

**Graduate Employees' Organization
Health Care Working Group
Graduate Student Health Care Survey Report**



Submitted to

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1.0 Executive Summary

- Overall, the results reveal that the UIUC health plan in combination with the McKinley Health Center are designed to serve an undergraduate population with few health needs and who rely on the insurance as a supplemental health insurance plan. As a primary insurance plan, the UIUC plan falls short in several areas.
- Family coverage, for partners and in particular dependants, is priced out of reach for many graduate employees. For example, forty percent of graduate employees' cannot afford to purchase the UIUC health plan for their children who therefore remain either uninsured or rely on state aid programs.
- Lack of sufficient chronic health coverage leaves 99% of those affected with some portion of their chronic health needs not covered by McKinley or the UIUC health insurance plan.
- Costs for catastrophic coverage for emergency room or hospitalization visits are prohibitively high. One visit can devastate a graduate employee's semester budget and place her/ him in debt, in some cases, over \$1000. A comprehensive insurance plan must include provisions for catastrophic events and not place all the financial burden on the patient.

2.0 Methods

The GEO Health Care Working Group gathered data for this report through distributing self-administered questionnaires. The questionnaires were distributed by two methods – through departmental GEO stewards in a paper format and in an on-line format. An email was sent to all members of the bargaining unit to alert them of the survey so that they may participate. By the time the survey was constructed, made available on paper and on-line, respondents only had approximately three weeks to complete the survey. The total number of surveys included here (excluding duplicate surveys and surveys with no data) is 725. All questionnaires are confidential and anonymous.

Although there may be an inherent bias towards individuals completing the questionnaire who desire change in the health care available at UIUC, according to the survey's question about satisfaction with McKinley services in general (#16a), 81 percent replied positively (Chart 1). This suggests that while there may be a bias towards respondents who want health care reform at UIUC, the majority of respondents were generally satisfied with overall care provided by McKinley. Due to time constraints, not all responses to questions in the questionnaire, particularly those inviting open-ended responses, were explored in the report. However, overall, the report paints a rough picture of the quality of/ and access to graduate employee health care.

3.0 Demographics of Study Participants

The survey respondents represented a broad cross section of graduate employees by academic appointment and position (Chart 2). Fifty-one percent of the 725 total respondents indicated that they served as a Teaching Assistant, 14 percent as Research Assistants, seven percent as Graduate Assistants, and 14 percent held multiple assistantships. Twelve percent of

respondents held some sort of fellowship, with seven percent holding fellowships and assistantships, and five percent with only a fellowship. The UIUC-GEO contract stipulates a minimum stipend of \$11,864 for a 9-month appointment, or \$1,318.22 per month (GEO-UIUC Contract 2003-2006). According to official university housing statistics, the average cost of housing for graduate students living in university housing is \$500-\$600 per month. At most, graduate employees remain with \$818.22 to live on each month, before taxes.

Sixty-seven percent of respondents were single (Chart 3). Nine percent indicated that they had children (Chart 4).

4.0 Coverage for Families

Given the limited expendable income for expenditures such as health care for additional family members, the cost of UIUC's health care coverage for partners and dependents is prohibitively high. According to the University's own website, "Cost for a spouse of a Graduate student during the 2003 plan year is \$731.00 per semester. ... Cost for one or all children (under the age of 19 years) for a Graduate student is \$365.00 per semester. ..."

(<http://www.si.uiuc.edu/viewanswers.asp?faqnum=5>). For many graduate employees' no alternatives exist for partner coverage than to simply scrape together funds to cover the \$1,462 per academic year. The outcome for dependents of graduate employees is more grim, as will be discussed below.

4.1 Partner Coverage

Of the 33 percent who indicated having a Partner (Chart 5), 52.5 percent (116) of the partners were covered under the University Plan. While 16.3 percent (36) of respondents' partners were covered by their own employer, 8.6 percent (19) purchased their own plan. It is

also interesting to note that 13 percent were not insured. Other forms of insurance included coverage under the Staff UIUC Plan (1.4 percent), and by parents (1 percent); one individual was covered by a foreign national plan. For the 33 percent of graduate employees with partners, choosing the UIUC plan is an expensive option.

4.2 Dependent/ Child Coverage

Chart Six shows that nine percent (65) indicated that they had children. Thirty-Four percent (22) of the graduate employees' children were also covered by the University plan (Chart 5). Given the increased programs and provisions at the federal and state level for coverage of children (e.g. State Children's Health Insurance Program/ KidCare), it is not surprising to see that 27 percent of children are covered through such programs. Six percent of the children are covered by the other parent, and 18 percent are covered under independently purchased programs. Sadly, 13 percent of children are uninsured, which can have enormous implications if the child is injured or falls ill. While initially it appears that the UIUC plan provides adequate coverage for graduate employees' children, a closer look at the numbers reveals a trend for concern. A total of 40 percent of the children of respondents are either *uninsured* or receive health benefits from the state in the form of aid programs, and only thirty-four percent are covered by university insurance. The fact that 40 percent of children are uninsured or on state aid reveals the stark inadequacies in the UIUC plan to provide affordable health care to graduate employees with families.

5.0 Catastrophic Coverage

The UIUC insurance plan leaves graduate employees vulnerable to extreme medical debt due to one catastrophic event that requires a visit to the emergency room or a hospitalization. The data reveals several respondents experiencing medical events with associated costs over \$500, a significant cost in the monthly budget of a graduate employee.

5.1 Emergency Room Coverage

An additional component of care for graduate students is the use of the Emergency Room. Many students may choose to seek care in the ER if they have not been able to access services through McKinley, prohibitive costs of preventative care under the current health care plan has turned a condition into an emergency, or have a medical emergency. As shown in Chart 7, 68 percent of respondents (84) visited the ER once, 19 percent (23) twice, and the remaining 13 percent three or more times during their time at UIUC. While the data does not show an alarming pattern of ER usage, the costs associated with just one visit can be overwhelming.

Charts 8 and 9 show the out of pocket expenses incurred for ER visits. Eighty-five percent of respondents experienced costs of at least \$100, with nearly half in the \$100-499 range. An alarming 12 percent incurred costs over \$1,000. Costs of over 500 dollars represent a substantial and even prohibitive portion of the \$1,318.22 minimum monthly stipend for graduate employees, especially when housing and other costs of living are considered.

5.2 Hospitalization Coverage

Six percent (42) of respondents indicated that they had been hospitalized while at UIUC (Table 1 in Appendix B). While this number may appear small, it does not consider the nature of hospitalization, and thereby no commentary on potentially high costs associated with care.

Chart 10 shows the breakdown of frequency of hospitalization for the respondents who indicated that they had been hospitalized during their time at UIUC. Twenty-two percent of respondents required hospitalization at least two times, and even more alarming is that 28 percent of those respondents required hospitalization at least 4 times.

Looking more closely at Chart 11, we see the costs associated with these hospitalizations. Seventy-eight percent of respondents reported costs of \$500 or more. Forty-four percent experienced costs over \$2000, with 6 percent of respondents with costs over \$5000. These costs are devastating given the economic constraints of the graduate student's employment, ranging from almost half of the minimum monthly stipend to almost half of the minimum yearly stipend. In reality, and in spite of coverage, many students are one health event from dire economic conditions.

Hospitalization is not the only service that students receive outside of the traditional student health services umbrella. In fact, nearly 20 percent of respondents had been referred by McKinley to a physician outside of student health services, as shown in Table 2. This is significant because under the current plan, any services received outside of McKinley require increased and often prohibitive out of pocket expenses for the student. Charts 12 and 13 shows that 85 percent of respondents experienced referral costs at least \$100, and about half (47 percent) experienced referral costs between \$100 and \$499. What is most alarming, however, is that 5 percent of respondents did not go to the specialists as advised because of the costs. This also speaks to the tremendous impact of the gap between McKinley services and insurance coverage for catastrophic care.

6.0 Coverage for Chronic Conditions

According to Chart 14 (N= 719), 26 percent of respondents live with chronic health conditions. Seventy-eight percent of respondents (N= 184) require regular medications or medical supplies to treat these chronic conditions (Chart 15). Only ten percent (N= 182) required durable medical equipment such as wheelchairs (Chart 16). Sixty-two percent of respondents (N= 185) see a specialist for their chronic condition on a regular basis (Chart 17), whereas according to Chart 18, 22 percent (N= 182) require regular medical procedures. Strikingly, 99 percent of respondents (N= 90) reported that one or more of the above items associated with their chronic condition was not covered by UI insurance or McKinley (Chart 19). While the number of respondents affected by this problem may not be dramatic, the fact that 99 percent require something that is not covered by McKinley or the student health insurance plan represents a serious gap in coverage that often creates dramatic financial difficulties for the students who require these items.

In addition to shortages of particular medical services by McKinley, there are many different medications not carried. Table 3 lists a broad array of general medications not covered by McKinley, from general antibiotics to skin creams. The most common missing medications were for allergies (e.g. allegra, flonase). Also, it is interesting to note that seven respondents cited certain birth control medications as not carried by McKinley. This is significant because many women rely on such medications for medical, personal, and family reasons.

The number of allergy medicines not covered increases when examining medications and services for chronic conditions not covered by the current health plan (Table 4). Thirty percent of respondents indicated that their prescribed allergy medications were not covered. This is concerning because as discussed in Table 3, allergy medications are the most frequently not

carried by McKinley. This presents a significant cost burden for the student, and subsequently may result in an increase in missed class time, and a decrease in productivity due to allergic reactions. Other medications/ procedures not covered of concern are visits to specialists (10 percent), antidepressants (5.6 percent), and MRI usage (8.5 percent). Visits to specialists, and usage of MRI are helpful tools in diagnosing illnesses, which help decrease fear and anxiety over illness, and can cut costs in the long run with early detection of a particular infirmity.

7.0 Mental Health Coverage

The majority of respondents – 82 percent, (N= 709) – reported in Chart 20 that they had not consulted a mental health professional while at UIUC. However, 30 percent (N= 340) utilized the University’s counseling center (Chart 21), with 64 percent (N= 118) reporting overall satisfaction with their experience with the center (Chart 22). Fourteen percent (N=166) were referred to an outside mental health professional by the counseling center (Chart 23). The data on out of pocket expenses for outside mental health professionals was reported in an inconsistent manner and ranged from \$50/visit to \$500+, to not sure, to on-going.

8.0 Dental Coverage

Chart 24 reveals that 48 percent of respondents (N= 709) required dental care while a graduate student at UIUC. While Chart 25 illustrates that for 57 percent of respondents (N= 339) dental care was covered, Chart 26 demonstrates the costs of dental work not covered by the UI dental plan. For many questionnaire respondents, the dental care was only partially covered. While the majority of dental costs ranged between \$0-99 (Chart 26, N= 131), 18 percent pay

over \$500, with some paying as high as \$1500. These high costs can sometimes prevent students from having crucial dental procedures performed, risking their long term dental health.

9.0 Vision Coverage

Chart 27 shows the out of pocket costs associated with vision services. Over 75 percent of expenses were above \$100, and 50 percent were at least \$200. Again, we see that there is a small, yet present, group of individuals who required services but did not obtain them for affordability reasons (2.5 percent).

10.0 Conclusions and Recommendations

The data clearly shows that while catastrophic events and need for such services are not frequent events, gaps in coverage of medications and other important health care services (specialists visits, family coverage, ER visits and hospitalization) create a tremendous financial burden for the graduate employee. Improvements in the health insurance plan are desperately needed so that graduate students are not forced into making decisions over whether or not to buy groceries for the month, or seek the much needed medical treatment that they have been advised to obtain. Whereas affordable health coverage is necessary to maintain the long term health of the student population, we make the following recommendations:

10.1 Improvement of catastrophic coverage

While a relatively small percentage of respondents reported having visited the emergency room or being hospitalized, the out of pocket costs they accrued were economically devastating. Especially considering that the emergency room is the only option for students with urgent

problems on the weekend, students need to have the option to visit the emergency room or undergo hospitalization without being bankrupted by prohibitive costs.

10.2 Affordable dependant coverage

No matter how few of them there are, it is completely unacceptable to have uninsured children, and the high percentage of respondents' children that are insured by the state or private purchases indicates the unreasonable cost of covering a dependant on student insurance. In the short term, we need to find creative solutions to this problem that effectively utilize the resources of the state and University. In the long term, we need to overhaul graduate health care to reflect the true needs of the graduate population.

10.3 Improved Coverage for Graduate Employees Suffering Chronic Conditions

While the percentage of respondents suffering from chronic conditions was not large, they did report a large gap in coverage for specialist visits, procedures, durable medical equipment, and prescription drugs and supplies. We recommend that basic coverage for these items be included in the revised health plan, including specialist visits, required procedures, and equipment, and a basic Rx plan that would allow for the affordable purchase of drugs and supplies not carried by McKinley.