Graduate Students Association (GSA)
Assembly Meeting Agenda
Tuesday, January 6, 2004

Start time: 5:48
Pre meeting GSHIP
Matt: for the most part will talk about the GHSIP process. Look in appendices (3rd-4th page) for comments about health insurance plan sent to the GSA through email.

Question: would copay include stuff like chronic illnesses?

Matt: Copay has to do with getting prescriptions which went up from 10 to 20 because pharmaceutical companies have raised their rates that amount.

Question: Does it include birth control?

It might.
It can be something we would want to set a standard price for.

Matt: Introduced Roy Lanswer, an insurance companies representative.

Handed out: Health insurance plan for 2004-2005.

Alan Levy: Have made GSHIP a GSA committee now with the change in the by-laws. What we want to do now is make suggestions to our broker (Roy) for any comments GSA would want to give. Roy deals (is the GSA broker) with insurance companies. GSHIP committee will meet at the end of the week to construct a list of all the comments and give them to insurance companies.

Matt: will end all comments at 6:30. If any questions/comments are not met then email at gship@gsa.ucsb.edu.

Roy: Have annual cost and who will be running it for next year. The plan you decide on right now will affect outcomes for this year and the next.

Matt: Opened the floor for questions.

Q: Vision/dental?
A: (Alan Levy) It would be a 30-60 increase. Even with just eye insurance it would still be a 20 dollar increase. But it is always available.

Q: Is it ever an option to make a separate eye/dental plan?
A (Alan Levy): It would still run to about the same if not higher. It turns out to be not very cost effective.

Comment: I think there needs to be some sort of provision on prescriptions because the plan for this year is "painful" for those needing multiple prescriptions.

Q: Can we discuss the reasoning for the increase in fees?
A (Alan Levy): insurance companies were not too happy with us so we had to look at our benefits and see what we could cut without "devastating" the plan. It turned out prescriptions were 25% of the plan. We saved with raising prescription costs, surgical visits. We not sure what would hurt graduate students the most and it turns out it was prescriptions. This year we have more leeway with lowering prescription costs.

Q: What is the reasoning for physicals?
A (Alan Levy): Any visit that is "elective" has a cost. If you had no medical reason to get the physical then yes, you would have to pay for it. We would save 20-30% if we went through Student Health that is separate from the insurance plan.

Ideally we want to stay below 15%

Q: What exactly is our ambulance coverage?
A (Alan): 100% coverage limited to 1,000.

Edward: last year we went up 20% and lost 200 000 in EBC. This year is 10% (120 000 in EBC). If you want something more expensive then reduce something since it does affect us in other areas (TA-ships, dissertations, etc.)

Approval of Agenda

Jess to start meeting
Russ second

1. **Approval of minutes from December meeting**
   Sam
   Elizabeth to second

   Ed move to approve to go to #4 (office reports-see appendix)
   Russ second

   Rus : Straw pole for reduced mean plan for us.

   Allison: Will be announcing diversity planning.

   Sarah: Will need people for TA awards.

   Sam: 50% fee increase and so will not be able to fund much except for executive officer fees. Made suggestions.

   Matt: elections for officers for next year to start in April. Also, if interested we need to start making suggestions for improving Isla Vista.

2. **Announcements**

   a. **Graduate Division**

Deadline for enrollment et al was today. We are 300 students short. It is beneficial for all to enroll in 12 units even if it is research units. If lapsed registration must reinstate. Those taking more units raises up the money given. FAFSA deadline will be coming up. Reminder that at the end of this quarter that the competition for dissertation funding will be coming up.

John: If you go to the Grad Div homepage and write **source** for the search engine can look into funding.

   b. **Student Affairs**

Happy New Year!

3. **Discussion Items:**

   a. **Action Agenda Item Caucuses:**

Have separated into different groups to discuss the issues.

   i. **Diversity and Outreach**

ii. **Housing**

iii. **Funding**

b. **GSHIP Menu Option Comments: (Appendix III)**

4. **Information Items:**

a. **UAW**

b. **Human Subjects Announcements (Elizabeth Grace)**

Any dpt. That needs human subjects for surveys, we wanted to have an informational meeting here. We need questions to get them answered. Research includes anthropology.

c. **Committee Reports (Appendix V)**

This Thursday we're having a free showing for movie School of Rock. Ideally want one for every quarter. We're starting IV Live Friday night starting the 23rd at IV Theatre. Open to attend and participate.

Rus: Searching for a new audit member-those selected for interviews were very diversified.

Matt: Jan 31st is deadline to turn in reports. Explained how one gets paid.

5. **Vox Populi**

Looking for scientists to work with kids; especially in the botany field.

21st-22nd are inviting Jane Roberts to come and speak at 6 pm with a reception.

Not doing happy hour this month but will happen on Feb.

6. **Adjourn**

Rus-Motion to end meeting
Jess-Second the motion

Appendix I: Officer Reports

Academic Affairs: Sarah Kriz

Student Affairs: Jess Barrie

Internal Affairs: Russ Knight

External Affairs: Alison Borek

Communications and Records: Nadia Talhouk

Budget and Finance: Sam Fleischman (see Appendix II)

Immediate Past President: Edward Collins
Tip of the Week: If you upgraded your Internet Explorer and your u-mail account causes you difficulty, try another browser. Several students encountered this, and browsers, such as Mozilla (www.mozilla.com), fix this access problem.
I served on the Design Review Committee, (see committee report), in the Housing Action Agenda Committee, attended IV-PAC, and participated as an interested individual in public comment, and attended other meetings.
There should be a graduate student survey next quarter, which the GSA funded via a DSP fee initiative. There are general and disabled survey questions, and I am hoping that we can get a strong response from the graduate student community.
President: Matt Andrews
I encourage you to attend individual action agenda item meetings; especially if you are frustrated with housing, funding, or outreach/diversity. I am also looking for assembly members interested in becoming an executive officer next year. Look for the GSA survey later this month.

Appendix II: Quarterly Budget Report

Appendix III: GSHIP

Report to GSA Assembly of Menu Options Suggestions for

2004-2005 GSHIP Plan Year

Summary:

1) Not surprisingly, many people are unhappy with the changes made to the co-payments and deductible. We could look in to a prescription co-payment discount for people with chronic conditions ($40 - 45 for three months?)
2) People would like some vision coverage and improved dental coverage. We should continue to look into a dental plan for procedures that SHS Dental Clinic does not do.
3) There were suggestions to raise chiropractic and acupuncture modestly.
4) Add flu shots as a (public health) benefit?
5) There were a couple of misc. items that we probably won't do anything about but can forward to the broker.

Detailed Comments:

Co-pays/Co-Insurance/Deductibles:

I request that the pharmacy co-pay be reduced to its previous amount of $10. For students taking several long-term medications, the increase of $10 per medication per month presents a substantial challenge to the already challenged graduate student budget. Combined with the decrease in percentage coverage for non-SHS treatment, my medical bills have gone up $80 per month this year. I can't afford this! As most grad students have their fees paid by fellowships and/or TA, can we increase the lock-in fee, if necessary, in order to return the pharmacy co-pay to its previous level?

The absolute most important change is a reduction in the co-pay for prescriptions. Doubling it from $10 to $20 is enormous--and a REAL burden on those of us who have chronic problems or have maintenance prescriptions. Also, can the other co-pay be reduced? For a catastrophic illness, in my case several surgeries for a shoulder injury, the current 20% is almost prohibitive. Now, I have to live with the pain and limitations because a $3,000 surgical bill, plus MRI, PT and meds will bring the cost to more than $500. What student has that kind of money!?

I know you are trying hard and doing your best, but as you know, the insurance companies are profit oriented to the point of the ridiculous. I suggest, since I once sold health insurance, that you threaten the carrier with several options: (1) we'll go to another carrier, (2) we'll provide a menu of plans for students to chose carriers, (3) we'll add an HMO (yuk!) to the menu of options, (4) make the current plan have additional riders than students can purchase individually (at a group plan price).

As part of the renegotiation of GSHIP, I would like to at least examine returning co-pays for prescriptions to the $10 that we had up until this year. The doubling of the pharmacy co-pay ends up costing me personally quite a bit.

The new co-pay of 20USD per medication is quite a large sum of money and can lead to financial problems for people who have to take several medications on a regular basis. For the usual once in a while prescription, the latest increase is not a big problem, but for long time patients, especially those who are on a combination of medicine. I therefore propose a co-pay not per medication but per treatment, Or a maximum about of co-pay per quarter, so in cases where only a combination

of medication is available, the costs don't start to soar. The way things are now seriously prevents some students from getting the treatment they need for the time they need it. In exchange for this, it might be possible to increase the premium, since many grad students are being paid either by their department or a fellowship, and these fees are covered.

The changes made last spring to the GSHIP have hit my budget hard. Specifically, the increase in deductible by $100 and the doubling of the co-pay for prescriptions have more than doubled my medical expenses for this quarter compared with last year.
It would be great if either of these, especially the prescription co-pay, could be reduced. But, PLEASE don't increase them any more than they are now. This would put a major burden on people who need to have monthly prescriptions filled (i.e. allergy medications, etc).

1- I think the deductible got too large compared to previous years it's currently 250$ which is a big value to be paid before getting any benefits, i think previous value (I guess it was 150$) was more reasonable.
2- Also drug and medicine payment is increased to 20$ instead of 10$ (doubled) and this also reduces the benefit of buying medicines from the pharmacy, so I suggest going back to previous amount
3- Dental care is almost out of the insurance which is not a good thing, since most of the serious things the dental clinic in UCSB usually refers you to someone outside the university and then you either pay a LOT or pay another dental insurance. I think with the amount we pay the health insurance every year, dental care could be easily covered as well.
4- In general ,the health insurance that we pay for offers limited services compared to the amount we pay 927$/year

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I would like to discuss with you some of my concerns:
1- The deductible amount increased from $150 to $250 compared to previous years.
2- Drug and medicine payment increased from $10 to 20$.
3- Dental care is almost unsupported in the current plan.
In most serious things, the dental clinic in UCSB refers to a doctor outside the university> You then either pay a
LOT or pay another dental insurance. I think with the amount we pay the health insurance every year, dental care could be easily covered as well.
4- In general ,the health insurance that we pay for offers limited services compared to the amount we pay 927$/year
I think these increases are not affordable for most students with the other know increase in other daily life expenses. thanks and hope to hear good news soon

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I suggest that prescriptions can be filled outside of the UCSB clinic for the same price as they would at the clinic. I recently spent about $230 filling emergency prescriptions that I did not know I would have to pay full price for at Rite Aid and am now overdrawn in my account until I get my next refund check from financial aid. I hope that something can be done about that. Thanks!

GSHIP sucks right now. With purchase of every medication, now there is a co payment and its 20$ I think, which is too high. It would have been a bit better if the co pay was on a single prescription or even for a period of time like a month.
We are talking of poor graduate students here and they need to remain

fully healthy and not be financially burdened in order to do top quality research.
I also hate the dental insurance that comes with Gold. I don't even know why they call it dental insurance. Filling a cavity is 75$, which is too high. I had to fill 8 cavities and I went bankrupt. I know one other person who had the same experience.

YES I HAVE CONCERNS
The 250 deductible is way too high
It should be more like 100-150
Also, the maximum out of pocket is also way too high. It should be substantially reduced.
In addition the 80% coverage should wither be bumped to 100% sooner (after 1000$ of out of pocket), or jumps to 90% after 1000$ and then jumps to 100% after 2000$.
The current levels just make it very difficult to deal with large medical bills, specially on our microscopic stipends
Case in point a few years ago I had the University of Washington health insurance. I had to get a surgery worth 16,000, I ended up paying about 1000 dollars out of pocket.
Here I had to have a surgery worth around 8000, and I am expecting to pay around 2000 out of pocket? I am paying twice as much for bills half as much !

Under the assumption that the prescription co-payments will not be lowered back down to the $10/month level, I think that there should be some sort of accommodation made for maintenance medications where people can obtain 3 month supplies of medications at a reduced co-payment. This is extremely important as the current plan is financially burdensome on people who take multiple maintenance medications. A quick web search will show you that this sort of accommodation is almost always available with policies with high prescription co-payments such as the current GSHIP policy.

Anyway, my $.02 is that it would be great to lower the deductible back to $150 or even $100 as opposed to $250. But, if that is not an option, how about getting therapeutic massage on there. Just joking, I think.

I think that the prescription co-payment of $20 regardless of whether it is brand name or generic is excessive.
Many grad students will choose not to take their medications, thus endangering their health. This has an impact on the University's mission.

Is there anything that can be done about our new prescription co-pay? The change from $10 per Rx to $20 this year is really killing me, and probably others like me who need regular, monthly refills. It's so bad, it has me looking for alternatives!

… I would suggest, first, that we be given the same coverage as undergraduates (i.e., no deductible for prescription drugs, just a co-payment), and that student health be encouraged to carry or order drugs that we might need, especially those (as in my case) for ongoing conditions.

Dental/Vision:
1) Dental coverage: This is one of the primary needs of every student, since teeth need more care than anything else in the human body. I have paid so much money on my dental issues, and I never felt that I have an

insurance.
2) Eye clinic coverage: examinations, prescriptions etc. are all done at very high prices, it is so much cheaper outside. As a student, one would like to go to the Health Center, not anywhere else.

Eyeglasses/contacts coverage. Enough for one complete eye exam per year and one contacts or glasses fitting per year. I think the total cost right now is around 90 bucks for that. This coverage would benefit a majority of graduate students. Not only in that eye exams are a good idea in general, but also because graduate students suffer from near/far-sightedness at a very high rate.

Include a good vision plan...not one that's equivalent to going to Costco

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The coverage appears to be inadequate in some cases. A doctoral student in materials this summer (name withheld) could not get a root canal procedure done on an abscessed tooth at student health, and so was directed to an external dental surgeon. Coverage of the procedure was so bad / non-existent that the cost to this individual would exceed the cost of returning to this person's native country and having the procedure done for free (over $1K).
Graduate students should have the option of enrolling in the same HMO's as offered to the faculty and staff of this university, obviously with the possibility of additional cost. The assumption behind the student health clinic seems to be that all graduate students are of generally good health, as they do not have significant capability to handle serious medial problems there. Having the option of receiving care at a local, "real" hospital would be beneficial. I think the population of grads does have generally good health, so it's hard to see why an HMO would refuse participation to us as a group.

Is there anyway, they could provide once-a-year eye exams. The cost is too high when you do it outside, however it is a must for grad students. I am pretty sure that most of us, never use health center in a year, like me. I wish I could at least have an eye exam, for what I am paying every year. Or maybe they could give credit points to grad students, based on how rare they use the health center, and maybe this credit could be used towards exams like that, in other clinics in town if the health center does not have an optician of its own. This way our pay towards the insurance could be rewarded in other ways, for a better health...

Complimentary/Alternative:

I think it is great that alternative medicine (acupuncture and chiropractic) is included in the plan. But, the coverage we have is not real coverage. $25 or 80% of $25 for a visit is not a real benefit. Most visits cost $65-75, which is below most traditional office visits. Please consider increasing the amount of coverage. On a positive note, I think the services provided by Health Center are better than at any other school I've gone to.

The limit for chiropractic coverage needs to be raised. For preventative purposes, one should visit a chiropractor once a week (at the least). Taking these preventative measures can reduce future medical drain as students are sick with lesser frequency and theoretically require less aggressive care. Therefore, a cheap chiropractor costs around $25 per visit. So, multiplying $25 per visit times 30 visits in the school year

(not including summer), the coverage limit should be at least $750.
Typically, a decent chiropractor is $30 or $40 per visit, but most will
often work out arrangements with students.
Also, are there talk about adding some minimal coverage for other
preventative measures? I suppose most of these would be considered
"alternative medicine" but even HMO's are starting to include that and
many alternative measures are being mainstreamed.
The twice per year dental cleaning is great! Thank you for that.

Misc:

How about getting the "secondary only" provision removed? I currently
have two insurance companies that both want to be the secondary
carrier. Getting claims processed is a mess and takes forever...

I have a suggestion for change, and that is primarily price. We pay nearly
$500 for three months of health care: that's $1500 for 9 months, for
less-than-spectacular health coverage. My parents pay less, for both of
them, and they have better coverage (lower prescription deductible, they can
have their prescriptions filled anywhere, coverage for dental fillings.. .
I'm looking into private coverage for next year, and will opt out of the
GSHIP program if things don't improve.
Thank you for taking this matter into consideration, I appreciate your
initiative!

GSHIP should provide free flu shots.

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*More dental visits, i.e.--cleanings per year (we're currently at one, correct?)
*Better prices for the pill (the only deal seems to be when you buy in bulk...)
*More convenient coverage for out-of-area emergencies

Appendix IV: GSA Committee Reports

Design Review Committee (DRC) Edward Collins
The DRC reviewed changes in the San Clemente graduate student housing design, and approved the basic footprint and external massing changes. This design is less monolithic, has a more human scale, and will hopefully pass the Regents. The new design should be more desirable to graduate students.
DRC also reviewed and gave input to the parking structure design, and is working on making it 'green'. This likewise goes before the Regents. The parking structure is necessary to meet demand imposed by academic building construction on parking lots.
DRC reviewed detailed designs for the Alumni House, which was also approved. This design promises to be quite beneficial to the Alumni Association and the Campus.