

Task Force on Graduate Student Health Insurance
Final Report and Recommendations
November 16, 2015

Abstract

The Task Force on Graduate Student Health Insurance includes MU administrators, subject-matter experts, and graduate student representatives recommended by the Graduate Professional Council. The Task Force received its charge on August 25, 2015. The initial deadline for recommendations was October 31, 2015. The deadline was later extended to November 30, 2015.

This charge defined the scope of the Task Force's investigation and deliberation. The Task Force consulted with experts from MU and the UM System, the UM System's external insurance consultant, administrators from the Office of Graduate Studies, and Student Financial Aid. The Task Force also surveyed peer institutions, reviewed the web sites of peer institutions, and conducted a survey to assess the health insurance needs of MU graduate students.

The Task Force evaluated numerous options and quickly ruled out several approaches as unacceptable due to the potential negative financial impact on MU graduate students. In addition, the Task Force considered including a recommendation that MU continue to provide the insurance-subsidy-eligible graduate students with a health insurance stipend as it has done in the past. The Task Force members could not reach a consensus in favor of including this recommendation because this option was excluded by our original charge.

The Task Force recommends that Interim Chancellor Foley, MU administration and UM System administration consider the following options:

1. Provide a financial fellowship to graduate assistant students. This fellowship would be taxable income; so, it is also recommended that the fellowship funds be increased to accommodate the increased tax burden to the students. The financial fellowship amount would be different for residential and international students and it would not be linked to the purchase of health insurance. All eligible students would receive the fellowship irrespective of their intent to purchase insurance. The provision of the fellowship would require approximately \$3.72 million in additional funding.
2. Increase stipends to graduate assistant students. The increase in stipends may not be linked to the purchase of health insurance. All eligible students would receive the increase irrespective of their intent to purchase insurance. The increase in stipends would require approximately \$5.67 million in additional funding.
3. Consider providing an additional "Silver" level insurance plan option to students. The Silver level provides a lower actuarially determined benefit, but the premiums are lower cost. The benefits are still quite good and meet minimal essential coverage.

Charge to the Task Force

On August 25, 2015, MU Chancellor R. Bowen Loftin issued the following charge to the Task Force on Graduate Student Health Insurance:

Task Force on Graduate Student Health Insurance Charge

The university is grateful to the members of the task force for their service. Below is a list of specific charges or tasks that I ask you to carry out.

- *Above all, we seek a sustainable solution for our graduate students and the university.*
- *Review the health insurance support provided by a selected group of public institutions similar in size, scope and mission to MU. This review should include the coverage provided, eligibility for coverage and cost.*
- *Review the current insurance plan available to MU graduate students in terms of its provisions of coverage, eligibility and cost, and in comparison to what is provided by the institutions selected above.*
- *Review and consider the definitions of graduate students who are paid by the university within the context of both the Collected Rules and Regulations (CRRs) of the UM System Board of Curators and the U.S. Internal Revenue Service regulations. If relevant, you may recommend potential revisions to the definition contained in the CRRs.*
- *With the assumption that the July 1 regulation promulgated by the U.S. Treasury/Internal Revenue Service will not change, explore and recommend options for MU in terms of providing health insurance to MU graduate students affected by this regulation. Your exploration and recommendations should assess the coverage provided, eligibility and the cost with the goal of the options being sustainable in the long term (beyond Fiscal Year 2016).*
- *In developing your recommendations, you are asked to be creative and not bound by the past in terms of what MU should do in the future.*

My original direction was for the Task Force to finish its work by Oct. 31, 2015. Given that MU is now providing coverage in the current academic year as it did last year, it is prudent to allow more time while still being mindful of enrollment periods for some health insurance options that you may consider. Therefore, the Task Force is asked to complete its work by November 30, 2015. MU will review the recommendations of the Task Force in December 2015 and be prepared to make a decision on graduate student health insurance in early January 2016.

R. Bowen Loftin
Chancellor

Since this charge was issued, Hank Foley (a Task force Member) has assumed the position of Interim Chancellor of MU. He has expressed a sense of urgency at finding a solution for graduate student health care and has asked that the task force continue its work and present this report as soon as possible.

Deliberations and Report

The Task Force began its work on August 25th, 2015, holding two-hour meetings nearly every week to meet the ambitious deadline of November 30th for a final report. A total of nine meetings were held and attendance was excellent.

The Task Force is composed of twelve members, including four graduate students, selected by the Graduate Professional Council. The full task force roster is presented in Appendix A. In addition, the Task Force consulted with experts within and affiliated with the University and a list of the consultants is included as Appendix B.

A subcommittee was formed to identify and evaluate insurance options from a technical and benefits standpoint. This subcommittee included Rita Bowie, Vince Cooper, and Sheena Rice, with outside assistance from Ed Knollmeyer of the University of Missouri System and Crystal Phillips of Lockton Consulting.

The Task Force explicitly recognized that its charge is to focus on a solution for insurance-subsidy-eligible graduate students (see Appendix C for definitions of terms). The group recognized that other factors influence the evaluation of insurance options, including employment status, stipend levels, family status, visa status, and working conditions. We also recognized the urgency for academic departments and programs to be able to present a confirmed option for health coverage to prospective graduate students.

The recommendations of this report focus on health insurance, but may also reference the outside factors when they were important in the formulation of a recommendation. This report highlights the essential information considered by the Task Force and the key decision points, but cannot adequately reflect the complexities of providing graduate student health insurance in the current environment.

Graduate Student Health Insurance at MU

The student health insurance program was created before subsidies were provided to graduate assistants, which began in 2000. The current student insurance policy has been purchased from a company that specializes in meeting the unique needs of the student population. These unique needs include starts and stops of insurance associated with the academic calendar and the need for medical evacuation and repatriation coverage for international students. The insurance plan accommodates the modest income of the average student by keeping out-of-pocket costs low (including, premiums, deductibles, co-insurance, and copayments). Additionally, the plan meets the needs of the visa requirements of international students, who are required to have coverage while attending the University.

The insurance-subsidy-eligible graduate student population is made up of domestic students and international students, who typically receive .25 FTE or .50 FTE

assistantship appointments. Currently, graduate students who receive tuition assistance and who choose to enroll in the student insurance receive a subsidy that pays for a portion or all of their insurance premium, depending on the FTE status of their appointment. Graduate student status is defined in the University of Missouri System Collected Rules and Regulations (CRRs) [section 320.050](#).

Impact of the Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA) was enacted March, 2010. The ACA established levels of insurance plans, which are offered through employers or health insurance exchanges. Individuals can research insurance options before buying health insurance on [Healthcare.gov](#).

The plan levels are distinguished from one another by their actuarial value, defined as the average amount of insurance expenses that would be paid for by the plan. The higher the actuarial value, the lower the out-of-pocket costs. There is an inverse relationship between out-of-pocket costs and premium costs. Lower out-of-pocket costs generally result in higher premiums, while higher out-of-pocket costs may result in a lower premium, depending on the details of plan coverage. The ACA also established criteria for minimum essential coverage (MEC) for insurance plans.

Type of plan	Description	Percentage of costs covered
Platinum Plans	Lower out-of-pocket costs but premiums will generally be higher	90%
Gold	Second lowest out-of-pocket costs	80%
Silver	Lower out-of-pocket costs than Bronze but higher out-of-pocket costs than both Gold and Platinum	70%
Bronze	Higher out-of-pocket costs but typically lower premiums	60%

The University's student insurance policy is the equivalent of a gold plan and is provided through a contract with Aetna, Inc.

Over the past several years, MU has provided a subsidy directly to the insurer to cover the health insurance fees on an Aetna Student Health Plan for qualifying graduate students.

In 2011, the University of Missouri considered adding students to the employee health insurance plan, but decided against this change for the following reasons:

1. The student plan meets the MEC requirement of the ACA. The current student plan is an individual market plan with a \$300 deductible and considered a "gold" plan under the ACA definitions.
2. The UM employee insurance plan did not meet a standard set by the ACA for affordability for student employees. The student plan was the only plan that

met the affordability test.

In 2014, the Internal Revenue Service (IRS) defined student insurance plan as individual coverage under the ACA. This definition was, in part, based on the fact that coverage is provided pursuant to a written agreement between an institution of higher education (as defined in the Higher Education Act of 1965) and a health insurance carrier, and is provided only to students enrolled in that institution and their dependents.

In 2015, the IRS confirmed a ruling that determined that student stipends tied to insurance violated the terms of the ACA ([IRS Notice 2013-54](#)). The notice outlines potential financial penalties if an employer reimburses an employee for some or all of the premium expenses incurred for an individual health insurance policy or arrangements under which the employer uses its funds to directly pay the premium for an individual health policy covering the employee (this was the case at MU).

This ruling specifically states that ‘student health plans’ do not fulfill the ACA rules; rather, they have been designated as “plans in the individual market.” Notice 2013-54 also makes clear that employers cannot use pre-tax funds to pay ‘individual insurance premiums’ for its employees. Neither may after-tax funds be used to pay employee premiums, as such an arrangement would create a ‘group health plan’ that would not satisfy the ACA requirements. Although as students, graduate student employees are eligible to be covered by ‘student health plans,’ the dual status of graduate student employees means that the University can no longer directly pay (subsidize) ‘student health plan’ premiums and remain compliant with the ACA and IRS rules.

By continuing to make ‘subsidy’ payments for student health insurance the University risks a penalty of \$100 per day per affected individual (insurance-subsidy-eligible graduate student).

Outside of the obtaining insurance through the MU student health insurance plan offered by Aetna, students may obtain health insurance by:

- Staying on their parent’s plan if under the age of 26 (does not apply to international students and requires a living, insured parent and parental consent);
- Purchasing individual coverage outside of the university (i.e. through the Marketplace); and
- Obtaining insurance through an employer other than the university.

Sources of information

The Task Force collected information from MU and UM system experts regarding the current AETNA student insurance plan, the UM system employee group plan, the current classification of graduate student under the UM System Collected Rules and Regulations, and the viability of offering a “fellowship” to increase graduate student income.

The Task Force also requested information from peer institutions about their graduate student insurance plans. Finally, the Task Force surveyed the graduate student population on their perception of their health care and insurance needs.

Student insurance history

Ed Knollmeyer of the University of Missouri System and Crystal Phillips of Lockton Consulting provided the history of the Aetna, Inc. student insurance offering. Aetna insurance is offered to all UM system students. The majority of students enrolling in the plan across the system are international students. The student insurance plans are designed every year with input from a representative committee to meet students' needs, including affordability, coverage periods based on semesters, and coverage for transient populations.

Kelly Stuck, the Associate Vice President of Total Compensation for the University of Missouri System, outlined the definition of student employees under the CRR, the evolving ACA rules, the MU insurance changes due to the ACA rules, the current MU employee group plans' coverage and costs, Aetna coverage and student benefit needs. In the Academic Year 2014/2015 for MU, a total of 4412 individuals were enrolled in the Aetna student health insurance plan.

Individuals enrolled through the Aetna student plan*			
	Students	Spouses	Children
Domestic	1,481	4	13
International	2,715	66	133
Total	4196	70	146

*Note: totals are not limited to those who were provided insurance subsidies.

Costs

The current Aetna plan premium is set at \$3,051 for domestic students and \$1,685 for international students. This premium has been covered by subsidies for stipend-eligible graduate student employees. The Aetna insurance premiums are less expensive than the three UM system employee group plans. The UM system employee plans, except for the PPO plan, involve a narrow network of coverage. This means that the network of healthcare providers under the plan is geographically limited. This presents a problem for many graduate students, who spend part of the year outside of the Columbia, MO area. Due to its higher premium and deductible costs, the UM system employee group plans do not meet the affordability requirements under the ACA for the graduate students, which requires that the employees' expected contribution to the insurance costs does not exceed 9.56% of the employees' salaries.

2015/2016 Annual Premium Cost Comparison

Coverage level	Aetna International Student	Aetna Domestic Student	UM Employee*
Student Annual Cost	\$1,685	\$3,051	\$5,100 to \$6,756
Family Annual Cost	\$4,987	\$9,085	\$14,280 to \$18,912

* Cost varies by plan type

Graduate students who receive health insurance subsidies

Leona Rubin, the Associate Vice Chancellor of Graduate Studies and Karen Gruen, GSSP Coordinator, discussed the total number of MU graduate students enrolled for the Fall 2015 semester (6,442). Of those, 2,753 are insurance-subsidy eligible, and 1,760 accepted the insurance subsidy. Therefore, 64% of current graduate students eligible for a subsidy enrolled in insurance in Fall 2015.

Under MU's current practice, domestic graduate students are provided an insurance subsidy as they enroll in the Aetna plan. International students are automatically enrolled when they register for courses. The subsidy is an untaxed benefit in which the University of Missouri pays the insurance premium when students enroll. This procedure violates the Internal Revenue Service 2013-54 ruling because eligibility for the Aetna student insurance plan is dependent upon students' enrollment status at MU and is offered to all students in the UM system, making it individual health coverage.

Finally, Nick Prewett, the director of Student Financial Aid, provided information about the possibility of providing a fellowship to all eligible graduate students that could cover some or all of the costs of student insurance. The fellowships can be aligned with each student's FTE status and residency status (international or domestic). Fellowships align with the academic semester (Fall and Spring) and can be distributed prior to the start of each semester when insurance premiums are due. One consideration for this option is that fellowships are taxed as income and reported to the IRS as such.

Peer institutions

On September 3, 2015, the Task Force sent a letter to 12 peer institutions (SEC and/or AAU public institutions, as well as additional institutions classified as peer institutions by MU) requesting information from the respective graduate studies offices about their graduate insurance plans. The details of that request are included in Appendix D and a spreadsheet of information received is included in Appendix E. The identities of the institutions have been withheld in order to protect their privacy.

Seven of the twelve peer institutions responded with information. Six of the seven responding institutions use a student group insurance plan. The remaining institution

offers its students insurance through the employee plan. After reviewing the information provided by MU's peer institutions, the Task Force concluded that none of the peers' insurance plans offered a viable alternative to MU's current plan (using a subsidy). Anecdotal evidence suggests that many universities continue to lobby at the Federal level for changes to the IRS regulations.

Student survey

The Task Force wanted to understand the University of Missouri's graduate students' medical, insurance, and affordability needs to better inform the final insurance recommendations. On September 15, 2015, a descriptive survey was sent electronically to all graduate students. (See Appendix F).

The survey was distributed through multiple channels to maximize participation. Task Force members posted the survey on social media, sent it through the Graduate Professional Council mass email system, and sent it to the Directors of Graduate Studies listserv to then distribute through individual department listservs.

The survey was completed by 1,526 of 6,442 total graduate students, a 24% overall response rate. Of the 2,753 graduate students with an assistantship, 1,121 took the survey, which is a 41% response rate among graduate student employees. Most respondents reported they are on a 50% assistantship appointment (60%), 32% reported they have a fellowship, and the majority of respondents were domestic students (78%).

The respondents reported they usually seek health care within the MU health system. Most students use the MU student health center (64%) and MU health system physicians (37%). Around 22% of respondents also reported seeing a non-MU affiliated physician, 24% use urgent care, and 24% use a physician outside of Columbia, MO. Overall, most students (77%) see a physician within Columbia.

The descriptive results indicated that most students seek local, convenient health care. Despite these broad results, students also reported needing accessible health care when they travel for graduate student work and educational experiences, such as fieldwork and attending professional conferences. For example,

“Field work is fundamental to completing research in geology, as such I need insurance that covers me for emergencies that can occur very far from hospitals both nationally and internationally.”

Respondents' biggest cost concern was total-out-of-pocket costs. Many students emphasized that any additional health costs are unaffordable given their modest

budgets. Several respondents mentioned that the current deductible is unaffordable (it is currently \$300 with the Aetna policy), making and health care inaccessible.

“Current deductible and co-pay is still too high for my salary, for that reason I was afraid to go to the emergency room when badly injured in late July (Not a situation MU student should be in!).”

The students mentioned that prescription drug benefits are an essential component of any proposed health care plan.

“I take daily medications because of a chronic health condition, so low prescription costs are a big deal for me. Also, many of the Market place plans don't include coverage out of state. This would be a concern for me when I fly home to visit my family, or when I travel to collect data for my dissertation.”

The respondents overwhelmingly stated that they need low-deductible, low-cost, broad coverage health insurance.

Options considered and not selected

The Task Force considered four options for providing health insurance:

- An Employer-sponsored group plan for graduate student assistants;
- Enrolling the graduate student assistants into the existing employee plan;
- Enrolling the graduate student assistant in a Private Employer Exchange; and
- Supporting the graduate student assistants to move to the Public Exchange.

The above options were thoroughly reviewed; However, none were selected for recommendation. The issues associated with these were deemed too significant to continue pursuing and not in the best interests of our graduate students. The barriers included: inability to conform to the ACA provisions, excessive cost, and inability to effectively establish and administer. A full list of the benefits and limitations of each alternative is included in Appendix G. The benefits and limitations chart is not inclusive of all barriers. The committee used the pros and cons to assist in decision-making but recognizes that there has not been a legal, actuarial, or consultant review of the information and that further analysis would be required in order to understand the costs of each scenario.

Acceptable options

The Task Force also considered two methods for allowing graduate student assistants to obtain insurance on their own without incurring a financial penalty. Both of these options are acceptable:

- Increase graduate student stipends for all students and no longer offer the insurance subsidy; and
- Offer all graduate student assistants a fellowship, from which they could purchase other items (beyond insurance, thus removing the tie to insurance).

In addition, the Task Force recommends consideration be given to offering an additional “silver” plan to reduce the premium costs for the students.

Conclusion and Recommendations

The University of Missouri has continued to provide a high-quality health insurance benefit to its students. The manner in which it provides this insurance, via a subsidy, appears to meet the intent of the Affordable Care Act to continue or expand access to health insurance. Not only did MU supply the health insurance plan, the subsidy paid for the entire premium costs of the plan for students with a .50 FTE assistantship. The IRS ruling that disallowed the use of subsidies to pay for insurance among graduate students appears to have surprised universities and is regarded as short-sighted and infeasible. Many universities that provide their graduate students with health insurance through subsidies have not altered their insurance provision arrangements. Universities and their advocacy organizations are calling for a reversal or alteration of this rule in light of the unique circumstances of providing health insurance to graduate students. There has been no official reaction to this advocacy, nonetheless, the possibility remains that the ruling will be changed.

The Task Force considered including a recommendation that MU continue to provide the insurance-subsidy-eligible graduate students with a health insurance stipend as it has done in the past. The Task Force could not reach a consensus in favor of including this recommendation because this option was excluded by the original charge.

Several members were concerned that such a recommendation would disregard a federal law that allows for substantial penalties for violation. Other members noted that the charge to the committee was to recommend alternative methods to deliver health insurance and that recommending “no change” did not meet the charge to the committee. Nevertheless, it is clear that other universities are not changing their practices, to date, in anticipation of a possible change in the IRS ruling and/or the development of a solution to this dilemma by MU. Continuing the current method for providing health insurance to subsidy-eligible graduate students remains an option, but it carries legal risks.

Recommendations

The Task Force recommends that Interim Chancellor Foley, MU administration, and UM System administration consider the following options:

1. Provide a financial fellowship to graduate assistant students. A fellowship may be provided to all graduate students with a “graduate assistant” or other (previously) insurance-subsidy-qualifying title that equals the cost of the previously provided health insurance subsidy. This fellowship would be taxable income; so, it is also recommended that the fellowship funds be increased to accommodate the

increased tax burden to the students. The financial fellowship amount would be different for residential and international students and it would not be linked to the purchase of health insurance. All eligible students would receive the fellowship irrespective of their intent to purchase insurance. Therefore, it does not violate the IRS ruling of the ACA regarding graduate students. The provision of the fellowship would require approximately \$3.72 million in additional funding.

2. Increase stipends to graduate assistant students. The stipend increase may be provided to all graduate students with a qualifying title that equals the cost of the previously provided health insurance subsidy plus an allowance for the additional tax burden. The stipend increase may need to be equivalent for domestic and international students even though the cost of insurance is different. The increase in stipends may not be linked to the purchase of health insurance. All eligible students would receive the increase irrespective of their intent to purchase insurance. Therefore, this increase does not violate the IRS ruling of the ACA regarding graduate students. The increase in stipends would require approximately \$5.67 million in additional funding.
3. Consider providing an additional “Silver” level insurance plan option to students. The committee that evaluates the student insurance options has discussed this previously. It should be considered again in light of recent events. The Silver level provides a lower actuarially determined benefit, but the premiums are lower cost. The benefits are still quite good and meet minimal essential coverage.

Respectfully submitted on behalf of the Task Force,

A handwritten signature in black ink, appearing to read 'Kristofer Hagglund'.

Kristofer Hagglund, PhD
Chair

Appendix A
Task Force Membership

Kristofer Hagglund, Chair

Dean of the School of Health Professions

Rita Bowie

Director of Health and Benefit Programs, UM System

Vince Cooper

Director of Payer Strategy and Health System Contracting, MU Health

Ellen de Graffenreid

Vice Chancellor for Marketing & Communications

Hank Foley

Senior Vice Chancellor for Research, Graduate Studies & Economic Development

Mannie Liscum

Professor of Biology and Associate Dean for Research, College of Arts & Science

Todd Mackley

Assistant Vice Chancellor, Division of Finance

Peggy Spiers

Senior Human Resources Manager, Human Resource Services

Rachel Bauer

Vice President, Graduate Professional Council, and Graduate Instructor, Department of Theatre

Jacqueline Gamboa Varela

Doctoral Candidate, Department of Chemistry

Sara Prewett

Doctoral Candidate and Graduate Instructor, Department of Educational, School & Counseling Psychology

Sheena Rice

Master's Student, Truman School of Public Affairs

Appendix B
Consultants

Kelley Stuck

Associate Vice President for Total Compensation

Karen Gruen

Institutional Research Analyst, Office of Graduate Studies, University of Missouri

Leona Rubin

Associate Vice Chancellor of Graduate Studies, University of Missouri, and Associate Vice President of Academic Affairs and Graduate Studies, University of Missouri System

Ed Knollmeyer

Assistant Vice President for Management Services & Director of Risk Management Services

Crystal Phillips

Account Executive, Employee Benefits, Lockton Companies

Nick Prewett

Director, Student Financial Aid, University of Missouri

Appendix C

Definitions of Terms for Students

Students

Individuals who are enrolled as a student at the University of Missouri. This term includes all students enrolled at the undergraduate, graduate, and professional levels.

Graduate students

Individuals enrolled in graduate and professional programs.

Graduate students with assistantships or Graduate student assistants

Includes both domestic and international students receiving full-time or part-time assistantships or fellowships that are eligible for a tuition waiver.

Insurance-subsidy-eligible graduate assistants

Includes both domestic and international students receiving full-time or part-time assistantships or fellowships who are currently eligible to receive the health insurance subsidy.

Appendix D
Letter to Peer Institutions

September 8, 2015

Dear Colleague,

We are part of the University of Missouri's Task Force on Graduate Student Insurance. We have been asked to bring forward recommendations to Chancellor R. Bowen Loftin by November 1, 2015. He has specifically asked that we "review the health insurance support provided by a selected group of public institutions similar in size, scope and mission to MU." This review should include the coverage provided, eligibility for cost and coverage.

We will provide all participating institutions with a summary of our findings, which will not identify individual institutions.

We are reaching out to you as a peer institution and urgently need your assistance in helping us understand how your university handles graduate student health insurance and how it is funded. We specifically need answers to the following questions.

1. Approximately how many graduate students do you cover each academic year (on average)?
2. Do you cover graduate students on the same plan as faculty and staff employees, or do you have a separate group plan? If a separate group plan, is it limited to graduate students or may undergraduates also purchase the insurance?
3. Please describe the eligibility criteria for graduate students to receive insurance assistance, specifically:
 - a. Is eligibility limited to certain kinds of appointments?
 - b. Is eligibility limited to appointments of a certain duration?
 - c. Is eligibility limited to a certain percentage of FTE (full time equivalent)?
 - d. Is eligibility tied to receipt of a tuition waiver or stipend?
 - e. Is the eligibility criteria different for international students? Are there different insurance requirements for international students?
4. Please describe the coverage provided including all major provisions and exclusion, including out-of-pocket cost parameters (e.g. copays, deductibles, lifetime maximums).
5. Please indicate the total cost to insure a single individual, individual and spouse, parent and children, and family.
 - a. What portion of this cost is paid by the university for eligible graduate students?
 - b. What is the student's contribution to the premium?
6. Are dental and vision insurance is provided? If so, please indicate the total cost to insure a single individual, parent and children, and family.

- a. What portion of this cost is paid by the university for eligible graduate students?
- b. What is the student's contribution to the premium?

Email responses may be sent to MUGradInsurance@missouri.edu. If you have any questions about this effort, please do not hesitate to contact our Task Force chair, Kristofer Hagglund, Dean of the School of Health Professions at hagglundk@heath.missouri.edu or (573) 884-6705.

Sincerely,



Rachel Bauer
Vice President
Graduate & Professional
Studies
Council



Kristofer Hagglund
Dean, School of
Health Professions



Henry C. Foley
Senior Vice Chancellor
Research & Graduate

Appendix E
De-identified Spreadsheet of Information from Peer Institutions

*Please find accompanying excel spreadsheet.

Appendix F
Graduate Student Survey

We, the Task Force on Graduate Student Insurance, have been asked to seek a sustainable comprehensive health insurance solution for Mizzou graduate students and the university. We are reviewing plans offered at peer institutions, reviewing the current AETNA insurance plan, and considering all available options to provide the best coverage for students. Our solution will adhere to the Affordable Care Act and U.S. Internal Revenue Service Regulations. We want to ensure we capture the needs of the graduate student population. Thus, we seek your help by completing the following survey regarding your insurance needs. Your answers will help inform our decisions.

1. Are you on an assistantship this year (2015-2016)?
☐ Yes, I have a 0.25FTE (about 10 hours a week)
☐ Yes, I have a 0.50FTE (about 20 hours a week)
☐ Yes, I have an appointment, but it is neither .25 or .50 (e.g., .33 FTE or .70FTE)
☐ No
2. Are you on a campus or department/program level fellowship this year?
☐ Yes
☐ No
3. Are you an international student?
☐ Yes
☐ No
4. Where do you normally see, or anticipate seeing, a physician? (*check all that apply*)
☐ Student health center
☐ University of Missouri practice
☐ Columbia, MO area doctor
☐ Urgent care/walk-in clinics
☐ Physician practice outside of Columbia, MO
☐ Other (please be specific) _____
5. To see a physician, do you stay within
☐ Columbia city limits ☐ 50 miles ☐ 100 miles
☐ >100 miles
6. Please rank the considerations that are the most important to you, with a '1' for most important, '2' for second most important, etc.:

_____ total out-of-pocket costs _____ coinsurance _____ premiums
_____ prescription benefits _____ deductibles _____ copays
_____ premium cost per month

7. What is the **most** you are able to pay **per month** for comprehensive health insurance?
_____ monthly premiums (Please fill in amount.)
_____ deductibles
_____ coinsurance
8. Please rank which of the following additional health benefits is most important to you, with a '1' for most important, '2' for second most important, etc.:
_____ prescription drugs _____ dental benefits
_____ vision benefits _____ dependent care
9. Please include any additional comments you may have (open ended).

Appendix G
Powerpoint Presentation: Graduate Student Health Options

*Please find accompanying pdf.