

Health care plan needs support

By Andy Clark

Often times, the easiest solution to our health insurance woes would be to throw up our hands and say: "forget this!"

Unfortunately, we can not turn our backs on a program that could potentially provide for varied health care resources, including, but not limited to: the payment of medical cost, preventative programs and a subsidy structure unrivaled in the state.

The role of the Student Health Insurance Committee — a group of fee-paying University students consisting of women, people of color, non-traditional students, international students, students with disabilities, and parent-students — is to provide informed policy decisions and recommendations for our student health insurance program. Consideration for the lowest possible premium, while attaining the highest level of benefits, is a given, not an exception, when developing the program.

"The plan stinks" (ODE, Dec. 5): It is hard to counter such an intelligent, well-articulated argument, but let me give it a try. On a 4-1 vote of the SHIC, it was so moved that the recommendation presented to University administrators call for 100 percent participation in a Student Health Insurance Program.

It is not futile to reiterate the reasoning that drives what we knew four months ago would be a politically "ugly" decision to make.

For the SHIC to suggest anything short of 100-percent participation in a group insurance program defeats the purpose of insuring on a group level and undermines our objectivity in identifying the means by which students will benefit the greatest in a group insurance program. One hundred percent participation provides for the maximum amount of what is called "good risk."

As we deplete the numbers of those sharing the risk, we create an "adverse selection,"

which means that those purchasing the plan will be most likely to take out a claim. We find ourselves in a potential situation of, once again, the money paid out exceeding the money paid into the program.

It is interesting to note that international students comprise roughly one-third of the students in the ASUO policy, however, they account for 10 percent of the claims. Essentially, the international students are subsidizing the domestic students on our current plan.

Moreover, it is mandatory that they have proof of health insurance before they can register for classes. How is it we can justify a mandatory expense from one sector of our student body, and at the same time speak out so fervently against a similar and equal policy for domestic students?

For clarification, the money paid in is the premium; the money paid out is the claim; and the entire amount is the premium fund. By decreasing the number of those insured, we increase the premium and lower the benefits. An insurance company must make a reasonable forecast for risk so that a base premium can be established dependent upon anticipated claims and claims experience.

The company that we contract with presently is not setting their premium rate because they have lost money for every year they have been our carrier. The premium is set with the anticipated risk and rising medical cost.

SHIC has given an answer and a tentative plan to lower premiums and increase benefits, with options for implementation and structure. No matter how unpopular the decision for 100 percent participation may seem, understand we have found a solution that hits right at the heart of the problem.

Maybe I am not acknowledging our invincibility. "It will never happen to me, more than that, I don't rightfully care if it

happens to a fellow student. Paying for their treatment should be their responsibility." The mumbled and muffled fact is that health care is a social problem. The quality of life on this campus will flourish when we can adequately provide for the mental and physical well-being of not only ourselves, but also for the student community and its members.

No program to date would involve and engage the students to the level that we are now proposing. At the same time, we stand to increase political and economic leverage to the tune of \$4 million. If I were an individual working in Johnson or Oregon Hall, I would "categorically and undeniably" reject any group health insurance program initiated and implemented by students that could, in all reality, surpass the program that the university currently offers its own employees.

Are we complacent with the fact that if we lose the program, the University administration can just as easily pick it up?

In the proposition of 100-percent participation in a health insurance program, we are asking students to think hard and make deliberate decisions regarding their resources of health care.

Andy Clark is President of the ASUO.

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