

## ACHA Guidelines

# Standards for Student Health Insurance/Benefits Coverage

The American College Health Association has instituted these standards to guide institutions of higher education in the establishment of an appropriate, credible student health insurance program. The standards apply to both fully insured and self-funded student health plans.

### Standard I.

The institution, as a condition of enrollment, requires students to provide evidence that they have health insurance coverage.

### Standard II.

The institution recognizes that students enrolled in its sponsored health plan rely on it as if it is their primary source of coverage.

Adequate and appropriate scope of coverage is provided, including, but not limited to:

- Coverage for immunizations, screenings, and other preventive services consistent with ACHA recommendations and state and federal mandates.
- Coverage for illness and injury.
- Coverage for prescription medications.
- Coverage for pre-existing conditions.
- Continuity of coverage up to plan limits for students requiring a medically-necessary leave-of-absence.

Additionally,

- The program encourages use of campus health and counseling services, when doing so provides optimal access to high quality and cost-effective care for students.
- Plan benefits, limitations, exclusions, special provisions, and definitions are reviewed to assure they are consistent with common practices of the student health insurance market and the Affordable Care Act.

### Standard III.

The institution acknowledges it has a fiduciary responsibility to manage student health insurance programs in the best interest of students covered by the programs.

### Standard IV.

The student health insurance program is annually reviewed to assure it is in full compliance with all applicable federal and state statutes and regulations.

### Standard V.

Student consumers, student health program staff, and other internal or external experts, as appropriate, are involved with the selection, monitoring, and evaluation of the student health insurance program.

### Standard VI.

The student health insurance program is reviewed annually to ensure the program:

- meets the needs of covered individuals,
- provides desired benefits at the least possible cost, and
- returns as much of the premium or fund contributions as possible to covered individuals in the form of benefits.

Reserve funds may also be maintained to assure short- and long-term financial viability for the program and are for the sole use by and for the plan.

### **Standard VII.**

Commercial insurance carriers, agents, brokers, and all others providing services to the student health insurance program are required to provide a full description of estimated claims, reserve estimates, administrative expenses, and all other fees.

The student health insurance program is audited periodically and the results are provided to appropriate institutional officials and student consumers. Each year, a summary financial report for the program is published and made available to student consumers and campus officials responsible for management of the student insurance program.

### **Standard VIII.**

The selection of vendors for the student health insurance program adheres to institutional and/or applicable governmental requirements relative to competitive vendor selection processes.

### **Standard IX.**

Agents, brokers, consultants, and program managers do not have relationships that could be construed to be a real or potential conflict of interest. Agreements with consultants or brokers are fully disclosed and clearly define the services to be performed and the compensation to be received.

### **Standard X.**

The student health insurance program is available to all eligible students regardless of age; gender identity; gender expression; marital status; physical size; psychological, physical, or learning ability; race/ethnicity; religious, spiritual, or cultural identity; sex; sexual orientation; socioeconomic status; or veteran status.