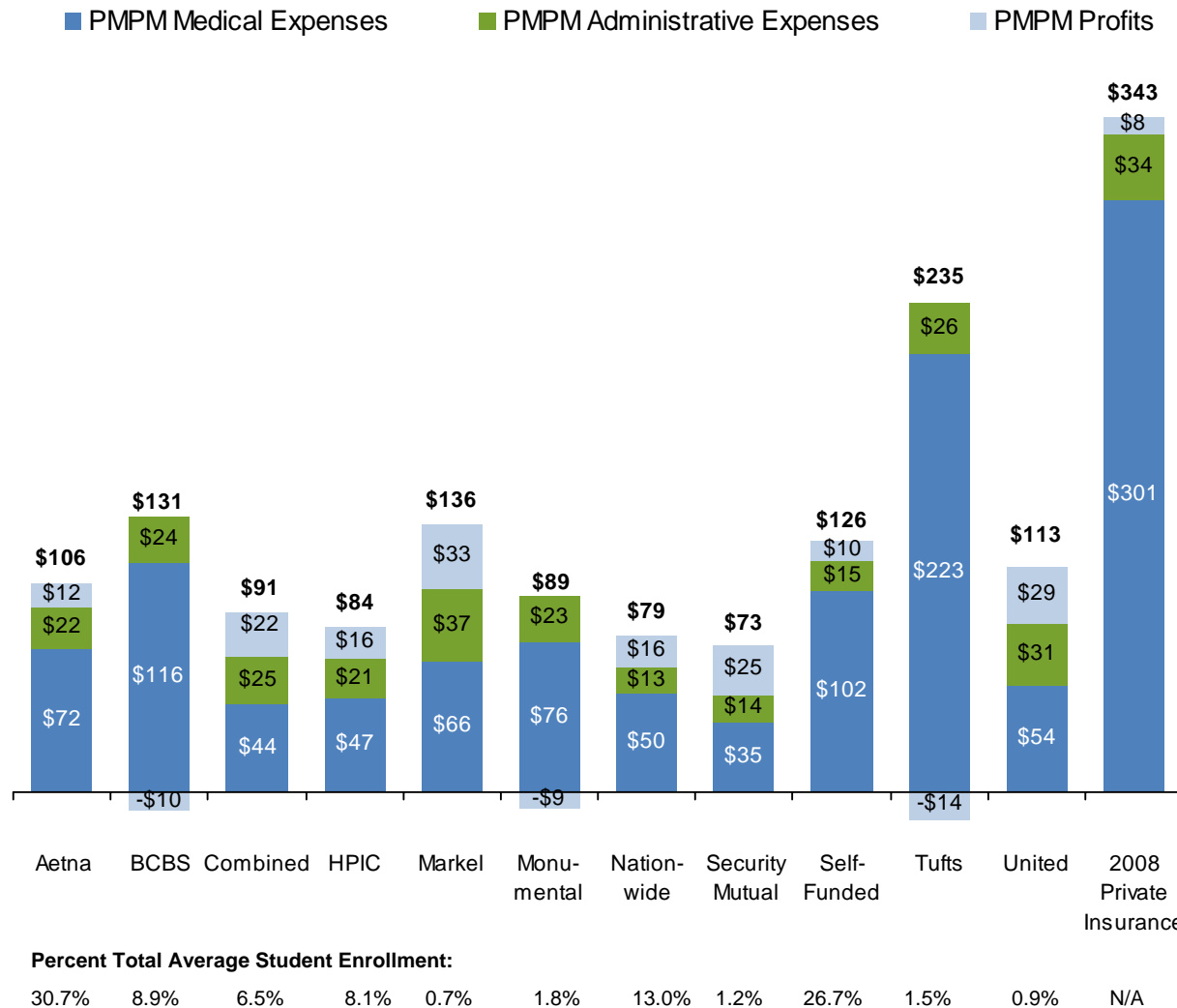


Student Health Program (SHP) expense ratios and profit margins vary significantly across carriers participating in the SHP market.

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

It is also important to note that some SHP carriers cover only a small number of students; most students (70%) are covered by an Aetna, self-funded, or Nationwide SHP.

PMPM Expenses and Profit by Insurance Carrier, 2008-2009



Student Health Program (SHP) expenses and profits, on a per member per month (PMPM) basis, vary significantly across carriers participating in the SHP market.

In many cases dollars of profit PMPM exceed that of private insurance products in Massachusetts.

SHP administrative PMPM expenses are 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, total membership, and valid insurance carrier data. DHCFF used data from schools' Fall Enrollment filings and benefit brochures to supplement missing enrollment data and missing or inaccurate carrier data from Performance Metrics; however, there are still schools that did not submit enrollment 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. Numbers are rounded to the nearest whole dollar and may not sum to total due to rounding.
Source: DHCFF Student Health Program 2008 Performance Metrics dataset as of 4/30/10. 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 17 through 19 of *Health Care in Massachusetts: Key Indicators, May 2009*.

Students Exceeding Annual Benefit Maximum by Amount, 2008-2009

Annual Maximum Amount	# Schools With Maximum	# SHP Enrolled Students Exceeding	% SHP Enrolled Students Exceeding
\$50,000	91	57	0.2%
\$75,000	5	1	0%
\$100,000	5	1	0%
Over \$100,000	3	0	0%
<hr/>			
Subtotal: All Maximums	104	59	0.1%
No maximum	15	0	0%
<hr/>			
All SHPs	119	59	< 1%

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

Few students exceed their school's annual benefit maximum, however those that do may be exposed to significant out-of-pocket costs

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

While most schools have low annual benefit maximums, 60% of students are enrolled in SHPs with an annual benefit maximum which is over \$100,000 or unlimited.

Notes: DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment data. Data represents coverage for in-network services only. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFP Student Health Program 2008 Performance Metrics, 2009 Plan Benefit, 2008 and 2009 Fall Enrollment datasets as of 4/30/10.



Students Exceeding Annual Benefit Maximum by School Category, 2008-2009

	# SHP Enrolled Students Exceeding	% SHP Enrolled Students Exceeding
Community Colleges	0	0%
State Universities	6	0.2%
UMass Schools	0	0%
Self-Funded Schools	0	0%
Other Schools (total)	53	0.1%
<i>Premium Range for Other Schools:</i>		
<i>Up to \$1,000</i>	3	0%
<i>\$1,001 to \$1,500</i>	49	0.2%
<i>\$1,501 to \$2,000</i>	1	0%
<i>Above \$2,000</i>	0	0%
All Schools	59	< 1%

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

Few students exceed their school's annual benefit maximum, however those that do may be exposed to significant out-of-pocket costs.

Most students who exceeded the maximum aggregate indemnity in 2008-2009 were enrolled at 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 and number of students exceeding their annual benefit maximums data. DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.

Source: DHCFP Student Health Program 2007 and 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Students Exceeding Inpatient Benefit Limit by School Category, 2008-2009

	# SHP Enrolled Students Exceeding	% SHP Enrolled Students Exceeding
Community Colleges	7	0.11%
State Universities	0	0%
UMass Schools	0	0%
Self-Funded Schools	0	0%
Other Schools (total)	7	0.01%
<i>Premium Range for Other Schools:</i>		
<i>Up to \$1,000</i>	2	0.02%
<i>\$1,001 to \$1,500</i>	2	0.02%
<i>\$1,501 to \$2,000</i>	3	0.04%
<i>Above \$2,000</i>	0	0%
All Schools	14	< 1%

Schools may include reasonable exclusions and limitations in their Student Health Program (SHP), such as inpatient benefit limits. Inpatient benefit limits vary by school.

Less than one percent of students exceeded inpatient benefit limits for their SHPs in the 2008-2009 school 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. The analysis excludes schools that did not provide student enrollment and number of students exceeding their inpatient benefit limits data. DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.
Source: DHCFP Student Health Program 2007 and 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Students Exceeding Outpatient Benefit Limits by School Category and Service, 2008-2009

	Community Colleges	State Universities	UMass Schools	Self-Funded Schools	Other Schools	All Schools
Prescription Drugs	N/A	90	72	0	394	556
Outpatient Miscellaneous	88	38	1	45	218	390
Ambulance	2	126	45	0	200	373
High-cost Procedures	18	21	7	0	75	121
Mental Health	0	4	38	0	59	101
Dental	0	3	2	0	47	52
Surgery	10	9	9	0	18	46
Physiotherapy	0	0	0	0	2	2
All Other Limits	9	67	59	0	125	260
All Limits	127	358	233	45	1,138	1,901

Schools may include reasonable exclusions and limitations in their Student Health Program (SHP), such as outpatient benefit limits. Outpatient benefit limits vary by school.

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

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

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 and number of students exceeding their outpatient benefit limits data. DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics filings; however, there are still some schools that did not submit enrollment data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.
Source: DHCFP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Students at Other Schools Exceeding Outpatient Benefit Limits by Premium Range and Service, 2008-2009

	Up to \$1,000	\$1,001 to \$1,500	\$1,501 to \$2,000	Above \$2,000	All Other Schools
Prescription Drugs	33	325	31	5	394
Outpatient Miscellaneous	21	111	75	11	218
Ambulance	25	166	9	0	200
High-cost Procedures	15	35	13	12	75
Mental Health	0	55	4	0	59
Dental	2	31	14	0	47
Surgery	2	9	7	0	18
Physiotherapy	0	1	0	1	2
All Other Limits	4	94	26	1	125
All Limits	102	827	179	30	1,138

Schools may include reasonable exclusions and limitations in their Student Health Program (SHP), such as outpatient benefit limits. Outpatient benefit limits vary by school.

Of the students at private, not self-funded schools exceeding outpatient benefits, most exceeded benefits for prescription drugs, outpatient miscellaneous, and ambulance. This mirrors the trends seen across all schools

Generally, schools with higher premiums have fewer students exceeding outpatient benefits.

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 and number of students exceeding their outpatient benefit limits data. DHCFP used data from schools' Fall Enrollment filings to supplement missing enrollment data from Performance Metrics filings; however, there are still some schools that did not submit enrollment data. Percentages are rounded to the nearest tenth of a percent; percentages that round to 0.0% are shown as 0%.
Source: DHCFP Student Health Program 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Student Health Program Grievances and Reviews Filed, 2008-2009

	# Total Members	# Total Internal Grievances	# Grievances per 1,000 members	# Grievances for Claims Issues	# Grievances for Customer Service
Aetna	32,281	135	4.18	127	8
BCBS	9,227	2	0.22	2	0
Combined	7,689	0	0	0	0
HPIC	8,297	3	0.36	2	1
Markel	692	0	0	0	0
Monumental	1,792	0	0	0	0
Nationwide	13,325	65	4.88	61	4
Security Mutual	1,250	3	2.40	3	0
Self-Funded	29,230	68	2.33	64	4
Tufts	1,790	7	3.91	7	0
United	912	0	0	0	0
All Insurance Carriers	106,485	283	2.66	266	17

Nationwide, Aetna, and Tufts have 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 6 external reviews filed, 4 were for claims-related issues and 2 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. DHCFCP used data from schools' Fall Enrollment filings and benefit brochures to supplement missing enrollment data from Performance Metrics; however, there are still some schools that did not submit enrollment data.

Source: DHCFCP Student Health Program 2007 and 2008 Performance Metrics and Fall Enrollment datasets as of 4/30/10.



Student Health Program Group Purchasing Initiative

In November 2009 the Division of Health Care Finance and Policy (DHCFP) published the Student Health Program 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 are often achieved by imposing non-standard benefit limitations. These benefit limitations may leave 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 Student Health Program Steering Committee (SHPSC), 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. After an intensive four-month procurement effort, the Steering Committee was successful in achieving significantly improved coverage for approximately 12,000 state university and community college students, with minimal changes in premium cost.

Beginning in September 2010, state university and community colleges will offer student health plans 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 will have improved access to preventive care, an array of medical and disease management tools, and a broader provider network.

This effort has demonstrated the effectiveness of consolidated purchasing and leveraging the professional health insurance expertise of the Connector. Moving forward, the SHPSC 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.



Improvements to Community College Student Health Program

The new Community College 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.

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.



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	-

Source: The Massachusetts Community Colleges 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.



Improvements to State University Student Health Program

The new 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.



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.



Appendix A

Data Sources



Data Sources

The Division of Health Care Finance and Policy (DHCFP) analyzed Student Health Program (SHP) enrollment, performance metrics, and plan benefit data submitted by schools for the 2008-2009 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 2007, 82% of schools submitted data. In 2008, 96% of schools submitted data.

Performance Metrics Dataset

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

Schools are required to submit data on a survey (developed by DHCFP, in consultation with the SHP Technical Advisory Group which included schools, students, consumer advocates, carriers, and brokers) for the 2008-2009 academic year. The response rate from schools was 98%. However, not all schools who submitted a survey provided information for all data elements requested.



Appendix B

List of Schools by Category List of Other Schools by Premium Range and Schools that Purchase Together



List of Schools by Category, 2008-2009

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 Schools (4)

Harvard University
 Episcopal Divinity School
 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

Other Schools (90)

See Appendix B for a list of these schools

There were 124 schools that were required to provide Student Health Program (SHP) performance metrics data for the 2008-2009 academic year.

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

Notes: * Quincy College is municipally funded. One state school (Massachusetts Maritime Academy) have not submitted any Performance Metrics data as of 1/12/10.
Source: DHCFP Student Health Program 2008 Performance Metrics dataset as of 4/30/10.



List of Other Schools Category 2008-2009

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

Source: DHCFP Student Health Program 2008 Performance Metrics dataset as of 4/30/10.



List of Other Schools by Premium Range, 2008-2009

Premiums up to \$1,000

American International College
Andover Newton Theological Seminary
Anna Maria College
Atlantic Union College
Benjamin Franklin Institute of Technology
Bentley University
Boston Architectural College
Boston Baptist College
College of the Holy Cross
Curry College
Dean College
Eastern Nazarene 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
Assumption College
Babson College

Bay State College
Becker College
Berklee College of Music
Boston Graduate School of Psychoanalysis
Boston University
Brandeis University
Cambridge College
Caritas Laboure College
Clark University
Conway School of Landscape Design
Elms College
Emerson College
Emmanuel College
Endicott College
FINE Mortuary College
Fisher College
Gordon College
Hampshire College
Hellenic College
ITT Technical Institute-Norwood
ITT Technical Institute-Woburn
Lesley University
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
The Boston Conservatory

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
Gordon-Conwell Theological Seminary
Hult International Business School
Marian Court College
Mount Holyoke College
New England Conservatory
New England School of Law
Saint John's Seminary
School of the Museum of Fine Arts
Western New England College

Premiums above \$2,000

Longy School of Music
Massachusetts School of Law
Massachusetts School of Professional Psychology
MGH Institute of Health Professions
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.
Source: DHCFFP Student Health Program 2008 Performance Metrics dataset as of 4/30/10.



Schools that Purchase Student Health Programs Together, 2008-2009

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 Art and Design
 Massachusetts College of Liberal Arts
 Massachusetts Maritime Academy

Three Schools Purchase SHPs through the Colleges of the Fenway

Emmanuel College
 Simmons College
 Wheelock College

Seven Schools Purchase 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

Other Schools that Purchase Together

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

Two Schools Offers Students the Same Insurance as the School's Employees

MGH Institute of Health Professionals
 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 gather together to maximize savings through group purchasing for the 2008-2009 academic year.

Source: DHCFP Student Health Program 2009 Fall Enrollment dataset as of 4/30/10.



Appendix C

Individual School Data Summary



Summary Data by School (1 of 5)

School	2008-2009 School Category	2008-2009 Insurance Carrier	2008-2009 Annual Premium	2008-2009 Annual Student Enrollment	2008-2009 SHP Medical Expense Ratio	2008-2009 SHP Administrative Expense Ratio	2008-2009 SHP Profit Margin
American International College	Other	Nationwide	\$785	1,107	66%	22%	12%
Amherst College	Other	Combined	\$1,038	717	64%	27%	9%
Andover Newton Theological School	Other	HPIC	\$944	56	20%	10%	70%
Anna Maria College	Other	Combined	\$998	148	41%	18%	41%
Assumption College	Other	HPIC	\$1,100	132	44%	33%	23%
Atlantic Union College	Other	Monumental	\$820	133	109%	20%	-29%
Babson College	Other	BCBS	\$1,073	1,113	88%	4%	8%
Bay Path College	Other	Combined	\$1,739	149	77%	27%	-4%
Bay State College	Other	Security Mutual	\$1,190	41	12%	20%	68%
Becker College	Other	Security Mutual	\$1,257	191	48%	15%	37%
Benjamin Franklin Institute of Technology	Other	Nationwide	\$365	185	52%	20%	28%
Bentley University	Other	HPIC	\$866	1,136	77%	16%	8%
Berklee College of Music	Other	BCBS	\$1,415	1,510	80%	28%	-8%
Berkshire Community College	Community	Nationwide	\$840	183	43%	15%	42%
Blessed John XXIII National Seminary	Other	Nationwide	\$1,515	8	44%	20%	36%
Boston Architectural College	Other	HPIC	\$903	340	40%	27%	33%
Boston Baptist College	Other	Aetna	\$918	103	36%	35%	29%
Boston College	Other	BCBS	\$1,678	3,583	79%	23%	-1%
Boston Graduate School of Psychoanalysis	Other	United	\$1,330	2	N/A	N/A	N/A
Boston University	Other	Aetna	\$1,210	10,379	77%	20%	3%
Brandeis University	Other	HPIC	\$1,464	1,620	64%	27%	9%
Bridgewater State University	State	Aetna	\$1,189	901	68%	23%	9%
Bristol Community College	Community	Nationwide	\$840	448	75%	15%	10%
Bunker Hill Community College	Community	Nationwide	\$840	1,501	54%	15%	31%
Cambridge College	Other	United	\$1,330	N/A	N/A	N/A	N/A
Cape Cod Community College	Community	Nationwide	\$840	346	63%	15%	22%

Notes: One state school (Massachusetts Maritime Academy) has not submitted any Performance Metrics data as of 4/30/10. The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense data. Student Health Program (SHP) ratios include data for the 2008-2009 academic year. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFCP Student Health Program 2008 Fall Enrollment and Performance Metrics dataset as of 4/30/10.



Summary Data by School (2 of 5)

School	2008-2009 School Category	2008-2009 Insurance Carrier	2008-2009 Annual Premium	2008-2009 Annual Student Enrollment	2008-2009 SHP Medical Expense Ratio	2008-2009 SHP Administrative Expense Ratio	2008-2009 SHP Profit Margin
Caritas Laboure College	Other	United	\$1,330	2	105%	5%	-11%
Clark University	Other	BCBS	\$1,146	755	82%	5%	13%
College of the Holy Cross	Other	Monumental	\$740	340	86%	32%	-18%
Conway School of Landscape Design	Other	United	\$1,330	10	N/A	N/A	N/A
Curry College	Other	Aetna	\$550	305	80%	15%	5%
Dean College	Other	Nationwide	\$695	248	55%	15%	30%
Eastern Nazarene College	Other	Nationwide	\$795	160	91%	16%	-7%
Elms College	Other	Security Mutual	\$1,400	58	58%	20%	22%
Emerson College	Other	Aetna	\$1,035	1,071	62%	20%	18%
Emmanuel College	Other	Nationwide	\$1,059	170	46%	22%	32%
Endicott College	Other	Markel	\$1,025	181	57%	27%	16%
Episcopal Divinity School	Self-Fund	Self-Funded	\$1,404	18	N/A	N/A	N/A
FINE Mortuary College	Other	United	\$1,330	N/A	N/A	N/A	N/A
Fisher College	Other	Monumental	\$1,450	246	150%	25%	-75%
Fitchburg State University	State	Aetna	\$1,189	307	52%	23%	25%
Framingham State University	State	Aetna	\$1,189	199	121%	23%	-44%
Gibbs College – Boston	Other	Monumental	\$436	42	6%	25%	69%
Gordon College	Other	Security Mutual	\$1,140	210	46%	20%	34%
Gordon-Conwell Theological Seminary	Other	Nationwide	\$1,509	472	84%	15%	1%
Greenfield Community College	Community	Nationwide	\$840	225	82%	15%	3%
Hampshire College	Other	Combined	\$1,140	615	52%	27%	21%
Harvard University	Self-Fund	Self-Funded	\$1,404	13,850	83%	11%	6%
Hebrew College	Other	HPIC	\$944	39	14%	10%	76%
Hellenic College	Other	HPIC	\$1,485	77	93%	0%	7%
Holyoke Community College	Community	Nationwide	\$840	335	83%	15%	2%
Hult International Business School	Other	Aetna	\$1,600	121	27%	35%	38%

Notes: One state school (Massachusetts Maritime Academy) has not submitted any Performance Metrics data as of 4/30/10. The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense data. Student Health Program (SHP) ratios include data for the 2008-2009 academic year. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFCP Student Health Program 2008 Fall Enrollment and Performance Metrics dataset as of 4/30/10.



Summary Data by School (3 of 5)

School	2008-2009 School Category	2008-2009 Insurance Carrier	2008-2009 Annual Premium	2008-2009 Annual Student Enrollment	2008-2009 SHP Medical Expense Ratio	2008-2009 SHP Administrative Expense Ratio	2008-2009 SHP Profit Margin
ITT Technical Institute - Norwood	Other	Security Mutual	\$1,148	72	20%	24%	56%
ITT Technical Institute - Woburn	Other	Security Mutual	\$1,148	177	36%	18%	46%
Lasell College	Other	Combined	\$957	201	41%	27%	32%
Le Cordon Bleu College of Culinary Arts	Other	Combined	\$440	29	23%	25%	52%
Lesley University	Other	HPIC	\$1,298	683	37%	27%	36%
Longy School of Music	Other	Markel	\$2,291	118	41%	27%	32%
Marian Court College	Other	United	\$1,584	6	N/A	N/A	N/A
Massachusetts College of Art and Design	State	Aetna	\$1,189	428	76%	23%	1%
Massachusetts College of Liberal Arts	State	Aetna	\$1,189	203	68%	23%	9%
Massachusetts College of Pharmacy and Health Sciences	Other	Monumental	\$1,460	1,028	72%	25%	3%
Massachusetts Institute of Technology	Self-Fund	Self-Funded	\$1,570	7,511	76%	12%	12%
Massachusetts Maritime Academy	State	Aetna	\$1,189	N/A	N/A	N/A	N/A
Massachusetts School of Law	Other	Nationwide	\$2,115	38	52%	22%	26%
Massachusetts School of Professional Psychology	Other	Combined	\$2,465	56	40%	27%	33%
Massasoit Community College	Community	Nationwide	\$840	306	71%	15%	14%
MassBay Community College	Community	Nationwide	\$840	358	54%	15%	31%
Merrimack College	Other	Combined	\$1,223	186	33%	27%	40%
MGH Institute of Health Professions	Other	BCBS	\$5,863	92	N/A	N/A	N/A
Middlesex Community College	Community	Nationwide	\$840	390	60%	15%	25%
Montserrat College of Art	Other	Aetna	\$1,089	68	23%	35%	42%
Mount Holyoke College	Other	Combined	\$1,620	982	49%	27%	24%
Mount Ida College	Other	Combined	\$1,087	408	46%	27%	27%
Mount Wachusett Community College	Community	Nationwide	\$840	278	71%	15%	14%
New England College of Finance	Other	N/A	N/A	No SHP	N/A	N/A	N/A
New England College of Optometry	Other	HPIC	\$950	265	49%	22%	29%
New England Conservatory	Other	Combined	\$1,606	347	37%	27%	36%

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Source: DHCFP Student Health Program 2008 Fall Enrollment and Performance Metrics dataset as of 4/30/10.



Summary Data by School (4 of 5)

School	2008-2009 School Category	2008-2009 Insurance Carrier	2008-2009 Annual Premium	2008-2009 Annual Student Enrollment	2008-2009 SHP Medical Expense Ratio	2008-2009 SHP Administrative Expense Ratio	2008-2009 SHP Profit Margin
New England School of Law	Other	Aetna	\$1,999	465	55%	27%	18%
Newbury College	Other	Aetna	\$930	188	48%	35%	17%
Nichols College	Other	Nationwide	\$1,400	69	31%	20%	49%
North Shore Community College	Community	Nationwide	\$840	330	72%	15%	13%
Northeastern University	Self-Fund	Self-Funded	\$1,975	5,814	81%	12%	8%
Northern Essex Community College	Community	Nationwide	\$840	367	103%	15%	-18%
Olin College	Other	Aetna	\$818	94	28%	35%	37%
Pine Manor College	Other	Combined	\$753	205	40%	27%	33%
Quincy College	Community	Nationwide	\$840	399	77%	15%	8%
Quinsigamond Community College	Community	Nationwide	\$840	299	60%	15%	25%
Regis College	Other	HPIC	\$325	955	42%	32%	26%
Roxbury Community College	Community	Nationwide	\$840	208	20%	15%	65%
Saint John's Seminary	Other	Nationwide	\$1,700	60	44%	20%	36%
Salem State University	State	Aetna	\$1,215	1,415	55%	23%	22%
School of the Museum of Fine Arts	Other	Nationwide	\$1,755	139	34%	20%	46%
Simmons College	Other	Nationwide	\$1,500	630	73%	18%	9%
Simon's Rock College of Bard	Other	Nationwide	\$655	419	60%	20%	20%
Smith College	Other	Combined	\$2,054	951	52%	27%	21%
Smith College For Social Work	Other	Combined	\$3,808	48	32%	35%	33%
Southern New England School of Law	Other	HPIC	\$1,289	61	65%	32%	3%
Springfield College	Other	Aetna	\$1,396	2,882	73%	45%	-18%
Springfield Technical Community College	Community	Nationwide	\$840	406	56%	15%	29%
Stonehill College	Other	Combined	\$764	134	66%	27%	7%
Suffolk University	Other	Nationwide	\$1,490	2,326	59%	17%	24%
The Boston Conservatory	Other	Combined	\$1,462	269	44%	27%	29%
The National Graduate School of Quality Management	Other	N/A	N/A	No SHP	N/A	N/A	N/A

Notes: One state school (Massachusetts Maritime Academy) has not submitted any Performance Metrics data as of 4/30/10. The expense ratio and profit margin analysis excludes schools that did not provide total earned premium, total medical expense, and total administrative expense data. Student Health Program (SHP) ratios include data for the 2008-2009 academic year. Percentages are rounded to the nearest whole percent and may not sum to 100% due to rounding.

Source: DHCFCP Student Health Program 2008 Fall Enrollment and Performance Metrics dataset as of 4/30/10.



Summary Data by School (5 of 5)

School	2008-2009 School Category	2008-2009 Insurance Carrier	2008-2009 Annual Premium	2008-2009 Annual Student Enrollment	2008-2009 SHP Medical Expense Ratio	2008-2009 SHP Administrative Expense Ratio	2008-2009 SHP Profit Margin
The New England Institute of Art	Other	Security Mutual	\$667	491	59%	20%	21%
Tufts University	Other	Aetna	\$1,389	2,530	61%	21%	18%
Tufts University School of Medicine	Other	Tufts	\$2,976	1,567	95%	11%	-6%
University of Massachusetts at Amherst	Umass	Aetna	\$2,322	5,764	66%	20%	14%
University of Massachusetts Boston	Umass	Aetna	\$1,425	3,774	60%	20%	20%
University of Massachusetts Dartmouth	Umass	BCBS	\$1,261	1,322	135%	23%	-59%
University of Massachusetts Lowell	Umass	HPIC	\$952	1,620	49%	26%	25%
University of Massachusetts Medical School	Umass	BCBS	\$3,212	709	95%	10%	-5%
Urban College of Boston	Other	United	\$1,330	2	31%	32%	37%
Wellesley College	Other	United	\$1,385	890	48%	27%	25%
Wentworth Institute of Technology	Other	HPIC	\$925	666	70%	21%	10%
Western New England College	Other	Markel	\$1,785	387	49%	27%	24%
Westfield State University	State	Nationwide	\$1,275	231	76%	14%	10%
Wheaton College	Other	Combined	\$1,038	428	48%	27%	25%
Wheelock College	Other	Nationwide	\$1,380	113	41%	18%	41%
Williams College	Other	Combined	\$1,072	720	46%	27%	27%
Woods Hole Oceanographic Institution	Other	BCBS	\$5,826	7	N/A	N/A	N/A
Worcester Polytechnic Institute	Other	HPIC	\$940	560	54%	32%	14%
Worcester State University	State	Nationwide	\$1,203	251	57%	19%	24%

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