

University of Oregon
HEALTH CENTER
Student Health Advisory Committee Meeting
March 10, 2006

Student Members:	Alternate	Interested Students	ExOfficio Members:
Chiem, Jennifer	Horn-Kelter, Petra	Beseda, Addie	Kerr, Shelly
* Kuzma, Urva	* Ronco, Noelle	* Bentley, Dan	* DeHaven-Murdoch, Daralyn
* Scholl, Ben	Wilson, Kathryn	* Mann, Todd	E Leith, Ramah
* Soetan, Folake		Parker, Jenny	* Megerssa, Becky
E Stiffler, Lesley	Faculty:	Takahashi, Chika	* Ryan, Tom
* Straight, Leslie	Munroe, Dennis	Zimmer-Stucky, Jasmine	* Staight, Paula
* Teeter, Kelly	* Meaux, Tenaya	* Kehdi, Norma	E Stoop, Helen
* Wintermute, Ben	Spradling, Karen	Laws, Michael	
* Wu, Angela			

Guests: Debbie Alley, Nethercott, Ashley, Thrower, Ashley

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed.
2. **Student Insurance** – Debbie Alley came to the meeting today to begin talking about the insurance plan and what should be done for next year's plan to hold the cost of the premium down. She and Brian Corcoran have already talked to the insurance provider and asked for a premium rate with benefits the same as they are in the plan for this year. Is there anything that should be changed in the policy benefits for next year to hold down cost? Debbie provided a handout delineating the four items that might have an effect on the cost of the premium.

Prescriptions – 70% of Health Center charges go to pay for prescriptions. This is the one area where changes may affect the cost of the premium the greatest. Some plans do not cover certain prescriptions, such as acne medications or toenail fungus prescriptions.

Deductible - The current deductible is \$300 on the domestic plan where most plans have a \$500 deductible. It has been discussed on the news lately that more and more insurance plans are going with a \$2500 deductible and people are putting money away in flexible savings accounts to cover the costs that are incurred with this high a deductible. For most people putting this much money away in an account is not feasible.

Maximum Benefit – The maximum benefit now is at \$50,000. SHAC looked at raising this last year. International students have a maximum of \$250,000 maximum benefit. Changing the international maximum would need a change in the Oregon administrative rules.

Co-payment - The current co-payment is 20%. Would you want to change the percentage that the insurance pays? Can students afford any more out of pocket expense for medical care? This would be the least favorable option as insurance is needed for those big inpatient bills and having to pay more than 20% of inpatient bill is more than any of us can really afford.

Also listed on the handout is the average payout by insurance per student who has this insurance. Also listed is the average payout by insurance per student for both health center and charges outside the Health Center. The average payout for pharmacy for domestic students is 70% of the total paid. pharmacy, as well as what the average payment out is for each students. Total overall charges paid out for International students is about half as much as domestic students.

Are we offering insurance so that someone doesn't have to leave school because of an unanticipated medical cost or are we offering it to cover those anticipated costs that someone who is on a regular medication, something that could be built into their budget. We have to think of what the purpose of this plan is. Is it to

cover the big ticket unexpected things or the everyday costs of medical care. For the last 5 years premium cost for insurance has been going up 15%-30% a year and this year it will be about 12-14%. Even if we have a good claim year we're still looking at an increase due to medical inflation.

Either we can make some choices to fix the problem or pass it to the people down the line. What does SHAC want to do, keep the plan as it is or look at changes that will hold down costs? We might be able to stop an increase in the premium if we manage to do this.

Discussion:

Q: How would the low cost plan affect the cost of the student insurance plan?

A: It would bring down the price as the low cost plan would act as the deductible for the bigger plan (optional major medical plan).

Q: For the current insurance plan as is, is there a specific problem that needs correction or improvements?

A: In general try to stop the increase and hold down costs so that students in the future will benefit from our efforts. A question to ask yourselves is, could students afford to pay a little bit more out of pocket for routine things if the insurance was there to cover the big bills such as hospital bills or outpatient surgery?

Q: Aren't there generic brands of drugs that are much cheaper? Is there a way to limit what brand name drugs the insurance will pay for and only use generic drugs?

A: We have talked about having tiered drug benefits. The argument against that is around letting the insurance company determine what the best drugs for you are instead of the doctor making that decision. Should you be taking the drug that is best for you or the one that is the cheapest? When this was researched in previous years, having the tiered benefits did not seem to save much money. The only thing that would make a real difference would be to put a cap on the amount the insurance would pay or prescriptions.

Q: Do we have good data that says how many students have had a large unexpected expense that could cause them to have to leave school?

A: Debbie can go back to prior years to look at the statistics. She can also tell how many would be affected by a cap on the amount.

Risk to the insurance company is lower if it is shared across a large group of people so the larger the group the less the risk, thus the lower the cost. Mandatory insurance would help with this. People who are healthy will go out to other insurance companies if the cost of the premium is increased too much. If the only people who buy the insurance are those who know they will need it the plan will eventually fail. We need to find a way to make it affordable to those students who are uninsured as well. Putting the burden of the expenses of those who are uninsured onto the community will increase the cost of medical care, which will increase the cost of insurance.

What is the downside of having insurance that covers the basic health care, the low cost plan? This will probably take care of the health care needs for 80 percent of students. The downside is that it pays at first cost with no deductible but would only pay a portion of the costs. If the insurance pays only 20% of the cost of a visit to a specialist or for special image testing and the student had a bill for \$1,000 it would only pay \$200 leaving the student to pay the rest. So if the insure would say here is \$2,000 and it will cover whatever the expenses are, that would be great. A low cost plan such as this could benefit both the international and GTF students because it would lower their costs for their insurance. This low cost plan would cover a lot of things that other insurance plans will not, such as the deductible.

To put a low cost plan into effect will take years of work. First students would need to be convinced that adding money to the incidental fees is a good thing. However, it would be worthwhile to do the work to look at finding a low cost plan that would be beneficial then take it forward to the ASUO. SHAC working on this would have real weight because the push to do this has to come from students.

The four regional schools that offer a low cost plan came together as a group to purchase their plan, which gave them more negotiating power. This will be a topic on the agenda at the Oregon College Health Association meeting this spring with discussion of an automatic basic plan, what the benefits should be, drawbacks of this type of plan, whether it really is accomplishing something for students and if so, what.

Q: Has the entire state system come together to put together an insurance package.

A: This has been discussed, however, the smaller school health center services are much different than the big schools.

Q: How would mandatory fee change the numbers?

A: The risk pool would be much bigger. If you had 17,000 people in the pool this could drive down the average cost. Then the drug costs would not hit so hard because there is a wider pool.

Q: Should we look at cost of adding birth control into the plan with the advent of FPEP ending?

A: Adding birth control it to the insurance plan would add as much to the premium as it would for the student to purchase it on their own, so those who do not use birth control would have the added cost for no benefit. It's a fixed cost and you are not insuring against risk.

In the long term we need to do something or the plan will cease to exist. Right now we need to think about if there are any kinds of changes that should be made in the existing plan for next year. It takes a while to get things changed and everything arranged to come out with a plan for purchase by students and to get the information available to them and their parents.

Think about what changes you would like to see in the insurance plan for discussion of this issue at the meeting next week.

5. Updates:

- a. **SHAC Recruitment** – Urva Kuzma has asked Annie Dochnahl to create a fresh ad for our SHAC recruitment with a picture of the SHAC members included. Wear your shirts next Friday so we can take some pictures for the ad as well for the bulletin board. Kim Barker will be giving the dates that the ads will run in the Emerald to Annie as well. Applications should be turned in at the Health Center by April 28th.
- b. **In-service Date & Further Information Received** – The date for the in-service is set for Tuesday, May 16 from 8:00 to 9:00 a.m. Folake Soetan sent another email to the Kyna Langhorne and Kimberly Gynne at the Nontraditional Student Union but has not heard anything back. Leslie Straight will produce a flyer to take to the nontraditional student government to perhaps get them more interested. Work needs to be started on the format for the meeting. There are six weeks from the start of spring term to get this in-service set up.
- c. **Health Center Web Site** – Annie Dochnahl will be presenting to SHAC the information she received from the journalism students regarding the Health Center web site through a survey next Friday, March 17.

Noelle Roncho stated that she did not do a comparison of our web site with those of other schools, however; she did compare it to the University of Oregon home page which seems very professional and organized.

Comments/suggestions for web site changes were:

The Health Center web site is not as professional and not as easy to navigate.

The home page needs categories with dropdown lists.

The web site is organized, but not unless you are familiar with the Health Center. She feels that the UO logo that switches to the university seal when the cursor is place over it is distracting.

Put the area code in front of every phone number. Students would not think to look at the asterisk that says, "all area codes are 541."

The frame on the left-hand side that changes to different ducks is cute but also distracting. Because when reading left to right the eye is constantly bouncing around the page. She wanted to see what the picture is but also to look at the information.

She loved the construction link.

There should be a navigation bar that is always the same for the entire site.

Have a grayscale picture in the background. More color variation.

Change the different colored buttons to more cool colors. The flash is distracting.

Get rid of the ducks and have pictures of the providers and students interaction which would give a better picture of what services are provided. This would especially help with the international students. Pictures can tell a thousand words and make it friendly without actually having to tell that story in words.

The consistent theme of 6 different professional health center web sites viewed by one student was that the mission statement of the health center, hours, after hour care, phone numbers, and addresses were on the very first page of the home page.

It would be helpful to give explicit instructions on things such as “how to make an appointment.”

Paula Staight commended that the Director of Creating Publishing has asked her whether campus departments would take advantage if they offered web design help. Guy Maynard is looking at having a template available that would keep the look similar for all campus departments with more professionalism. He stated that he could meet with somebody now for more feedback for the template. In the meantime the Health Center web master could do some quick fixes on the web site using the suggestions given today and then we look at whatever Creative Publications develops.

- a. **Health Information Survey** – Please bring the surveys that have been filled out by your peers and classmates back so we can get the data compiled.

6. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

****Next Meeting****



March 17

**Health Center Medical Library
(Alias the Ramey Room, Carson Hall)**