



Not Making the Grade:

Lessons Learned from the Massachusetts Student Health Insurance Mandate

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The Access Project (TAP) has served as a resource center for local communities working to improve health and healthcare access since 1998. The mission of TAP is to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable. TAP conducts community action research in conjunction with local leaders to improve the quality of relevant information needed to change the health system. TAP's fiscal sponsor is Third Sector New England, a non-profit with more than 40 years of experience in public and community health projects. TAP is affiliated with the Heller School for Social Policy and Management at Brandeis University.

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Introduction

In 2006, Massachusetts received national attention for enacting a bill designed to ensure that nearly all state residents have health insurance. The law, Chapter 58 of the Acts of 2006, accomplishes this goal through a variety of mechanisms. One of the most controversial is a requirement that all uninsured Massachusetts residents purchase health insurance. This requirement has generally been referred to as the “individual mandate.”

The individual mandate has been lauded as an innovative feature of Massachusetts health reform. However, the state actually implemented an individual mandate once before. In a previous attempt to provide coverage for all state residents, Massachusetts enacted Chapter 23 of the Acts of 1988, more commonly referred to as the Dukakis Universal Health Care Law. The law included a requirement that all students enrolled at least three-quarters time in an institution of higher learning in the state have health insurance. Much of the Universal Health Care Law was subsequently repealed. However, the “student mandate” still remains in effect. The stated goal of the mandate is to provide quality, comprehensive health insurance coverage for Massachusetts students.

The purpose of this report is to examine the student health insurance mandate to see how effective it has been in achieving its goal. This is important in and of itself, because students with access to insurance through their schools will not be eligible to purchase the subsidized plans that the state is making available to lower income people under the new individual mandate. In addition, we believe that the lessons learned from this first health insurance mandate can inform policy discussions currently underway as the state begins to implement the new individual mandate, one which will have a much broader impact.

Background

Prevalence and Consequences of Underinsurance

This investigation of the adequacy of the health plans offered under the student mandate gains urgency because of the accumulating research on the prevalence and consequences of unaffordable medical bills among people with health insurance. One survey found that more than one-quarter of continuously insured people had medical bill problems or debt resulting from unaffordable medical bills. In addition, among adults who had medical bill problems, almost two-thirds (62%) were insured.¹

The research also clearly shows that medical bill problems and medical debt result in reduced access to care. One study found that the care-seeking behavior of people with health insurance and outstanding medical bills was more like that of the uninsured than those with insurance and no medical debt: over a quarter of both the insured with medical debt and the uninsured postponed care because of costs, compared to six percent of the privately insured without medical debt.²

Medical bill problems also create serious financial difficulties. In one study, one-third of the insured with medical bill problems or medical debt used up all their savings to pay off the bills, and nearly one of every five was unable to pay for basic necessities such as food, heat, or rent as a result of the bills.³

Other studies have begun to look at the prevalence of underinsurance, measured by the percent of income people spend on medical expenses. One study estimated that 16 to 17 million people in the United States are underinsured.⁴ The study also looked at the characteristics of health insurance policies associated with underinsurance. These characteristics included, along with high deductibles and lack of coverage for certain services, limits or maximum caps on what plans will pay.⁵

The Qualifying Student Health Insurance Program

The Qualifying Student Health Insurance Program (QSHIP), which implements the student mandate, is regulated by the Massachusetts Division of Health Care Finance and Policy (DHCFP). DHCFP describes the primary purpose of the program as promoting student access to quality and comprehensive health insurance.

According to the regulations for the program, all institutions of higher learning in the state must make health insurance plans available to their students. In order for students to enroll at a school, they must either participate in the school's health plan or show proof of coverage in a health plan with benefits comparable to those required under QSHIP.⁶

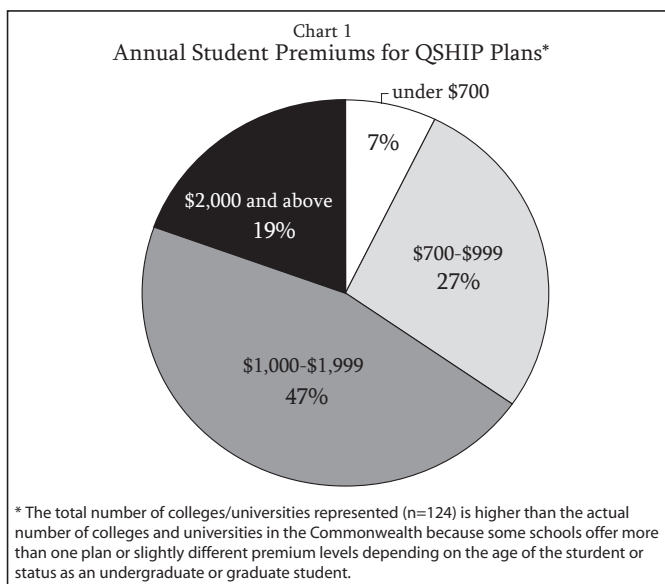
The regulations also establish, in non-specific language, the minimum benefits that a plan must include to qualify as coverage under the program. They state that QSHIP plans must provide "reasonably comprehensive coverage," including preventive and primary care, emergency services, hospitalization benefits, ambulatory patient services and mental health services. Students enrolled in a school's health insurance plan pay for their coverage through a fee added to their regular tuition.⁷

Many of the institutions of higher learning provide some student health services through on-campus health centers. In these cases, students covered under the QSHIP health plans are expected to receive primary and preventive care at the on-campus clinics. The QSHIP plans cover other services provided by off-campus providers that are not available at the health centers.

According to the most complete figures provided by the Massachusetts Division of Health Care Finance and Policy, there were 89,650 students enrolled in QSHIP plans during the 2004-05 academic year (see Appendix B).

Are QSHIP Plans Affordable?

Health insurance premiums have increased rapidly in recent years. In 2006, health insurance premiums for employer-sponsored coverage rose nationally at more than twice the rate of overall inflation and workers' wages.⁸ In Massachusetts in that year, the average annual premium for individual coverage provided under an employer-sponsored health plan was \$4,872.⁹ Eighty percent of the QSHIP plans had annual premiums of \$2,000 or less for individual coverage.¹⁰ (See Chart 1 and Appendix C for more details.) Compared to the national figures, these premiums seem remarkably low.



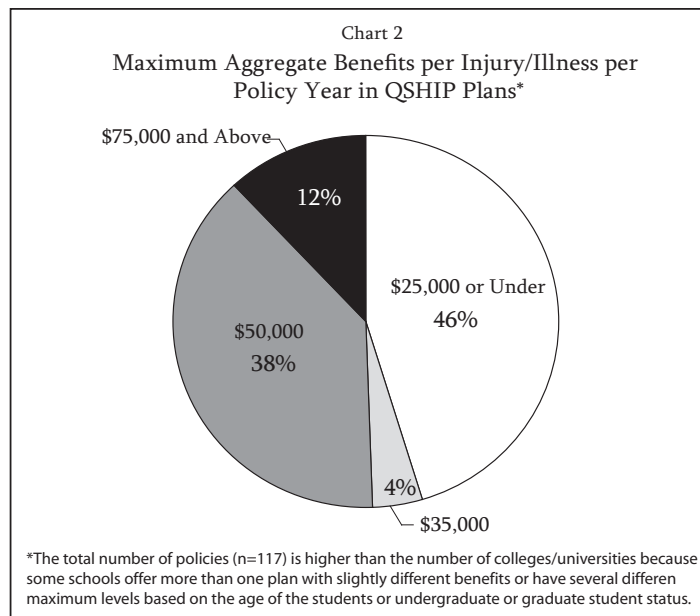
State regulations also stipulate that QSHIP plans cannot have annual deductibles of more than \$250 a year. This also appears moderate compared to many health plans currently being marketed. Thus, if one looks only at the premiums and deductibles, the plans appear to provide students with a good value.

However, judging the affordability of a health plan requires looking at more than the premiums; one must take into account all of the other out-of-pocket costs for which policyholders may be liable. Although the QSHIP regulations set limits on plan deductibles, they also allow the QSHIP plans to “impose reasonable exclusions and limitations including different benefit levels for in-network and out-of-network providers.” The plans can also “impose reasonable co-payments.” In addition, they may include limits on the amount they will pay for an episode of illness or for certain types of services. When one includes these components in determining affordability, a different picture emerges. The following sections describe these other potential, and often significant, out-of-pocket liabilities.

Coverage Caps

Illness or Injury Caps

QSHIP plans currently can cap the amount they will pay per illness or injury, with the minimum cap set at \$25,000 for the 2006-2007 academic year. Starting in 2007-2008, the minimum cap will be raised to \$50,000. Chart 2 below indicates that in many cases, the required minimum coverage cap has in fact become the maximum level to be paid for all benefits for each illness or accident. Nearly half of the QSHIP plans have a \$25,000 per illness or injury maximum, while nearly nine out of ten plans have established maximums of \$50,000 or less. (See Chart 2 and Appendix C for more details.) At this level of maximum coverage, students who require expensive medical care may find themselves facing very sizable medical bills.



Caps on Services

In addition to the maximums per illness or injury, QSHIP plans may also set maximum amounts they will pay for particular services. Some of the plans reviewed for this study included service maximums such as a \$5,000 cap on surgeons' fees, a \$1,500 cap on outpatient care, and a \$150 cap on ambulance services. Some plans also had caps for other high-cost procedures, such as CAT scans, MRIs, radiation, and chemotherapy.

Students with QSHIP plans may also face significant financial exposure due to caps on miscellaneous outpatient benefits. It is not unusual for plans to have a \$1,500 limit on coverage per illness or injury for outpatient miscellaneous benefits, which typically include commonly needed

services such as physician office visits, physical therapy, diagnostic X-ray and laboratory services, and durable medical equipment. It should be noted that this benefit cap was implemented at a time when far fewer services were provided on an outpatient basis. Today, many services that once required an in-patient hospital stay are done on an outpatient basis, with costs far exceeding this limit.

Prescription Drug Caps

Finally, student plans frequently cap coverage for prescription drugs. While state regulations do not require QSHIP plans to cover prescription drugs, nearly all of them do. However, among the plans that provide drug coverage, more than half place a cap on this benefit of \$750 or less annually. This limit is in addition to the co-payments or co-insurance students generally have to pay for medications.

Co-Insurance

One particularly problematic component of many of the QSHIP plans is their co-insurance requirement. Co-insurance requires patients to pay a percentage of their medical bills. For example, a plan may pay 80 percent of the claim, while the patient is required to pay 20 percent. Co-insurance must be paid in addition to any deductible and co-payments that patients are responsible for when they get medical treatment.

It is not uncommon for QSHIP plans to include co-insurance for many of the services the plans are required to cover. For example, they may require co-insurance for in-patient hospitalization, outpatient hospitalization, doctor visits, diagnostic and lab tests, and emergency services. Given the high cost of health care, co-insurance fees can often be significant.

In addition, as is the case with many health plans, the patient payment obligations under the QSHIP plans are even greater if treatment is provided by out-of-network providers. Under the QSHIP plans, however, the co-insurance obligations for out-of-network care can be unusually high, ranging anywhere from 20 percent to 70 percent depending on the specific plan and service.

No Out of Pocket Maximums

Very few of the QSHIP plans set maximum amounts that policyholders can be required to pay in out-of-pocket expenses. In the few that do, the maximums apply only to co-insurance paid during the plan year.

By contrast, many of the non-group policies that Massachusetts' insurers offer do include some limits on policyholders' out-of-pocket costs. The Massachusetts Blue Cross & Blue Shield non-group PPO Blue Direct plan includes an out of pocket maximum for co-insurance of \$2,250 for in-network services and \$4,500 for services received out-of-network. The Harvard Pilgrim non-group HMO plan includes an out-of-pocket maximum of \$2,000 for inpatient, day surgery and emergency services.

Complex Cost-Sharing Arrangements

In addition to co-insurance, co-payments, and other fees, the complexity of the cost-sharing arrangements in the plans can also leave students with significant out-of-pocket costs, even when they receive services that the plans should have covered. As we have seen, plans may require different co-payment or co-insurance amounts depending on the site of service or type of prescription drug prescribed. Fees may vary depending on whether providers are in-network or out-of-network. Plans may also differ in their provisions about which services do and do not count toward meeting deductibles, or in the procedures policyholders must follow in order to receive specific coverage.

All of these arrangements place on policyholders the burden of complying with a complicated system of requirements in order to have their claims covered. In fact, recent articles have highlighted how frequently insurers deny claims—according to one estimate, 30 percent of claims are denied the first time they are submitted.¹¹ Unless students (and other policyholders) can invest significant amounts of time in trying to resolve these problems, they may end up facing costs for which they should not be responsible.

Case Studies

Paul and Catherine's Story

Paul and Catherine* have health insurance through Catherine's community college. Her plan covers pregnancy and delivery but has a \$25,000 cap on coverage per illness or injury.

Catherine became pregnant. When she went into premature labor, her local community hospital was not equipped to deal with the delivery, so she was transferred by ambulance to a Boston teaching hospital. She remained there for a day after the delivery. Her baby required three days of hospitalization at the teaching hospital and then was transferred back to the community hospital for a one week stay.

Many of Catherine's bills far exceeded the maximum amounts allowed by her insurance company. For example, the ambulance bill to transfer her to the Boston hospital was \$2,500, and the bill to transfer her baby back to the community hospital was \$900. Her insurance capped ambulance coverage at \$150 per incident.

In addition, Catherine's bills just at the Boston teaching bill exceeded \$50,000 and her baby's bills came to around \$30,000—costs far beyond the insurance cap of \$25,000 per illness or injury. To make matters worse, her insurer claimed that Catherine's care and her baby's should be considered a single illness and thus the \$25,000 cap on coverage should apply only once. It was only with the assistance of an attorney that she was able to get the insurance company to finally agree to pay \$25,000 toward her care and \$25,000 for the baby's care as well. Still the family was left with major bills. They qualified for partial free care through the Massachusetts Uncompensated Care Pool, although still were responsible for a \$6,000 free-care deductible, which the hospital in the end wrote off. They also negotiated a discount with the ambulance company and are currently paying off the remaining amount on a payment plan.

Rebecca's Story

Rebecca has health insurance through her graduate school, the Massachusetts School of Professional Psychology. In August 2004, she needed surgery to remove a benign tumor from her neck. Although she has a congenital condition, her doctors made clear that the tumor was not related to it. Nevertheless, her insurer denied all of her claims because of the condition. She said,

They denied all of the claims. All of them. The doctor's visits prior to the surgery, the surgery itself, the anesthesiologist...the hospital stay, the pain medication prescription. They denied everything and the reason they stated over and over again was that it was a congenital condition and congenital conditions aren't covered under the policy.

*Not their real names

Rebecca was left with over \$20,000 in medical bills. It was only with the assistance of an attorney that she was able to get these claims denials overturned.

Even before her surgery, Rebecca had had problems getting her insurer to cover legitimate claims. For example, although her health plan includes prescription drug coverage, she must pay for the prescriptions out-of-pocket and then file paperwork to request reimbursement. She said, “I spend probably two hours on the phone each month just tracking the things that are sent in. They love not paying anything, so they find every reason not to—it’s really on me to be very vigilant about getting them to pay claims.”

At one point Rebecca needed an MRI. The medical provider would not perform the procedure unless she paid \$1,500 up front, which she did. Her insurer never reimbursed her for this amount, although they should have done so.

Because of her difficulties getting her insurer to pay claims and unable to afford more medical bills, Rebecca began delaying care. Although she felt ill for a number of weeks in 2005, she only sought care when a urinary tract infection turned into a kidney infection. This illness was particularly dangerous for Rebecca because she only has one kidney. In the end, Rebecca was only able to maintain access to needed care because she qualified for coverage through the state’s Uncompensated Care Pool in 2005; the Pool covers many of the expenses that her insurance does not.

Since 2003 Rebecca accumulated almost \$5,000 in medical debt. She has been able to pay off the debt only by taking out an additional loans, which she also used to pay tuition and cover basic living expenses.

Rebecca’s university did not offer her a choice of health plans. Thus, despite the fact that she considers her current health plan deficient, she has had to pay \$3,000 per year in premiums to maintain her coverage because of the state’s “student mandate.”

Alexandra’s Story

While covered by her student health insurance, Alexandra** underwent surgery in May 2006 to remove a cyst on her vocal cords. The procedure was crucial for Alexandra’s career, as she was planning to become a professional singer. While her insurance covered a major portion of the surgeon’s and anesthesiologist’s bills, Alexandra was still left with a \$4,000 unpaid balance. To cover it, her mother was forced to dip into her personal retirement savings. Even worse, however, was the insurance company’s denial of coverage for any of her \$10,000 hospital bill. The insurer said it had a \$2,000 payment cap on “outpatient miscellaneous expenses,” which it claimed she had already exceeded.

**Not her real name

Alexandra filed two appeals with the insurer, but both were rejected; the most recent denial occurred in April 2007, almost a year after the surgery. Meanwhile, the hospital had sent her bills to collections and she was receiving frequent calls from collections agents. Alexandra said, “It was a major surprise when I received this huge bill and had no help whatsoever. If the insurance barely helped me then what am I paying them for?”

After the surgery, Alexandra continued receiving vocal therapy. This medical care, along with the unpaid hospital bill, left her with over \$10,000 in medical debt. Although she was employed, her \$1,600 a month salary left just enough to pay for food, rent, utilities, and the co-payments for her vocal therapy; nothing was left over to help cover her medical debt. As a recent college graduate, she also had monthly college loan payments, which she could not afford on her tight budget. Her mother stretched her own budget to help Alexandra with the student loans, but could not provide further assistance to help her cover the unpaid medical bills.

It was only after going through her insurer’s internal review process twice that Alexandra was able to file a complaint with the state’s Office of Patient Protection to request an independent external review of her claim. This occurred in May 2007, a full year after she received medical care. The external review determined that the insurer had incorrectly denied Alexandra’s claim under the “outpatient miscellaneous services cap.” The insurer will now pay 80 percent of her hospital bill, finally relieving Alexandra of a huge financial burden. Nonetheless, her finances will still be stretched thin by medical expenses. Alexandra still owes a portion of the hospital bill, in addition to \$800 in debt that she incurred for lab work prior to the surgery and \$45 weekly co-payments for her on-going vocal therapy appointments.

Discussion and Recommendations

The student health insurance mandate has clearly had the effect of significantly increasing the number of students in Massachusetts who have health insurance. The question arises, however, as to whether the QSHIP plans meet the objective of the original legislation, which was to provide students with quality, comprehensive insurance that allows them access to care when they become ill. It is also important to see what lessons the QSHIP experience yields for the implementation of the state's new individual mandate.

QSHIP, Affordability, and Access to Care

From our review of the QSHIP plans, it is clear that most of them do not provide comprehensive coverage. Rather, they shift unacceptable levels of financial risk to the students they cover. While QSHIP plans do not have high deductibles, we have seen that they typically have extremely low caps on the amount they will pay per illness or injury, particularly in relation to the current high cost of medical care. They also include many other forms of cost-sharing. This is particularly problematic for QSHIP plans because students generally have little disposable income to draw on when unpredictable and unanticipated medical events occur.

Because most of the QSHIP plans do not include out-of-pocket maximums, students who become ill may find themselves with enormous medical bills. Even when services are covered, students may still face unaffordable bills because of the deductibles, co-payments, co-insurance, and amounts in excess of benefit caps. Of course, they are also responsible for paying for any services that the plan does not cover.

Lessons for the Individual Mandate

What lessons can be learned from the 17-year student mandate experience in Massachusetts that are relevant to the current implementation of the individual mandate in the state?

1. Regulations must clearly specify the covered services and levels of cost sharing for health plans to qualify as acceptable coverage.

The QSHIP regulations state that acceptable plans must provide “reasonably comprehensive coverage” and list certain services that must be covered (for example preventive and primary care, emergency services, and hospitalization benefits). They also limit the amount of the annual deductibles plans can include. However, by allowing the plans to include “permissible” but non-specified “exclusions and limitations,” “reasonable” but non-specified co-payments, and unreasonably low illness and injury caps, the regulations opened the door for the proliferation of seriously inadequate insurance policies.

The state's Commonwealth Health Insurance Connector Authority, which is responsible for implementation of the new "individual" mandate, has established criteria for "minimal creditable coverage."¹² These criteria specify certain features health plans must include to qualify as coverage under the individual mandate; they list the types of benefits the plans must include and set limits on certain types of cost-sharing. For example, the criteria specify that creditable plans cannot have annual or per illness benefit maximums (except for plans especially designed for young adults). In addition, the Connector has created subsidized plans for lower-income people with comprehensive benefits and clearly specified levels of cost-sharing.

These more detailed requirements represent an important improvement over the original student mandate. However, the levels of cost-sharing allowed under the minimum creditable coverage criteria may still leave people at serious financial risk. An additional cause for concern is the inclusion in the draft regulations of a clause stating that "a health benefit plan may impose reasonable exclusions and limitations, including different benefit levels for in-network and out-of-network providers." This clause replicates the same vague language included in QSHIP regulations that made it possible for health plans to introduce caps on services and extremely onerous out-of-network fees. Vigilance will be required to ensure that, in practice, health plans qualifying under the individual mandate adequately cover policy holders and do not leave them with unacceptable levels of financial exposure.

2. The affordability and adequacy of coverage must take into account all out-of-pocket costs, not just the cost of the premiums.

The experience with QSHIP makes clear that insurance coverage in and of itself does not guarantee people access to care or protection from serious financial loss. Nor can one judge the affordability of insurance simply in terms of the amount of the premium. The QSHIP plans generally have low premiums and low deductibles. However, the co-payments, co-insurance, and particularly the illness, injury, and benefit caps serve as barriers to accessing care and leave students exposed to excessive financial costs.

Under the new mandate, the Connector is offering a low-premium health plan for adults between 19 and 26 years old who have incomes over 300 percent of the Federal Poverty Level (about \$30,000 for an individual). (Adults with lower incomes are eligible to purchase subsidized insurance plans.) These plans are designed to make insurance premiums affordable and encourage young adults to purchase insurance.

The Young Adult plans provide relatively comprehensive coverage in terms of covered services. They have moderate premiums, between about \$100 and \$200 a month. However,

the plans include significant cost-sharing features. Many have deductibles of \$2,000 a year, co-insurance for hospital in-patient care, and co-payments for medications and office visits. They also have per illness or annual payment caps, most between \$50,000 and \$100,000 a year (which are prohibited in all other Connector-approved health plans). In addition, while the Young Adult plans set out-of-pocket maximums—usually around \$5,000 a year—the maximums generally do not include all out-of-pocket costs.

The Young Adult Plans do have some advantages over most of the QSHIP plans. For example, they include out-of-pocket maximums. However, they still include annual or per illness caps and also have high deductibles and other forms of cost sharing. Students' experiences with the QSHIP plans suggest that the Young Adult Plans may still leave policyholders with unaffordable levels of financial exposure and reduced access to medical care. It will be important to evaluate people's experiences with these plans to see whether they are truly affordable when the out-of-pocket costs are taken into account.

3. Increasing the number of people with insurance does not necessarily eliminate the need for a robust safety net to help people with unaffordable medical expenses.

Our case studies illustrate that at least some students have been spared the most serious consequences of inadequate insurance coverage because of the existence in Massachusetts of an alternative form of reimbursement—the state's Uncompensated Care Pool. The Pool reimburses hospitals and community health centers for a portion of the uncompensated care that they provide. Both Rebecca and Catherine were able to limit their financial exposure from inadequate insurance because they qualified for coverage under the Pool. In addition, Rebecca has been able to maintain access to care because she receives treatment covered by the Pool at a local community health center.

Financing for Massachusetts' new health reform initiative is based in part on the expectation that as more people become insured, fewer claims will be made on the Pool. Thus, the state expects to draw on money from the Pool to provide subsidies for private insurance coverage. However, if many residents find themselves unable to afford the out-of-pocket expenses required by some of the Connector-approved health plans, the demand on the Pool may continue to be significant. If the Pool is not available to cover these uncompensated costs, the burden will fall on individuals, in terms of reduced access to care or unmanageable financial liability, and/or on providers, who will be left with the bills. The QSHIP experience points to the need to maintain an adequate safety net mechanism for people with unaffordable health care expenses even if they have health insurance.

4. The state needs to hold insurers accountable for the quality of their products and services, especially since it is mandating that people purchase insurance. This requires the enactment and enforcement of strong consumer protection mechanisms.

The state charged the Division of Health Care Finance and Policy with developing regulations for the QSHIP plans. As we have seen, the regulations themselves are in some ways problematic. However, in addition, the state does not seem to have monitored the actual quality of the health plans. It has not evaluated whether the plans are providing students with reasonable value for their premium dollars, nor has it held insurance companies accountable for their level of service. In many cases, students are thus required to purchase inadequate insurance products from companies with very poor records of service.

The Connector has gone further than QSHIP by giving its “seal of approval” to a defined number of health plans. However, in implementing the individual mandate, it will still be important to monitor the impact of the Connector-approved health plans on policyholders. The Connector needs to ensure that the products provide adequate access to care without financially undermining individuals and their families. In addition, it must hold insurers responsible for the service they provide, for example in providing customers with accurate information and processing claims in a timely fashion.

Recommendations for the Student Mandate

The recommendations above reflect lessons learned from the QSHIP experience that are relevant to the implementation of the new individual mandate. However, students have been declared ineligible to purchase Connector-approved subsidized health plans and still remain subject to the student mandate. The following recommendations are designed to protect students from the deficiencies of the existing QSHIP program.

1. Make students eligible for subsidized insurance products under the individual mandate.

The first Massachusetts health insurance mandate may have succeeded in extending health insurance coverage to students in higher education. However, it is clear that the mandate has not been successful in providing reasonably comprehensive insurance protection to this population.

The simplest solution to the deficiencies of the QSHIP program, at least for lower-income students, is to allow them to benefit from the advances of the current health care reform. Under the new state health reform law, residents with incomes under 300 percent of the Federal Poverty Level can purchase subsidized insurance products. These products, referred

to as Commonwealth Care products, offer better coverage and lower cost-sharing than the vast majority of the QSHIP plans. It is only fair that students receive the same level of support. In determining student eligibility for subsidies, the state may need to take into consideration parents' as well as students' income for those students who are still financially dependent on their families.

2. Require QSHIP plans to meet the “minimal creditable coverage” requirements established by the Connector for the individual mandate.

For students who remain subject to the student mandate, the state should at least require that QSHIP plans conform to the minimal creditable coverage requirements the Connector has established for health plans to qualify as insurance under the individual mandate. For example, the minimal creditable coverage criteria limit deductibles for in-network services to \$2,000 for an individual and require plans with deductibles or co-insurance to set out-of-pocket maximums.

As we have seen, the absence of out-of-pocket maximums is one major deficiency of many of the QSHIP plans. Like plans under the individual mandate, QSHIP plans should be required to include annual out-of-pocket maximums.

The minimum creditable coverage criteria also prohibit plans from imposing annual or per illness maximum benefit caps except for the Young Adult plans. However, these types of caps have the potential for exposing people to very high medical costs. The caps should be excluded from both the Young Adult and the QSHIP plans. If the caps are not eliminated, they should at least be increased substantially. The QSHIP plans should also be required to eliminate or substantially increase their caps on particular benefits and services.

Conclusion

The intent of Chapter 23 of the Acts of 1988 was to provide comprehensive health insurance coverage to students attending institutions of higher learning in Massachusetts. The intended result has not been achieved primarily because the implementation of the program has allowed student health plans to include unreasonable levels of cost-sharing. The cost-sharing provisions leave students in serious financial jeopardy if they experience serious illnesses or injuries. To achieve the goals of the student mandate, the state needs to set higher standards for health plans to qualify under QSHIP. These standards should require insurers to offer health plans with reasonable limits on cost sharing and hold them accountable for the quality of their customer service.

In addition, the experience of implementing the student mandate provides important lessons for the implementation of our new, individual mandate. The state needs to be aware of and address the concerns raised by the QSHIP plans as they craft the regulations that will govern the state-wide health insurance mandate that it currently is implementing.

Appendix A-Methods

Research on the Massachusetts Qualified Student Health Insurance Program plans was conducted by The Access Project during the summer of 2006. Information on the programs was gathered by Stacey Beberman, a medical school student at the University of Massachusetts Medical School, who was serving an internship at The Access Project.

Using a list posted on the Division of Health Care Finance and Policy website of all post-secondary institutions whose students are required to have health insurance coverage or purchase the school's QSHIP plan, Ms. Beberman searched each school's website to gather information on its QSHIP plan. This information was collected during a six week period from mid-June to the end of July 2006. Since the new academic year had not yet begun, some of the institutions had not yet updated their information to reflect their 2006-07 health plans. Thus, Ms. Beberman and Access Project staff also contacted schools when necessary to collect updated information. As of the end of September 2006, The Access Project had gathered complete information on the premiums and the details of the benefits package for all but eight of the institutions that are required to offer QSHIP plans. (See Appendix C.)

Appendix B-Enrollment 2004

Number of Students Enrolled in QSHIP in 2004

Independent Institutions and Colleges	# of Students
American International College	142
Amherst College	649
Andover Newton Theological School	30
Anna Maria College	76
Assumption College	137
Atlantic Union College	185
Babson College	806
Bay Path College	128
Bay State College	104
Becker College	106
Benjamin Franklin Institute of Technology	202
Bentley College	986
Berklee College of Music	1,557
Berkshire Community College	278
Blessed John XXIII National Seminary	10
Boston Architectural College	242
Boston College	3,590
Boston Conservatory	256
Boston Graduate School of Psychoanalysis	Information unavailable
Boston University	8,720
Brandeis University	1,510
Bridgewater State College	1,101
Bristol Community College	508
Bunker Hill Community College	1,384
Cambridge College	Information unavailable
Cape Cod Community College	304
Caritas Laboure College	15
Clark University	694
College of Our Lady of the Elms	Information unavailable
College of the Holy Cross	283
Conway School of Landscape Design	9
Curry College	353
Dean College	216
Eastern Nazarene College	232
Elms College	74
Emerson College	1,141
Emmanuel College	209
Endicott College	252
Episcopal Divinity School	34
Fisher College	206
Fitchburg State College	263
Framingham State College	220
Gordon College	248
Gordon-Conwell Theological Seminary	403
Greenfield Community College	186
Hampshire College	566
Harvard University	13,066
Hebrew College	14
Hellenic College	115
Holyoke Community College	264
Hult International Business School	Information unavailable
Lasell College	180
Lesley University	689
Longy School of Music	109
Marian Court College	30
Massachusetts Bay Community College	579
Massachusetts College of Art	Information unavailable
Massachusetts College of Liberal Arts	135

Number of Students Enrolled in QSHIP in 2004 (con't.)

Independent Institutions and Colleges	# of Students
Massachusetts Maritime Academy	107
Massachusetts School of Law	21
Massachusetts College of Pharmacy and Health Sciences	856
Massachusetts Institute of Technology	6,970
Massachusetts School of Professional Psychology	88
Massasoit Community College	420
Merrimack College	176
MGH Institute of Health Professions	204
Middlesex Community College	230
Montserrat College of Art	422
Mount Holyoke College	1,311
Mount Ida College	422
Mount Wachusett Community College	186
The National Graduate School of Quality Management, Inc.	Information unavailable
New England College of Finance, LLC	Information unavailable
New England College of Optometry	250
New England Conservatory of Music	347
New England Institute of Art, Inc.	144
New England School of Law	517
Newbury College	222
Nichols College	78
North Shore Community College	414
Northeastern University	4,509
Northern Essex Community College	523
Pine Manor College	147
Quincy College	374
Regis College	791
Roxbury Community College	516
Saint John's Seminary	10
Salem State College	1,207
Simmons College	850
Simon's Rock College of Bard	311
Smith College	1,044
Smith College of Social Work	104
Southern New England School of Law	28
Springfield College	495
Springfield Technical Community College	857
Stonehill College	128
Suffolk University	1,945
Tufts University	2,077
University of Massachusetts-Amherst	7,191
University of Massachusetts-Boston	1,407
University of Massachusetts-Dartmouth	951
University of Massachusetts-Lowell	1,951
University of Massachusetts-Worcester	590
Urban College of Boston	Information unavailable
Wellesley College	880
Wentworth Institute of Technology	663
Western New England College	325
Westfield State College	392
Weston Jesuit School of Theology	77
Wheaton College	381
Wheelock College	101
Williams College	664
Woods Hole Institute	53
Worcester Polytechnic Institute	521
Worcester State College	406
Total	89,650

Appendix C-QSHIP Plan Details

QSHIP Plan Details						
College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
American International College	\$811	\$2,290	\$915	\$25,000	\$3,000*	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Amherst College	\$880			\$100,000	\$1,000	Koster Insurance Agency
Andover Newton Theological School	\$944	\$3,752	\$1,878/child	\$75,000	\$700	United Health Care
Anna Maria College	\$958			\$50,000	Prescription drugs not covered	Koster Insurance Agency underwritten by Markel Insurance Company
Assumption College	\$925	N/A	N/A	\$50,000	\$3,000*	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Atlantic Union College	\$1,200			\$25,000	\$1,000	Collegiate Risk Management, Inc. underwritten by Markel Insurance Company
Babson College (Undergraduate)	\$1,045	N/A	N/A	\$50,000	\$750	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Babson College-MBA (Over 1 year)	\$1,700	N/A	N/A	\$100,000	\$1,000	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Babson College-MBA (1 year)	\$2,035	N/A	N/A	\$100,000	\$1,000	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Bay Path College	\$1,520	\$2,923	\$2,138/child	\$25,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Bay State College (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^y
Bay State College (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^y
Bay State College (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^y
Becker College	\$1,612			\$25,000	\$500	Koster Insurance Agency underwritten by Markel Insurance Company
Benjamin Franklin Institute of Technology	\$365	N/A	N/A	\$25,000	\$1,500*	Consolidated Health Plans underwritten by Nationwide Life Insurance Company

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Bentley College	\$995	\$2,007	\$1,475/child	\$50,000	\$500	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Berklee College of Music	\$1,448	\$3,167	\$2,261	\$35,000	\$1,000	Koster Insurance Agency underwritten by Combined Insurance Company of America
Berkshire Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Boston Architectural College	\$785	\$1,985	\$1,251	\$25,000	\$1,500*	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Boston College	\$684	\$1,595	\$834 for 1 child \$1243 for all children	\$100,000	\$1,000	Koster Insurance Agency underwritten by MEGA Life and Health Insurance Company
The Boston Conservatory	\$1,288	N/A	N/A	\$50,000	\$500	Koster Insurance Agency underwritten by Combined Insurance Company of America
Boston Graduate School of Psychoanalysis						Information not available
Boston University	\$1,288	\$2,665	\$1,490	\$75,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Brandeis University (Undergraduate)	\$1,475	\$4,658	\$2,321	\$100,000	\$1,500	Koster Insurance Agency underwritten by MEGA Life and Health Insurance Company
Brandeis University (Graduate)	\$1,475	\$4,658	\$2,321	\$100,000	\$1,500	Koster Insurance Agency underwritten by MEGA Life and Health Insurance Company
Brandeis University (Graduate)	\$3,993	\$3,993	\$11,979/family	Unlimited per member	Prescription drugs not covered	Tufts w/o Prescription Coverage
Brandeis University (Graduate)	\$4,400	\$4,350	\$13,125/family	Unlimited per member	Not specified	Tufts w/ Prescription Coverage
Bridgewater State College***	\$1,330	\$4,065	\$1,699	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Bristol Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Bunker Hill Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company

QSHIP Plan Details (con't.)						
College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Cambridge College (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Cambridge College (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Cambridge College (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Cape Cod Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Caritas Laboure College (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Caritas Laboure College (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Caritas Laboure College (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Clark University	\$948	\$1,430	\$1,250/child \$2,500 for 2+ dependents	\$50,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
College of Our Lady of the Elms	\$1,155	N/A	N/A	\$25,000	\$400	University Health Plans, Inc. underwritten by Security Mutual Life Insurance Company of New York
College of the Holy Cross	\$589	N/A	N/A	\$50,000	\$500	Bollinger Insurance underwritten by Peoples Benefit Life Insurance Company
Conway School of Landscape Design (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Conway School of Landscape Design (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Conway School of Landscape Design (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Curry College	\$490	N/A	N/A	\$50,000	Prescription drugs not covered	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Dean College	\$872	N/A	N/A	\$10,000	\$500	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Eastern Nazarene College	\$669	\$1,970	\$980	\$25,000	\$2,000	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Emerson College (Undergraduate)	\$1,015	N/A	N/A	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Emerson College (Graduate)	\$1,471	N/A	N/A	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Emmanuel College	\$1,375	N/A	N/A	\$50,000	\$1,500*	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Endicott College	\$840	\$1,860	\$1,248	\$50,000	\$2,500*	Koster Insurance Agency underwritten by Markel Insurance Company
Fitchburg State College***	\$1,330	\$4,065	\$1,699	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Framingham State College***	\$1,330	\$4,065	\$1,699	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Gordon College	\$995	\$2,057	\$1,457	\$35,000	\$750	University Health Plans, Inc. underwritten by Security Mutual Life Insurance Company of New York
Gordon-Conwell Theological Seminary						Information not available
Greenfield Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Hampshire College	\$437			\$75,000	\$1,000	Koster Insurance Agency underwritten by Combined Insurance Company of America
Harvard University	\$1,216	\$3,274	\$1,688 for 1 child \$846 for all children	None, benefit limitations only	\$1,875****	Blue Cross Blue Shield PPO
Hebrew College						Offered in conjunction with Simmons College
Hellenic College	\$1,455	\$3,720	\$2,119	\$50,000	Not specified	Underwritten by MEGA Life and Health Insurance Company ^Y
Holyoke Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Hult International Business School	\$1,200	\$3,071	\$1,354	\$50,000	\$1,500*	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Lasell College	\$1,330	\$3,581	\$1,833	\$50,000	\$500	Koster Insurance Agency underwritten by Combined Insurance Company of America
Lesley University (Undergraduate)	\$1,343	N/A	N/A	\$25,000	\$750	Koster Insurance Agency underwritten by Combined Insurance Company of America
Lesley University (Graduate)	\$2,347	N/A	N/A	\$25,000	\$750	Koster Insurance Agency underwritten by Combined Insurance Company of America
Longy School of Music (Full-time)	\$1,594	\$2,969	\$2,344	\$50,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Longy School of Music (Part-time)	\$1,822	\$3,314	\$2,689	\$50,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Marian Court College						Information not available
Massachusetts Bay Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Massachusetts College of Art***	\$1,330	\$4,065	\$1,699	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Massachusetts College of Liberal Arts***	\$1,330	\$4,065	\$1,699	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Massachusetts College of Pharmacy and Health Sciences	\$1,440	\$5,160	\$2,456/child	\$50,000	\$500	Bollinger Insurance underwritten by Peoples Benefit Life Insurance Company
Massachusetts Institute of Technology	\$1,440	\$1,110	\$110	None, benefit limitations only	\$2,500	Blue Cross Blue Shield PPO
Massachusetts Maritime Academy***	\$1,330	\$4,065	\$1,699	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Massachusetts School of Law	\$2,180	\$4,568	\$2,351	\$25,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Massachusetts School of Professional Psychology (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Massachusetts School of Professional Psychology (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Massachusetts School of Professional Psychology (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Massasoit Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Merrimack College	\$1,163			\$50,000	\$500	Koster Insurance Agency underwritten by Markel Insurance Company
MGH Institute of Health Professions	\$4,903		\$13,986/family	None	None	Blue Cross Blue Shield Partners Plus
Middlesex Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Montserrat College of Art	\$939	N/A	N/A	\$25,000	\$250	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Mount Holyoke College	\$1,695	\$4,051	\$3,010	\$50,000	\$1,000	Koster Insurance Agency underwritten by Combined Insurance Company of America
Mount Ida College	\$1,285			\$50,000	\$500	Koster Insurance Agency underwritten by Combined Insurance Company of America

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Mount Wachusett Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
The National Graduate School of Quality Management, Inc.						Information not available
New England College of Finance, LLC						Information not available
New England College of Optometry	\$850		\$4,680/family	\$25,000	\$1,000	Bollinger Insurance underwritten by Peoples Benefit Life Insurance Company
New England Conservatory of Music	\$1,361	\$2,664	\$2,039	\$50,000	\$750	Koster Insurance Agency underwritten by Markel Insurance Company
New England Institute of Art, Inc.	\$667	N/A	N/A	\$35,000	\$250	Consolidated Health Plans underwritten by Security Mutual Life Insurance Company of New York
Newbury College	\$930	N/A	N/A	\$50,000	\$500	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Nichols College	\$835			\$50,000	Not specified	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
North Shore Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Northeastern University	\$1,690	N/A	covered until age 19	Not specified	Not specified	Blue Cross Blue Shield PPO
Northern Essex Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Pine Manor College	\$1,185	N/A	N/A	\$35,000	\$500	University Health Plans, Inc. underwritten by Security Mutual Life Insurance Company of New York
Quincy College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Regis College						Information not available
Roxbury Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Saint John's Seminary						Information not available

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Salem State College	\$1,204	\$3,691	\$1,543	\$100,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Simmons College (Undergraduate)	\$1,610	\$5,300	\$2,600/child	\$50,000	\$1,500*	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Simmons College (Graduate)	\$2,630	\$5,300	\$2,600/child	\$50,000	\$1,500*	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Simon's Rock College of Bard	\$675	N/A	N/A	\$25,000	Prescription drugs not covered	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Smith College	\$2,054	N/A	N/A	\$50,000	\$1,000	Koster Insurance Agency underwritten by Combined Insurance Company of America
Southern New England School of Law (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Southern New England School of Law (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Southern New England School of Law (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^Y
Springfield College	\$1,580	N/A	covered until age 19	\$25,000	\$500	Consolidated Health Plans underwritten by Security Mutual Life Insurance Company of New York
Springfield Technical Community College**	\$833	\$1,840	\$1,400	\$25,000	Prescription drugs not covered	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Stonehill College	\$754	\$2,660	\$1,120/child	\$50,000	\$500	Koster Insurance Agency underwritten by Combined Insurance Company of America
Suffolk University	\$1,409	\$5,078	\$1,447 1 child \$2,883 for 2+ children	\$50,000	\$750	Consolidated Health Plans underwritten by Nationwide Life Insurance Company
Tufts University (Undergraduate)	\$1,535	\$4,739	\$2,109	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company

QSHIP Plan Details (con't.)						
College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Tufts University (Graduate)	\$1,664	\$4,739	\$2,109	\$50,000	\$1,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
University of Massachusetts-Amherst	\$1,912		\$2,455/family for 6 mo. (06-07)	\$250,000	\$5,000	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
University of Massachusetts-Boston	\$1,211	\$2,759	\$2,157	\$50,000	\$1,200	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
University of Massachusetts-Dartmouth	\$1,151	\$2,577	\$1,462	\$100,000	\$1,200	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
University of Massachusetts-Lowell	\$999	\$1,873	\$1,471	\$50,000	\$1,200	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
University of Massachusetts-Worcester	\$3,176	\$6,485	\$3,450	\$250,000	\$7,500*	Chickering Benefit Planning Insurance Agency, Inc underwritten by Aetna Life Insurance Company
Urban College of Boston (Under 25)	\$1,305	\$5,138	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^y
Urban College of Boston (Ages 25-29)	\$2,545	\$10,263	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^y
Urban College of Boston (Ages 30-40)	\$3,654	\$14,845	\$2,360	\$25,000	\$500	American College Student Association underwritten by MEGA Life and Health Insurance Company ^y
Wellesley College	\$1,155	\$1,753	\$1,362	\$50,000	\$1,000	Koster Insurance Agency underwritten by MEGA Life and Health Insurance Company
Wentworth Institute of Technology	\$640	\$1,390	\$920/child	\$25,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company

QSHIP Plan Details (con't.)

College/University	Annual Premium			Aggregate Maximum Benefits per Year or Policy Year	Prescription Drug Maximum	Insurance Provider
	Student	Spouse	Child(ren)			
Western New England College	\$1,675	\$3,073	\$2,448	\$50,000	\$500	Koster Insurance Agency underwritten by Markel Insurance Company
Westfield State College	\$1,205	N/A	N/A	\$35,000	\$2,000*	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Wheaton College	\$1,074	N/A	N/A	\$50,000	\$700	Koster Insurance Agency underwritten by Markel Insurance Company
Wheelock College (Undergraduate)	\$1,565	\$5,338	\$2,595/child	\$50,000	\$1,500*	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Wheelock College (Graduate)	\$2,635	\$5,338	\$2,595/child	\$50,000	\$1,500*	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
Williams College	\$927	\$1,388	\$1,388	\$50,000	\$500	Koster Insurance Agency underwritten by Markel Insurance Company
Worcester Polytechnic Institute	\$969	\$1,775	\$1,555	\$75,000	\$1,000	Student Resources underwritten by MEGA Life and Health Insurance Company
Worcester State College	\$1,327	\$4,392	\$1,852	\$50,000	\$500	University Health Plans, Inc. underwritten by Nationwide Life Insurance Company
*Outpatient maximum; prescription drugs are considered part of the outpatient expense						
**Pool of community colleges with one health plan.						
***Pool of state colleges with one health plan.						
****Prescription drug covered provided under student health fee (\$139)						

Endnotes

¹ S. Collins et al., *Gaps in Health Insurance: An All-American Problem*, The Commonwealth Fund, April 2006.

² Hoffman, et al., *Medical Debt and Access to Care*, Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, September 2005.

³ S. Collins, et al., op.cit.

⁴ C. Schoen et al., “Insured But Not Protected: How Many Adults Are Underinsured?” *Health Affairs Web Exclusive*, June 14, 2005.

⁵ Ibid.

⁶ 114.6 CMR 3.00

⁷ Students currently registered in an online program in Massachusetts are not required to comply with this mandate.

⁸ Kaiser Family Foundation and Health Research and Education Trust, *Employer Health Benefits: 2006 Summary of Findings*, Kaiser Family Foundation, 2006.

⁹ *Premiums Versus Paychecks: A Growing Burden for Massachusetts Workers*, Families USA, October 2006.

¹⁰ The premium data included in this report are for individual coverage under QSHIP plans. It should be noted that most institutions of higher learning also offer coverage for the spouses of students and their children which have higher insurance premiums.

¹¹ V. Fuhrmans, “Billing Battle: Fights Over Health Claims Spawn a New Arms Race,” *The Wall Street Journal*, February 14, 2007.

¹² 956 CMR 5.00 Minimum Creditable Coverage

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The authors are solely responsible for the recommendations made in this report, as well as any factual errors contained within.



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