

**STUDENT HEALTH INSURANCE
ADVISORY COMMITTEE
Information for May 7, 2014**

AGENDA

Kansas Board of Regents
Student Health Insurance Committee
Kansas Board of Regents -Conference Room B
Wednesday, May 7, 2014, 12:30 p.m.

- I. Approve: Minutes from the February 19, February 24 and February 27, 2014 meetings
- II. UHC Discussion Items –
 - A. PY 14-15 Voluntary Enrollment Guidelines
 - B. PY 14-15 Policy and Brochure Update
 - C. Frontier MEDEX
 - D. PSI International Insurance Plan
- III. Discussion –
 - A. MHECare Reports
- IV. Good of the Order
- V. Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room
 - A. Wednesday, September 3, 2014

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
MINUTES
February 19, 2014

The February 19, 2014, meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 12:30 p.m.

Members in Attendance:

Diana Malott, KU
Sheryl McKelvey, WSU
Madi Vannaman, KBOR

Mary McDaniel, ESU
Jim Parker, KSU

Members Participating by Telephone:

Carol Solko-Olliff, FHSU

Also participating were Matt Brinson, UHC-SR and Leslie Gagnon, Mercer. Participating by phone were Vickie Mense, representing PSU as Cathy Lee Arcuino was unavailable; Jennifer Dahlquist, MHEC; Dale Burns, UHC-SR and Mary Karten, KU. Mary Herrin, WSU and COBO chair; Alisha Wittstruck, KUM and student representatives, Angela Wary, KU, and Dugan Keaton, KSU, were unable to participate.

Minutes

The minutes from December 4, 2013 meeting were approved.

MHECare/Mercer Reports

Leslie Gagnon reviewed the Mercer reports and highlights from the material.

The projected target loss ratio for the 12-13 plan year is 66.9%, based on updated claims through December 2013 which is approximately 99% complete for medical and 100% complete for prescriptions. The plan is very much where Mercer expected it to be; it is a very healthy plan that has been in existence for a long time and UHC-SR has been good at rating premiums. Things that will be watched include the increases to “per capita cost” (number of claims divided by number of students) as they are increasing significantly.

Additional information was requested or suggested for future reports:

- Sheryl McKelvey requested a breakdown to show data based on student group: domestic, international and graduate students.
- Diana Malott asked for a comparison of the KBOR plan numbers to other MHEC programs for items such as types of experience, mandatory group and other voluntary groups; claims comparison; impact of dependent claims, etc.
- Leslie Gagnon suggested that information about health center claims could be provided as they are tracked separately and the listing of top 25 prescriptions.

PY 14-15 Benefit and Premium Information

Matt Brinson provided the proposed 2014-2015 KBOR Student Health Insurance renewal rates for a fully ACA compliant plan. As the State of Kansas requires any renewals that occur after 4/1/14 to be fully ACA compliant, a “transitional” policy, as discussed at the last SIAC meeting, cannot be offered. The proposed student only rate of \$1,485 includes \$100 for ACA related taxes and fees and \$15 for MHEC fees.

The plan **modifications** to bring the KBOR student insurance plan into ACA compliance are outlined below (and are included on the proposal rate sheet):

- * Maximum benefit increased from \$500,000 to No Overall Dollar Limit (unlimited)
- * Out-of-Pocket maximum reduced from \$10,000 to \$6,350 per Member / from \$20,000 to \$12,700 per Family (Preferred Provider)
- * All per service deductibles/copays, coinsurance and policy deductible apply toward the out-of-pocket maximum (out-of-pocket maximum will be reached more quickly and it has been lowered)
- * Removal of Pre-Existing Conditions Exclusion and Limitations
- * Implementation of Pediatric Dental and Vision (up to age 19)
- * Removal of parenthetical as no longer a policy maximum: (Benefits are not subject to the Maximum Benefit) from durable medical equipment and dental; Elective Abortion is not covered under the plan
- * Inclusion of State of Kansas "essential health benefits" (UHC-SR is working on the comprehensive listing)

Matt Brinson stated that plan modifications resulted in about a 9% increase. With ACA taxes/fees resulting in an 8% increase, the overall increase will be around 15%. Matt Brinson stated that other plan renewals are seeing increases in the higher teens, lower twenties because of the essential health benefits, ACA requirements and medical trends. Diana Malott stated she is already hearing from parents who want to know the premiums as they are seeing employer plan premium increases for dependents in the \$300-\$400 range so the KBOR plan is still a good deal for students. Matt Brinson remarked that the KBOR plan is a good value relative to the ACA exchanges and UHC-SR will market the plan more proactively than in the past.

Matt Brinson stated the plan had an 80.2 rating which makes it a gold plan (78-82). Going forward, plans have to fall within a metallic bucket: bronze, silver, gold or platinum. If the plan is rated 85 but less than 88 for platinum, plan changes would be necessary to ensure the plan fell within a metallic bucket range.

The rate sheet also included the requested alternate quotes for review:

1. To cover titers for all students would increase the proposed gross rates by +0.25% or roughly \$4 to the gross rate.
2. To cover flight training, when taken as part of the student's degree program, the same as any other injury would increase the proposed gross rates by +0.5% or roughly \$7 to the gross rate.

Diana Malott stated that the titers quote was requested because the international population is increasing and those students often do not have the appropriate vaccination documentation. Coverage for titers is less expensive than vaccinations. The motion to include coverage for titers was supported unanimously.

Last year, representatives from Kansas State University requested that the flight training coverage be added so that the 400 students who are taking part in that degree program would have medical coverage. The policy currently excludes that type of coverage. The request was submitted after PY 13-14 rates had been finalized, so it was carried over. The premium increase would impact all students enrolled in the plan but the benefit coverage would only be available to those students who are taking flight training as part of the student's degree program. Discussion ensued about whether exploration of other options, including a separate accident policy, should be explored. Matt Brinson stated that he could go back to underwriting to see if the coverage could be added without impacting the premium.

Two motions on the topic were voted on:

The SIAC unanimously approved adding this coverage if there is no increase in premium.

All SIAC members, except one, voted to decline this coverage if there is an increase in premium. Jim Parker voted to include this coverage, even with an increase in premium, so that the flight students would have coverage.

Enrollment Guidelines

Matt Brinson shared the following enrollment guidelines for PY 14-15, because the KBOR student plan is a voluntary enrollment plan (no mandatory or waiver enrollments), to try and minimize the risk associated with no pre-existing conditions and unlimited benefit coverage. Dale Burns stated that the stringent enrollment requirements are being revisited to allow some students to enroll at semester (fall, spring, and summer). The SIAC will discuss the revised enrollment guidelines during an upcoming conference call.

Concern was expressed about the impact of any guidelines on Plan 3 enrollment as students often may not know if they will have an eligible graduate position to qualify for the university's premium contribution. If the student enrolls in Plan 1, the regular student plan, and then later qualifies for Plan 3, the graduate student plan, UHC-SR will refund the premium difference. Currently, if the student enrolls in Plan 3 and then does not get a qualifying graduate position, the student cannot be transferred to Plan 1. But, that student will be captured on the Partner Center listing and UHC-SR may be able to transfer the student.

Mary Karten asked whether a timeline needed to be associated with the qualifying life events and Dale Burns will include that information in the final guidelines. Mary Karten also asked for the definition of "full-time degree seeking students" as there may not be a common definition. Dale Burns will look to see what he can find. (Per the KBOR Office, all universities participate in Title IV financial aid programs, which use 12 hours for full-time eligibility for those funds.)

Good of the Order

1. Medical evacuation and repatriation coverage - Sheryl McKelvey stated that some international students have other medical coverage but need medical evacuation and repatriation coverage. UHC-SR offers Frontier MEDEX for that coverage, but their website indicates that coverage is not available in certain places including Iran, Iraq, Afghanistan, North Korea and Somalia, and that other countries can be excluded if "black-listed" by the U.S. Government. Matt Brinson will investigate to determine why the countries are excluded and how this can be addressed and what impact, if any, there is for this coverage under the KBOR student insurance policy.
2. Coverage for Athletes – Diana Malott asked for an update on the project to provide coverage for international athletes. Leslie Gagnon stated the project is continuing and the committee will meet in March and many representatives from Kansas will participate. The goal is to have a plan available this fall.

Future SIAC meetings

Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room

1. Monday, February 24, 2014, conference call at 1:00 central
2. Wednesday, May 7, 2014

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
MINUTES
February 24, 2014

The February 24, 2014, conference call meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 1:00 p.m.

Members Participating:

Cathy Lee Arcuino, PSU
Diana Malott, KU
Sheryl McKelvey, WSU
Alisha Wittstruck, KUMC

Carol Solko-Olliff, FHSU
Mary McDaniel, ESU
Jim Parker, KSU
Madi Vannaman, KBOR

Also participating were Dale Burns and Matt Brinson, UHC-SR; Jennifer Dahlquist, MHEC; Leslie Gagnon, Mercer; and Mary Karten, KU. Mary Herrin, WSU and COBO chair, and student representatives, Angela Wary, KU, and Dugan Keaton, KSU, were unable to participate.

Frontier MEDEX

Matt Brinson stated that the question about repatriation and medical evacuation under the Frontier MEDEX plan has been raised with UHC-SR's legal counsel as that coverage is not available in certain countries. UHC has become aware of certain restrictions on covered services. Research revealed that the Office of Foreign Assets Control (OFAC), an agency of the US Department of Treasury under the auspices of the Secretary of the Treasury for Terrorism and Financial Intelligence, administers and enforces economic and trade sanctions, based on US foreign policy and national security goals, against targeted foreign states, organizations, and individuals.

OFAC permits payment to certain countries that have varying degrees of economic sanctions. The most severe sanction does not allow any payments to anyone in the country and impacts Frontier MEDEX and any business, including other Travel Assistance Providers. This situation is not unique to Frontier MEDEX.

UHC-SR has a preliminary list of countries that include Iran, Cuba, N. Korea and Sudan and they are attempting to secure confirmation on the other countries mentioned including include Iraq, Afghanistan and Somalia. A complete listing of affected countries will be provided.

Dale Burns will continue to gather information to help determine which benefits, if any, can be extended to students from the listed countries that would not result in payment being made to someone in a listed country. For example, if the remains can be repatriated by paying a provider here and not in a listed country.

Plan Year 2014-2015 Proposed Rates

Matt Brinson provided updated rates to reflect the inclusion of the alternate quote for titers and to add, without additional cost to the plan, coverage for flight training (language will be added to the Schedule of Benefits header). The revised annual student only rate increased \$4.00 resulting in a total of \$1,489.

With the additional coverage mandated by ACA and the addition of coverage for titers, the annual rate changed \$204 or 15.88%.

Also provided were the special rates for monthly International/Visiting Faculty and Scholars and the Plan 3 Continuation Rates.

The motion to accept the revised, proposed rates was unanimously approved and will be presented to the Council of Business Officers and on to the Board of Regents for their approval.

Plan Year 2014-2015 Voluntary Enrollment Guidelines

Dale Burns emailed revised Voluntary Enrollment Guidelines (revised information is italicized) and an Excel chart with the various enrollment deadlines and coverage periods for each of the universities.

Voluntary Enrollment Guidelines, 2014/2015 Policy Year, Revised 2/20/2014

1. A qualifying life event for primary insured's and dependents to be eligible to enroll in a SHIP.
Premiums are not pro-rated. *Qualifying life event must occur within 30 days of enrollment in the plan.*
 - a. New Born Child
 - b. Adoption or Change in Legal Guardianship
 - c. Change in Marital Status
 - d. Loss of coverage under parent's plan due to age restrictions
 - e. Delayed arrival under special circumstances
2. Enrollment period Voluntary Primary Insured
 - a. Open: 30 days before start of period, Close: First day of school
 - i. Need to define first day of school (may be different for different groups)
 - ii. *Can be modified with underwriting approval when business case is justified.*
3. Enrollment Period for dependents when Waiver coverage offered to Primary Insured
 - a. Waiver period deadline
4. Coverage Periods offered limited to
 - a. Annual
 - b. Fall
 - c. Spring
 - d. Spring Summer
 - e. Summer
 - f. Other periods matching academic schedule of institution (i.e. quarterly)
 - g. No sliding coverage
 - h. No Monthly
5. Verifying Eligibility
 - a. Each Semester a premium payment is made
 - b. Use existing process
6. Eligibility
 - a. Limited to Full Time Degree Seeking Students
 - i. Degree Seeking means a major is declared. Need to add a question to the verification letter asking if the insured student is degree seeking.
 - b. Full time can be a combination of On-line and Attending Classes
 - i. On-line may be no more than half of Full Time Course Load
7. Refunds
 - a. No refunds except
 - i. Entry into Armed Services
 1. Refund is a pro-rata amount regardless of if claims received and/or paid

ii. Verification of Student Status fails

1. Refund is 100% of amount paid as premium less any amounts paid as claims, including Rx
2. If amount paid in claims exceeds premium, enrollee is sent a demand letter for the amounts paid in claims that exceed the premium amount

The SIAC discussed various enrollment and effective dates for the voluntary student plan enrollees. Dale Burns will provide the SIAC with the following information:

- a. an updated Excel sheet reflecting the different enrollment and effective dates, using the universities' class start dates. The SIAC members all indicated that using 30 days before the start of the university's first day of class for the open enrollment period would be workable.
- b. a definition of "full-time" that will be used under the plan. May consider using 12 hours for undergraduates and 6 hours for graduate students. Anyone who meets eligibility requirements is eligible to enroll and with unlimited benefits, preventative care, no pre-existing exclusions, and no medical underwriting for the student plan, a credit hour requirement is necessary to prevent enrollment in the university just to get student health plan coverage and the adverse impact to the plan.
- c. a prorated annual premium for returning voluntary domestic students for 8/1/14 to 8/25/15.

The enrollment and effective dates for the graduate plan (03) will remain the same as used in PY 13-14 and will be used for the new plan (04) that will be created for international students. The voluntary domestic plan will be (01).

Mary McDaniel noted that Emporia State University currently does not bill their international students for enrollment in the KBOR student plan. Discussion is ongoing about setting up the billing process. Dale Burns stated that SR will print paper forms the international student will complete that will have the correct policy numbers and effective dates and the ESU international office, or some other official office from ESU, will need to verify the international student's enrollment.

If a student has a qualifying event, not during open enrollment, the student will be allowed to enroll in the plan, and the effective date will be the date when enrollment and payment is received by SR within the 30 day window.

Future SIAC meetings

Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room

1. Wednesday, May 7, 2014

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
MINUTES
February 27, 2014

The February 27, 2014, conference call meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 11:00 a.m.

Members Participating:

Carol Solko-Olliff, FHSU
Mary McDaniel, ESU
Jim Parker, KSU
Madi Vannaman, KBOR

Diana Malott, KU
Sheryl McKelvey, WSU
Alisha Wittstruck, KUMC

Also participating were Dale Burns and Matt Brinson, UHC-SR; Jennifer Dahlquist, MHEC; Leslie Gagnon, Mercer; and Mary Karten, KU. Mary Herrin, WSU and COBO chair; Cathy Lee Arcuino, PSU; and student representatives, Angela Wary, KU, and Dugan Keaton, KSU, were unable to participate.

Dale Burns provided updated Voluntary Enrollment Guideline information for the Committee to review and discuss.

Three Plans (01, 03 and 04)

As discussed at an earlier meeting, Dale Burn's information confirmed that UHC-SR will be moving international students to a different policy and plan. There will be three plans: -01: Domestic Voluntary; -03: GTA/GRA/RA Plan; -04: International

Plan Year 2014-2015 Voluntary Enrollment Guidelines

Matt Brinson and Dale Burns discussed the revised Voluntary Enrollment Guidelines and an Excel chart with the various enrollment deadlines and coverage periods. These will apply only to Plan 01, the voluntary domestic student plan.

For Plan 01, the Committee agreed to keep the enrollment and coverage dates as uncomplicated as possible. The motion to ask UHC-SR to consider the following enrollment periods and coverage effective dates for PY 14-15 passed unanimously:

Fall: Enrollment period from 7/1 through the first day of class with all policies effective 8/1.
Spring: Enrollment period from 12/1 through the first day of class with all policies effective 1/1.
Summer: Enrollment period from 5/1 through 6/1 with all policies effective 6/1.

Sheryl McKelvey mentioned students who decide late to attend the university. If the universities are able to identify those students who enroll in the university late and who have missed the Plan 01 enrollment period, would the student be allowed to enroll? Matt Brinson stated that the on-line enrollment functionality will be turned off when the enrollment period is closed and UHC-SR would have to create a qualifying event form to include with the application and premium payment. UHC-SR would provide information on their website about the options available to the student and the qualifying events.

Plan 03 Graduate Assistants and Plan 04 International

The Plan 03 Graduate Assistant plan, and the new breakout plan for international students (Plan 04), will not be subject to the voluntary enrollment guidelines but will retain the PY 13-14 enrollment periods and effective dates. Specifically for Plan 03, the graduate assistants will continue to have the

August/January/June enrollment periods and, if application and payment are made during those enrollment periods, coverage will be retroactive to the first of the month August 1st/January 1st/June 1st.

Mary Karten asked about mid-semester enrollment in Plan 03. Dale Burns agreed that graduate assistants who receive late appointments will continue to be allowed to enroll in Plan 03 outside the UHC-SR enrollment period and coverage would be effective the date the application and payment are received by UHC-SR, assuming the application and payment are made within 15 calendar days of the late appointment date.

Graduate assistants who are appointed timely but who elect not to enroll in Plan 03 until after the enrollment period will be able to enroll only with a qualifying event. A qualifying event enrollment form will be available, with the coverage effective being the date the enrollment form is received with the appropriate payment by UHC-SR.

Full-time Student

Dale Burns proposed that the definition of “full-time student” used for the voluntary plan taking into account criteria at each of the universities. The proposal was that “full-time students” could enroll in Plan 01 if they are i) undergraduates taking at least 12 credit hours in the fall and spring, and 6 credit hours in the summer and ii) graduate students taking at least 9 credit hours in the fall and spring (except Emporia State at least 6 credit hours), and 5 credit hours in the summer.

After discussion, the Committee asked Dale Burns whether all campuses could use 6 hours for graduate students, instead of 9. Carol Solko-Olliff stated that FHSU, which does not have any graduate students who qualify for Plan 03, uses 6 hours for students who hold an apprenticeship. Jim Parker stated that KSU uses 6 hours for graduate students with disabilities. Dale will let the Committee know what UHC-SR’s underwriting response is to the proposal.

Dale Burns stated that students participating in a school approved/sponsored internship, Doctoral students and Post-Doctoral fellows will continue to be eligible for Plan 01 enrollment without a credit hour requirement.

Full-time Student “Degree-Seeking”

Sheryl McKelvey asked about the qualification that the full-time student must be a “degree-seeking” student. Dale Burns responded that until UHC-SR has a better understanding of the type of information that can be checked, for PY 14-15, the “degree-seeking” qualification will be removed and they will look at credit hours.

International Student Enrollment

The information provided by Dale Burns stated that for PY 14-15, UHC-SR will eliminate online enrollment for Plan 04 international students, as this mixes that group with the voluntary domestic insureds. Although UHC-SR prefers that information about Plan 04 students be provided via list, if UHC-SR needs to facilitate the enrollment on an individual basis they can create enrollment forms that can be completed and sent for processing.

Future SIAC meetings

Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room

1. Wednesday, May 7, 2014

2014-2015 KBOR Voluntary Enrollment Guidelines:

Below is the updated Voluntary Enrollment Guideline for 2014-2015 for review by the SHIAC. There was a question about definition of a full time student for both Undergraduate and Graduate. Copied below, from an Excel spreadsheet, under the tab "Revised FT Status" is a breakdown of the agreed upon credit hours required to be a Full Time student for 2014-2015.

Voluntary Enrollment Guidelines- KBOR 2014/2015 Policy Year

1. A qualifying Life Event (QLE) is required for primary insured's and dependents to be eligible to enroll in a Student Health Insurance Plan (SHIP) at a time that does not coincide with a pre-determined Coverage Period/Enrollment Period for the school . Premiums are not pro-rated. Enrollment in the plan must occur within 30 days of the QLE. QLE include
 - a. New Born Child (this is only the new born not the family of the new born too)
 - b. Adoption or Change in Legal Guardianship
 - c. Change in Marital Status(primary insured only)
 - d. Loss of coverage under parent's plan due to age restrictions
 - e. Special situations approved by UHCSR
2. Enrollment period Voluntary Primary Insured and voluntary dependents
 - a. Please see attached spreadsheet for 2014-2015 Coverage Effective Dates, Enrollment Availability and Enrollment Availability Cut Off Dates
3. Enrollment Period for dependents when Waiver coverage offered to Primary Insured
 - a. Waiver period deadline
4. Coverage Periods offered limited to any periods except sliding and monthly
5. Verifying Eligibility
 - a. Each period a premium payment is made student must meet the eligibility (i.e. be a full time student)
 - i. If premium payment is made on an annual basis and student meets eligibility requirements at the beginning of the school year and Graduate in the Spring or do not return for a Summer session their coverage would remain intact for the annual period.
 - b. Use existing process of sending letter to student and directing them to verify enrollment with the Bursar or business office
6. Eligibility
 - a. Limited to Full Time Students. School and UHCSR can mutually define what a full time student is, but definition should be consistent with the schools "official" definition. Exceptions need to be approved by underwriting.
 - b. Full Time may be, but is not required to be, a combination of On-line and Attending Classes
 - i. On-line may be no more than half of Full Time Course Load
 - c. The eligibility statement in the brochure can simply say "Full Time Students", but the definition of a Full Time student for that institution has to be documented with UHCSR (in the master Data Sheet/MDS)

- d. Please see attached Spreadsheet that contains Credit Hours to be considered Full-Time for Undergraduate and Graduate (copied below)

7. Refunds - No refunds except

- a. Entry into Armed Services
 - i. Refund is a pro-rata amount regardless of if claims received and/or paid
- b. Verification of Student Status fails
 - i. Refund is 100% of amount paid as premium less any amounts paid as claims, including Rx
 - ii. If amount paid in claims exceeds premium, enrollee is sent a demand letter for the amounts paid in claims that exceed the premium amount

Credit Hours to Be Considered Full Time						
Kansas Board of Regents Universities						
				Fall	Spring	Summer
				UG/G	UG/G	UG/G
Kansas State University				12/6	12/6	5/5
University of Kansas				12/6	12/6	5/5
Wichita State				12/6	12/6	5/5
Emporia State				12/6	12/6	5/5
Fort Hays State				12/6	12/6	5/5
Pittsburg State				12/6	12/6	5/5
KUMC				9	9	9

2014-2015 KBOR Policy and Brochure Update:

Due to ongoing benefit and policy changes as a result of the Affordable Care Act (ACA) we have had to update our policy filings with each State Department of Insurance (DOI). The KBOR Student Plan is a single case filing therefore we file with the Kansas Insurance Department (KID) the specific KBOR Student Health Insurance Plan as it is not a blanket policy filing. With the additional State Benchmark Benefits and ACA required benefit changes it has impacted our policy brochure that we have historically provided.

Kansas is considered a Certificate State in which we have to provide either electronically or via mail a Certificate of Coverage which has been our “Brochure Certificate”. Because of all the required benefit changes our Brochure Certificate has increased to what we expect will be over 70 pages. Example of the required information impacting the brochure is the inclusion of Pediatric Vision and Dental which is part of the ACA. We are required to include roughly 5 pages of definitions outlining this new benefit. We are also required to expand upon our definitions of benefits and services. Currently the KBOR Brochure Certificate is 28 pages, so at a minimum it will be doubling in size. Due to the increase in size, it will only be produced electronically and will be posted on the KBOR and UHCSR websites prior to the policy effective date. Due to this change, I have outlined below a breakdown of the marketing pieces available for 2014-2015.

Understanding that the Brochure Certificate will now be a larger document we will producing a new “4 Page Brochure or Summary Brochure”. This marketing piece will include a high level overview of policy benefits and exclusions. This will also be made available on UHCSR website, PDF versions will be made available to send electronically and on a limited basis we can print these for distribution to the Universities for their use.

As we provided last year we will continue to provide a postcard if requested. The postcard will have a QR code that will direct someone back to the UHCSR KBOR website to review the Certificate Brochure or the 4 Page Brochure/Summary Brochure.

As discussed last year we are continuing our efforts to go completely Green for all marketing materials and ID Cards. We did a postcard mail out last year in which we had hundreds of postcards returned to us as undeliverable. This is a very costly and based on the number of returned postcards a very unproductive marketing effort. We would like to discuss again the opportunity of trying to reach students via an email blast either by the University or by UHCSR. We can send one of above mentioned marketing pieces in an email as an attachment to the students. We have found more success in sending information via email than trying to locate students through a regular mailing address.”

Frontier MEDEX:

As previously discussed we became aware of certain restrictions on covered services offered through our Frontier MEDEX product. Research revealed that the Office of Foreign Assets Control (OFAC), an agency of the US Department of Treasury under the auspices of the Secretary of the Treasury for Terrorism and Financial Intelligence, administers and enforces economic and trade sanctions, based on US foreign policy and national security goals, against targeted foreign states, organizations, and individuals.

OFAC permits payment to certain countries that have varying degrees of economic sanctions. The most severe sanction does not allow any payments to anyone in the country and impacts Frontier MEDEX and any business, including other Travel Assistance Providers. We have determined the Countries affected by these sanctions are as follows:

North Korea	Cuba	Syria	Afghanistan
Iraq	Iran	North Sudan	Somalia

We are still reviewing our ability (if any) to pay any funds to providers in the above mentioned Countries as it relates to the sanctions issued by OFAC. We hope to have an update prior to the 5/7/14 SHIAC meeting.

PSI-International Insurance Plan:

A question was raised about the PSI International Insurance plan offered by UHCSR. This plan has been brought to our attention before and Mercer performed a review of these plans. Their review identified certain plan benefits that did not allow the plan to be ACA Compliant therefore they recommended this plan to be included on the KBOR International Waiver Criteria and Plan Evaluation spreadsheet. In addition this Plan is insured by an offshore company, so it can never be considered a compliant plan. I have included this spreadsheet as an attachment (the waiver spreadsheet from the KBOR website).

Kansas Board of Regents International Plan Waiver Criteria - Plan Year 2013-2014 (revised 2/3/14)			ACA Compliance			Coverage for Essential Benefits										Other MHEC Requirements					
<p>There are many insurance plans that are promoted for international students, but many of them are not compliant with the United States federal guidelines outlined in the Patient Protection and Affordable Care Act (PPACA). Under Kansas Board of Regents policy, each state university shall require any international students holding an F-1 visa and any exchange visitor holding a J-1 visa to show proof of health insurance coverage for each semester or term for which the student is enrolled. Such proof of insurance shall be required prior to the student beginning classes. The PPACA provides guidance for coverage requirements that a health plan must meet. Those guidelines include, but are not limited to, coverage listed below which must be met or exceeded by the health plan.</p> <p>Color legend: (see additional information below): Green - Meets ACA requirements for this coverage Yellow - Can't determine from the brochure what the coverage is Red - Brochure information clearly indicates there are issues with this requirement. Does not qualify for waiver.</p>			Plan Maximum of at least \$500,000 for 2013/14	100% in-network coverage for preventive care	100% in-network coverage for Women's Preventive Services including contraception	Ambulatory patient services	Emergency services	Hospitalization	Maternity & newborn care	Mental health & substance use disorder benefits, including behavioral health treatment	Prescription drugs	Rehabilitative & habilitative services & devices	Laboratory services	Preventive & wellness services & chronic disease management	No day or annual dollar limit on Essential Benefits	No pre-existing condition limits	Minimum of 70% coinsurance payable by the insurance plan to network providers.	Emergency/urgent care only is not accepted	Plan document(s) in English; currency amounts converted to U.S. dollars; insurance company contact phone # in the U.S.	Insurer has a base of operations in the US or has a US based claims payer	A minimum of \$10,000 for repatriation and \$15,000 for medical evacuation.
Company	Plan Name	Form #																			
PSI	Silver Plan	\$0 / \$250 / \$500 ded																			
PSI	Gold Plan	\$0 / \$250 / \$500 ded																			
PSI	Platinum Plan	\$0 / \$250 / \$500 ded																			
PSI	Diamond Plan	\$0 / \$250 / \$500 ded																			

Green = meets ACA requirements for this coverage.

If the plan has all Green components, it meets ACA coverage requirements.

Yellow = cannot determine from the brochure what the benefit is.

If the plan has any Yellow components, additional information is needed before a determination about meeting ACA coverage requirements can be made.

Red = the brochure information clearly indicate there are issues with this requirement.

If the plan has any Red components, it does not meet ACA coverage requirements and does not qualify for the waiver.



Kansas Board of Regents

May 7, 2014

Contents

- Student Health Center - paid claims by type of service
- Prescription drug summary



Student Health Center

Paid claims by type of service

- Student Health Center claims represented 17.1% of all paid claims for the 2012/13 plan year for the KBOR System
- Utilization varied widely between universities as a result of differing levels of health center capabilities
- Kansas State University and University of Kansas had the highest student health center utilization at 23.9% and 21.9% of total claims. High levels of student health center utilization likely will improve overall experience due to their gatekeeper effect and relatively low cost of services
- Physician visits and labs represented the largest portion of claims incurred at health centers
- A review of emerging 2013/14 student health center utilization shows an increase to 21.8% of total claims; however, this number may be skewed by different claim reimbursement timing compared to all other claims. Continued review is necessary to determine any changes from current utilization levels



Student Health Center

Paid claims by type of service

Service Category	Emporia State University	Fort Hays State University	Kansas State University	Pittsburg State University	University of Kansas	University of Kansas Medical Center	Wichita State University	Total Kansas State System
Adjustments	\$0	\$0	\$0	\$0	\$0	(\$20)	(\$600)	(\$620)
Braces and Appliances	\$0	\$0	\$0	\$0	\$0	\$0	\$61	\$61
Group Ledger Billing	(\$5)	\$0	(\$4,382)	\$0	(\$890)	(\$280)	\$0	(\$5,557)
Injections	\$2,271	\$1,340	\$13,615	\$540	\$114,722	\$126	\$235	\$132,849
Laboratory	\$4,736	\$21,699	\$62,906	\$2,034	\$174,143	\$15,397	\$2,394	\$283,307
Medical Records	\$0	\$0	\$0	\$0	\$193	\$0	\$0	\$193
Physician Visits	\$9,500	\$15,303	\$11,275	\$485	\$24,726	\$0	\$3,312	\$64,601
Physiotherapy	\$0	\$0	\$10,530	\$0	\$18,639	\$88	\$0	\$29,256
Prescriptions	\$1,149	\$632	\$104,513	\$2,507	\$109,640	\$8,150	\$8,239	\$234,830
Psychotherapy	\$150	\$0	\$92	\$546	\$19,660	\$315	\$0	\$20,763
Refunds	\$0	\$0	\$0	\$0	\$0	\$0	(\$47)	(\$47)
Supplies/Misc	\$761	\$0	\$23,952	\$18	\$35,209	\$0	\$76	\$60,016
Surgery	\$1,008	\$130	\$9,030	\$130	\$18,480	\$100	\$152	\$29,031
X-rays	\$0	\$0	\$11,069	\$250	\$15,962	\$76	\$0	\$27,357
Total Student Health Center Claims	\$19,570	\$39,104	\$242,601	\$6,510	\$530,483	\$23,952	\$13,821	\$876,040
Total Medical+Rx Claims	\$145,527	\$233,385	\$1,013,981	\$138,081	\$2,427,154	\$438,364	\$712,499	\$5,108,992
% Paid at Student Health Center	13.4%	16.8%	23.9%	4.7%	21.9%	5.5%	1.9%	17.1%

Prescription drug summary

2012/13 and 2013/14 – Top Drug Ranking

2012/13

- The exhibit on page 4 shows the top 25 drugs used by members in 2012/13 based on paid claims
- Four of the top five drugs are mental health related drugs. The number two ranked drug, Atripla, is used to treat HIV
- Seven of the top 25 drugs are mental health related while five of the top 25 drugs are contraceptives
- These top 25 drugs represented only 17% of total prescriptions but 54% of the overall drug spend and had an average per script plan cost of \$137.66 compared to the average per script cost for all drugs of \$42.85

2013/14 (thru 3/14)

- Emerging 2013/14 Rx experience shows 11 of the top drugs are mental health related and four are contraceptives
- Average plan and member costs have gone up with a larger number of Tier 3 drugs being utilized (12 versus 9)



Prescription drug summary

2012/13 – Top Drug Ranking

Drug Name	Generic Therapeutic Class Description	Tier Indicator	Net Rx's	Total Rx Users	Total Plan Cost	Total Member Cost	Average Plan Cost/Rx	Average Copay/Rx
DEXTROAMPHETAMINE-AMPHETAMINE	Autonomic drugs	TIER 1	230	51	\$32,886	\$3,450	\$142.98	\$15.00
ATRIPLA	Antivirals	TIER 2	22	3	\$29,079	\$12,462	\$1,321.75	\$566.47
VYVANSE	Psychotherapeutic drugs	TIER 2	235	43	\$28,166	\$12,071	\$119.85	\$51.37
AMPHETAMINE SALT COMBO	Autonomic drugs	TIER 1	368	95	\$22,183	\$5,517	\$60.28	\$14.99
ABILIFY	Psychotherapeutic drugs	TIER 3	42	12	\$21,151	\$9,065	\$503.59	\$215.82
ENBREL	Antiarthritics	TIER 2	11	3	\$17,535	\$7,515	\$1,594.10	\$683.19
NUVARING	Contraceptives	TIER 2	269	40	\$16,218	\$6,950	\$60.29	\$25.84
CYMBALTA	Psychotherapeutic drugs	TIER 3	95	19	\$13,321	\$5,709	\$140.22	\$60.10
ENOXAPARIN SODIUM	Anticoagulants	TIER 1	24	5	\$12,747	\$360	\$531.13	\$15.00
GIANVI	Contraceptives	TIER 1	203	25	\$12,589	\$0	\$62.01	\$0.00
COMPOUND	Unknown	TIER 3	35	21	\$12,132	\$5,199	\$346.62	\$148.55
HUMALOG	Antihyperglycemics	TIER 1	35	5	\$11,049	\$525	\$315.69	\$15.00
REBIF REBIDOSE	Cns drugs	TIER 2	3	1	\$9,001	\$3,858	\$3,000.34	\$1,285.86
ADVAIR DISKUS	Antiasthmatics	TIER 3	51	17	\$8,525	\$3,654	\$167.15	\$71.64
LOESTRIN 24 FE	Contraceptives	TIER 3	120	20	\$6,957	\$2,982	\$57.98	\$24.85
DOXYCYCLINE HYCLATE	Antibiotics	TIER 1	132	88	\$6,068	\$1,819	\$45.97	\$13.78
METHYLPHENIDATE ER	Psychotherapeutic drugs	TIER 1	55	12	\$6,046	\$825	\$109.92	\$15.00
PRISTIQ ER	Psychotherapeutic drugs	TIER 3	55	8	\$5,969	\$2,558	\$108.53	\$46.52
DORYX	Antibiotics	TIER 3	14	6	\$5,579	\$2,391	\$398.53	\$170.80
BUDESONIDE EC	Hormones	TIER 1	5	3	\$5,319	\$75	\$1,063.71	\$15.00
ZARAH	Contraceptives	TIER 1	100	12	\$5,287	\$0	\$52.87	\$0.00
LIALDA	Gastrointestinal	TIER 2	12	4	\$5,137	\$2,202	\$428.12	\$183.48
ABACAVIR	Antivirals	TIER 1	11	1	\$5,108	\$165	\$464.38	\$15.00
NEXIUM	Gastrointestinal	TIER 3	34	7	\$4,883	\$2,092	\$143.60	\$61.54
BEYAZ	Contraceptives	TIER 3	73	9	\$4,594	\$1,969	\$62.94	\$26.97
Total - Top 25 Drugs by Paid Amount			2,234	510	\$307,527	\$93,414	\$137.66	\$41.81
Total - All Drugs			13,153	1,682	\$563,576	\$249,845	\$42.85	\$19.00

Prescription drug summary

2013/14 (thru 3/14) – Top Drug Ranking

Drug Name	Generic Therapeutic Class Description	Tier Indicator (UHD)	Net Rxs	Total Rx Users	Total Plan Cost	Total Member Cost	Average Plan Cost/Rx	Average Copay/Rx
TECFIDERA	MISCELLANEOUS	Tier 3	7	3	\$22,584	\$9,679	\$3,226.24	\$1,382.68
VYVANSE	AMPHETAMINE PREPARATIONS	Tier 2	148	56	\$20,234	\$8,672	\$136.71	\$58.59
ENBREL	ANTIARTHRITICS	Tier 2	8	5	\$13,983	\$5,993	\$1,747.86	\$749.08
DEXTROAMPHETAMINE-AMPHETAMINE	AMPHETAMINE PREPARATIONS	Tier 1	93	36	\$11,945	\$1,825	\$128.44	\$19.63
AMPHETAMINE SALT COMBO	AMPHETAMINE PREPARATIONS	Tier 1	261	109	\$11,346	\$3,855	\$43.47	\$14.77
NUVARING	SYSTEMIC CONTRACEPTIVES	Tier 2	158	55	\$10,241	\$4,389	\$64.82	\$27.78
SEROQUEL XR	ATARACTICS-TRANQUILIZERS	Tier 3	26	3	\$9,622	\$4,124	\$370.08	\$158.61
HUMALOG	DIABETIC THERAPY	Tier 1	25	10	\$8,402	\$375	\$336.08	\$15.00
ATRIPLA	ANTIVIRALS	Tier 2	5	2	\$6,839	\$2,931	\$1,367.82	\$586.21
TECFIDERA	MISCELLANEOUS	Tier 2	2	2	\$6,708	\$2,875	\$3,353.85	\$1,437.37
PRISTIQ ER	PSYCHOSTIMULANTS-ANTIDEPRES	Tier 3	41	11	\$5,325	\$2,282	\$129.89	\$55.66
DOXYCYCLINE HYCLATE	TETRACYCLINES	Tier 1	60	48	\$5,236	\$877	\$87.27	\$14.62
GIANVI	SYSTEMIC CONTRACEPTIVES	Tier 1	82	28	\$5,215	\$0	\$63.60	\$0.00
CYMBALTA	PSYCHOSTIMULANTS-ANTIDEPRES	Tier 3	31	12	\$4,938	\$2,116	\$159.28	\$68.26
CLOMIPRAMINE HCL	PSYCHOSTIMULANTS-ANTIDEPRES	Tier 1	8	2	\$4,887	\$90	\$610.87	\$11.25
LIALDA	NON-NARCOTIC ANALGESICS	Tier 2	10	4	\$4,444	\$1,904	\$444.36	\$190.45
ADVAIR DISKUS	BRONCHIAL DILATORS	Tier 3	26	16	\$4,326	\$1,854	\$166.40	\$71.31
ABILIFY	ATARACTICS-TRANQUILIZERS	Tier 3	8	5	\$4,146	\$1,777	\$518.26	\$222.11
PENTASA	NON-NARCOTIC ANALGESICS	Tier 3	7	3	\$4,111	\$1,762	\$587.31	\$251.70
ADDERALL XR	AMPHETAMINE PREPARATIONS	Tier 1	21	16	\$4,051	\$295	\$192.93	\$14.05
NEXIUM	ANTI-ULCER PREPS/GASTROINTES	Tier 3	24	8	\$3,822	\$1,638	\$159.23	\$68.24
ADDERALL XR	AMPHETAMINE PREPARATIONS	Tier 3	21	11	\$3,693	\$315	\$175.85	\$15.00
ORTHO TRI-CYCLEN LO	SYSTEMIC CONTRACEPTIVES	Tier 3	51	16	\$3,630	\$1,556	\$71.17	\$30.51
MINASTRIN 24 FE	SYSTEMIC CONTRACEPTIVES	Tier 3	63	21	\$3,525	\$1,511	\$55.96	\$23.98
STRATTERA	PSYCHOSTIMULANTS-ANTIDEPRES	Tier 3	21	6	\$3,462	\$1,484	\$164.84	\$70.64
Total - Top 25 Drugs by Paid Amount			1,207	488	\$186,714	\$64,178	\$154.69	\$53.17
Total - All Drugs			8,457	1,925	\$385,760	\$170,841	\$45.61	\$20.20