

Health Insurance Meeting  
Paraphrased Notes  
January 12, 2004

Present:

- K.G. Dr. Ken Gerhardt, Associate Dean, Graduate School
- V.Y. Victor Yellen, Assistant Provost
- P.B. Dr. Phil Barkley, Director, Student Health Care Center
- L.F. Lynn Frazier, International Center
- J.A. Josh Aubuchon, Chair, Student Health Insurance Committee
- D.H. Dave Hoppey, Graduate Student Council
- F.G. Frank Goeddeke, Graduate Assistants United

K.G. This meeting is to discuss everyone's concerns about a "subsidy" for "comprehensive health insurance" for GA's and Fellows.

P.B. Prefers Scarborough B model. Whatever plan is chosen should be tied in to the Student Health Care Center as the primary provider/gatekeeper.

L.F. There are 3 plans that are approved for Int'l students, who are required by the UF Board of Trustees to have health insurance in order to register for classes. L.F. says proposals are forthcoming to have the Int'l plan managed by the Student Health Insurance Committee. F.G. asks why. L.F. responds because there is no accountability. The plans can promise things but then not deliver, and there is no way for the Int'l Center to enforce.

D. H. Would like to see a "group" plan [as opposed to the "individual" plan that Student Health Insurance Plan is.]. That eliminates the age bracket problem, and should be cheaper for everybody.

V.Y. Hard to make a group plan, you don't know what the participation in a group plan would be.

F.G. Yes, but do have fairly high-quality data from the survey we did a year and a half ago.

P.B. Risk pools are sensitive to changes in coverage, price, etc.

K.G. A health insurance plan would probably be funded from grant money that principle investigators can write into their grant proposals.

V.Y. But even this causes problems. P.I.'s want their GA's to have health insurance, but will probably complain when they are forced to write in those costs into their proposals. That happened with post-docs last year, when they got health insurance.

J.A. Thinks the Student Health Insurance Committee can re-negotiate the Student Health Insurance Plan with Scarborough with no problems.

V.Y. Some schools require all students to have health insurance in order to register for classes.

F.G. GAU would like to see the following issues addressed:

- If the subsidy is not large, from a rational-economic perspective, it would make more sense for GAU to try to negotiate a fee waiver as opposed to health insurance. Everybody must pay approximately \$800 or more a year in fees out of pocket, while not everybody must buy health insurance out of pocket.
- An age-graduated insurance premium is not acceptable in any form in the long run. No employer we know of gives employees differential benefits based on age.
- Spouses, dependent children, and domestic partners should be included in the plan from the start.
- If we are locked into a single plan, we should have some provision for collecting/analyzing/reviewing some kind of quality control/customer satisfaction data/feedback.
- The plan should cover pre-existing conditions.
- There are tax implications for individuals, depending on how the plan is administered.
- GAU believes this plan should be negotiated solely by GAU and the administration in formal contract negotiations.
- GAU is somewhat uncomfortable locking into the student health insurance plan, as we could only directly negotiate price, not coverage, in contract negotiations.

V.Y. Thinks we should focus only on “catastrophic” health insurance, like for health bills > \$5,000 or so. That is better for younger people.

F.G. That may be true, but one of my ‘advisors’ suggests the opposite. That for the person making <\$12K/year, if the health insurance bills are too high, they can simply declare bankruptcy. Rather, it is the routine medical expenses that nickel and dime people at the lower end of the economic spectrum and should be of greater concern.

K.G. But our goal is comprehensive health insurance.

L.F. Int’l students cannot work outside the university to make up the difference when there are unexpected medical bills.

K.G. Plan should cover those on 0.25 FTE appointments and above.

V.Y. A relatively small amount of money would still be enough for most students to buy Plan A.

F.G. Plan A is designed as a supplement to regular health insurance, to pay for tests, etc., in the SHCC. It is not designed as a stand alone insurance program. The SHCC

does not accept other insurance, except for Scarborough Plan A, B, and int'l plan. Maximum payout for Plan A is \$1,000 per year, which includes up to \$600/year for prescriptions [including contraceptives].

V.Y. We could easily require all students to buy health insurance in order to register for classes.

K.G. That might not be so easy. Besides, that is a separate issue.

F.G. GAU would view a requirement to buy insurance as a pay cut, as it is a required fee to come out of our take-home pay. GAU would probably oppose any such proposal unless UF will pay substantially all the insurance premium for GA's.

P.B. There is a death spiral with health insurance inflation. It is in the neighborhood of 12% - 16% per year.

FXG