AMS/GSS Health & Dental Plan Committee

Minutes of March 2, 2013

Attendance

Present: Keith Hester (AMS), Melody (GSS), Caroline Wong, Sophia Haque (StudentCare), Joaquin Acevedo (AMS), Kristen (StudentCare), Sam (Regent College), Matt Parson (AMS), Sancho McCann (GSS)

Guests:

Regrets:

Recording Secretary: Sancho McCann

Call to Order

Introductions

Approval of Agenda

That the agenda be adopted.

... Carried

Approval of Minutes

1. Fee setting

- Fee is indexed to CPI
- CPI does not increase as aggressively as health costs
- We can choose between 0.1% (BC) and 0.4% (Canada) CPI.
- History: referendum only allows CPI increases
- Note: health costs increases 5-8% per year
- Need to revisit this mismatch in Sep - December in time for referendum
- Previous decreases in fee have required decreasing benefits (2010-2011 year)

2. Survey review

- Survey in January
• Random sampling from UBC (3000), StudentCare selects 1000 from that 3000
• Key focuses: plan awareness, how students find out about the plan
• Tuition statements is a major way students find out about the plan
• Email/GSS/AMS websites is increasing awareness
• 84% of students said that the brochure was more or less useful
• Students were aware of PBC
• Amount of students covered by an alternate plan is holding steady (30.6%) vs the trend of increasing coverage elsewhere
• Highest ratings for prescription drugs and vision care
• General mood of membership: (increase cost only as necessary to maintain benefits vs. increase in order to add benefits vs. decrease even though it included decrease in benefits)
• Priority: increase the cost to increase benefits (43%)
• SC wants to know: how many members could apply for fair pharmacare but aren't need to file taxes on own
• 73% of the people registered are actually eligible for benefits (good)
• 61% of people that aren't registered have filed taxes... are likely eligible for fair pharmacare
• Sophia (could we advertise the fair Pharmacare program through the on-campus income tax filing program)
• Lots of "add" responses showed lack of awareness of actual coverage

3. Returning to CPI

Joaquin: why are there two options?

Sophia: referendum didn't specify which CPI to use. The committee has used that leeway in the past.

Claims data looks okay through January

MOVED CAROLINE WONG, SECONDED SANCHO MCCANN

BE IT RESOLVED THAT the AMS/GSS HDP Fee will increase by 0.4% (BC CPI) for the 2013-2014 year.

... Carried Unanimously

4. Flouride update
• Switching from Sun Life to PBC
• Sun Life didn't cover for people over 18
• PBC usually allowed one coverage each year provincially, even though our plan excepted it
• PBC said they can add this at no additional cost
• If we believe them, we can accept these additional benefits as part of the plan, and monitor claims data to make sure it truly isn't pushing our fee higher

MOVED CAROLINE WONG, SECONDED MELODY

WHEREAS PBC has stated they can add one flouride treatment per year at no additional cost,

BE IT RESOLVED THAT the AMS/GSS HDP benefits will be modified to include one flouride treatment per year.

... Carried Unanimously

5. PBC Master Policy Document

• Update: the master policy document is updated to reflect the policy regarding travel to home country by international students.

6. Drug exceptions

• we'll have the ability to review the drug exception cap (currently $1000)
• we've received feedback (2 students) that the $1000 cap isn't enough
• major drug in question has been Adderall (most used, most passionate responses)
• Sophia reviews Adderall spreadsheet at different dosages

Next meeting by end of March: review of benefits, drugs, etc.

There being no further business the meeting was adjourned 10:04
AMS/GSS Health & Dental Plan Committee

Minutes of April 2, 2013

Attendance

Present: Melody (GSS), Sam (Regent), Sophia (StudentCare), Joaquin (AMS VP Finance), Lev (StudentCare), Kristen (StudentCare), Brent (PBC), Queenie (PBC), Ross Horton (AMS General Manager), Keith Hester (AMS), Sancho McCann (GSS), Caroline Wong (AMS President)

Guests: Lena

Regrets:

Recording Secretary: Sancho McCann

Call to Order

Introductions

Approval of Agenda

That the agenda be adopted.

... Carried

MOVED CAROLINE WONG, SECONDED MELODY,

‘BE IT RESOLVED THAT the meeting enter an in camera session.”

... Carried Unanimously

1. Brainstorming list of benefit changes to price out (from survey):

Exception drug cap raise:

• $2000, $1500, $1100

Practitioners

• Increase to $30, $25

Dental scaling
2. Survey Discussion

How successful has the alternate route for Special Authority been?

Sophia reviews other route for committee: personalized letter from doctor

Fair Pharmacare doesn't promise coverage, but this is an option

Lev: Does Health Services know about it?

Sophia: In discussion with them, but they're busy, and haven't confirmed that

Kristin: How many of these drug claims are we seeing?

Sophia: $18840

Kristen: Caution against focusing on just the most vocal group about a specific drug

Brent: There are a lot of people that don't have problems with the current status of the plan. Has no problem with inflationary increases. Making changes for entire plan.

Sophia: StudentCare keeps track of number of students that come in to complain about particular issues (2 students only about this issue)

Joaquin: Requests about vision care pricing

Brent: Small changes to vision care pricing tends to not make a big change in satisfaction. Larger benefit to members via an increase in paramedical benefits. Will price it out anyway.

Lev: Decision between increasing benefits greatly for a small number of people, or increasing benefits slightly for a large number of people. Individual stories are important. Surveys are important. Exceptional cases are important. Deciding where the plan should rest between these extremes comes after tough debate, balancing a bunch of things economics, ethics, politics.

Ross: Where can we save money? Because it looks like we'll need to cut to make these accomodations.

Brent: (Returning to glasses) - we'll price it out. Not against vision care benefits. We'll work really hard to get the premium number down.
Brent: Should we be making this renewal meeting earlier? We need clarity; PBC needs clarity.

Sophia: I think the current timeline is okay, but just having better numbers will be enough (ie. the trend from last year).

Brent: Trying to move towards an "AMS" trend, rather than even just a student body trend.

Lev: There is a lot of room in the numbers between what we know to be the actual inflationary trend vs what PBC is using.

Sophia: This wish list is just for informing decisions. Not necessarily making any of the benefit increases.

Joaquin: (re: timeline) The organization's calendar will be shifting anyway, so we'll let you know.

Sophia: Note: the benefits we've discussed adding are based on survey results.

Kristen: Scheduling is tricky during these months (student schedules, change over), but we'll need to meet more often in the next month or so.

Joaquin: When can we meet next to discuss:

- Discrepancy between SC and PBC numbers - Brent: Pricing will come within a couple of weeks and then we (PBC) can vet it.

There being no further business the meeting was adjourned
AMS/GSS Health & Dental Plan Committee

Minutes of April 18, 2013

Attendance

Present: Sophia (StudentCare), Keith Hester (AMS), Sancho McCann (GSS), Caroline Wong (AMS President) Melody (GSS) Ahmed (GSS), Ross Horton (AMS General Manager), Sam (Regent College)

Guests: Lena Pasta

Regrets:

Recording Secretary: Sancho McCann

Call to Order

Introductions

Approval of Agenda

That the agenda be adopted.

... Carried

1. Brainstorming list of benefit changes to price out (from survey):

Lena Pasta:

- Trying to get meeting for 5 months
- Involved via personal experience
- Pharmacy told her there was $1000 cap on pharmaceuticals that she hadn't known about
- Tried to summarize what I’ve learnt, because new people may not be familiar

- This is "my view" apart from the last two pages, which are the views of the ombudsman and dr. Mirwaldt (Ubyssey, 2011)
- Point of this: to discuss the $1000 cap.
• Initially was told that this is adequate.
• Realized there was a move from Sun Life and PBC, and realized that in practice, nothing was covered exceptionally, but within a few months, it got covered up to $1000.
• My problem is with the cap. I don't think its introduction is appropriate, because it renders pharmaceutical coverage for the majority of students who need it to be insufficient.
• Defines "need" as low income students, forced into it, can't buy medications without, have acute conditions or chronic conditions.
• Need to understand the impact. It's not just # of students, but the dollar amount * the number of students.
• Last point: $20 savings due to the change in plans. Some prescriptions require patients to pay up to $2600.

Refers to excel sheet:
Lena: started because Matt said $1000 is enough, so she decided to understand this on her own. Created sheet, went to pharmacy to price out the various prescription levels. There's a huge jump between some dosages because the cap is set at $1000.

Sophia: dispensing fee is covered
Sophia: reviews differences between Lena's spreadsheet and hers... only the dispensing fee

Lena: One of the people originally involved thought that one of the reasons cap was introduced was due to excessive claims.
Sancho: That person was incorrect and wasn't around when the cap was decided on

Lena: Through the discussions I've had, there are reasons for looking into the cap, but if the cap is necessary, it should account for people with chronic, disability first of all, and then for humane reasons, things like cancer and stuff.

I had issues with how the cap was communicated. When a decision is made on a cap, it needs to be communicated, that was not done. People need to manage their medications.

I had concerns about how the cap was proposed, introduced, and justified. Where did the number come from? Was IT FULLY educated? When was the cap introduced?

Sophia: Fall 2011

Lena: what is the coverage year?
Sophia: January-December (Health) Sep-Sep (Dental)

Lena: I never received any notice. I found out about this in November 2012. My pharmacist said people denied coverage outright.

Sancho: PBC shouldn't be doing that.

Lena: Understand that claims could drive premium increases about fees. Cap was introduced to see if we can control claim increases. Need better modeling to see if $1000 is too little or too much. We need to be more cautious about it, and be more aware of the consequences. Consider the costs imposed on people who are sick vs people who are healthy. $20 of savings vs $2000 a year for sick people.

Another serious issue is there are no minutes. No transparency. If there was a source, minutes, then this would have been a lot easier, lot less painful of a process. It's really important to be transparent and take minutes.

I feel these issues should be addressed

- Make decisions on reliable and unbiased data. Matt said SC and Dr Mirwaldt supported the $1000 cap.
- Need to look at historical data.
- We get spikes in data. For example looking at the bird flu year, everyone was sick. Looking over 5 years, you let that spike dissipate.
- Because of the change, confusion, introduction in cap, the data in blue cross plan doesn't reflect the true usage. Need to look at how the old plan was used.
- Need to have a dialogue between providers and patients. You need a patient on the committee to get a clearer view of what's going on.

Survey: students were positive to not reducing the fees

Lena: I have serious ethical concerns with what I heard. If the committee believes that it is okay so that we shouldn't increase the fee by $5 in order to cover everyone, make it explicit. When it affects you personally, you need to understand the reasons behind it.

- Decisions were not well researched.
- I was told you have a third party consultant to help with future estimates.
- You can actually work with SHS, but they're overworked
- Could employ students who go through normal legal process to get access to medical data and run an analysis and work with department of economics and medicine, because the finances are important, but also the medical side. Helps with transparency and karma.

Impact assessment:
- are students outright denied
- are patterns changed because of the different process
- communicate process and decision
- transparency important in democracy
- cost calculation should reflect adequate coverage

Lena:
- Shouldn't have been any changes
- Should have had the exception process transferred between plan providers
- issues with communicating should be rectified
- to be very sure nobody has been discriminated against, people with disabilities, allowances should be made... that's part of being inclusive. abilism is a word i learned very recently... that's discrimination. At minimum if you do need to impose a cap, make sure people with disabilities should be made for them. I'd say exceptions within reason
- the levels are here

Joaquin - thanks Lena, good information.

Sophia:
- number of changes as a result of work from this committee and the AMS in general
  1. AMS had a fee referendum - to reduce the hdp fee
  2. in evaluating the switch, the drug exception process had been very open, and most drugs were being approved, but there was no process in place.
  3. the committee took the opportunity to evaluate this and we looked at trends out east where biological drugs were showing up
  4. to mitigate that threat, let's see if we can make the process defined and organized, so that we don't have committee making the call
5. we looked at what the fair pharamacare formulary to see what's covered and not
6. this was a more well researched process
7. that was the base plan
8. the special authorization process: if a drug isn't covered by fp you can apply through special authority,
9. the process was changed so that we would rely on the government process, but there was a look at a set of drugs that students use on a more frequent basis
10. if we used this process, a bunch of these frequently used drugs would not be covered
11. we looked at the claims and thought that if we set it at the %80 mark, that is where the $1000 limit came from
12. we also communicated to students because changes being implemented in the fall, in the first year, anyone with exception from previous year were grandfathered and covered for the year
13. because of the grandfathering, this is why Lena wasn't aware of the change

Lena: question about sun life exception process
Sophia: repeated grandfathering explanation
Lena: based the model of the pbc plan on fp?
Sophia: After $250 you must sign up for fp.
Lena: comments?
Joaquin:
- benefits and premiums being passed through referendum - can't pass through referendum
- we will look at benefits and $1000 cap is one of the things that we're looking at
- those are the options that we're looking at, we need to look at the full financial situation. other things (practitioners, and dental scaling), vision care
- we can't expand benefits all at once, or even any of them optimally
- we will look at seeing if the fee needs to be adjusted at a later date (referendum)
- not ready to renounce the $1000 cap, we need to evaluate it

Lena:
the $1000 is a trial, and it worked

Sophia:
- cuts had to be made

Lena:
- Issue is that the $1000 is absolute and covers all medications
- What about people with disabilities? What if people can't cope, shouldn't that be looked at? Shouldn't there be special provisions so that we don't discriminate against anyone?
- Maybe we can open up the cap for people with disabilities?

Sancho
- is the understanding of the committee that the $1000 was for controlling misprescription

Committee
- no

Joaquin:
- looking at pricing from TRG
- Ross suggested looking at what to cut
- we can refer to the survey

Sophia:
- TRG has looked at the potential costs, but will get actual numbers in May about what that would actually look like.

Joaquin;
- need to do more work looking at students for disabilities

Joaquin:
- research about what policy 73 and our own policies to see if they should be informing our decisions

Lena Pasta:
- The policy doesn't refer much to disability

Joaquin
• we're trying to strengthen those, and if it doesn't refer to disability, I'm surprised
• seeing if we can conceptualize a disability exception

Sophia:
• Data from the previous month comes in after the first Tuesday of the next month

Joaquin:
• Sending out a doodle about the next meeting
• next meeting with have two additional AMS members

There being no further business the meeting was adjourned
AMS/GSS Health & Dental Plan Committee

Minutes of June 20, 2013

Attendance

Present: Keith Hester, Ahmed, Chris Roach, Sancho McCann, Caroline Wong, Sophia Haque, Joaquin Acevedo

Guests: Lena Patsa

Regrets:

Recording Secretary: Sancho McCann

Call to Order

The meeting was called to order at [Time].

Introductions

Approval of Agenda

That the agenda be adopted.

... Carried

Approval of Minutes

Agenda Item 1

Sophia Haque presents plan background for Chris Roach

Survey

- Emphasizes cost shifting to fair Pharmacare
- Reviewed drug exception process
- Biological drugs were impacting the cost of plans on the east coast
- Wanted to avoid having to make difficult decisions on these cases
- Looked to fair Pharmacare
- Described Special Authority Exception process
- In year 1, we decided to set a $1000 maximum for the drug exception process
Based on believing that $1000 would cover 70% of students (Sophia wasn't sure about the 70% figure, because she didn't have her notes)
Will see after the 1st year if that is enough
Overall, there were only 2 students that expressed issues over the past year
One student was okay about it
One student was not okay with it
Frustrating for students to have to pay out of pocket for these
In 1st year, students were grandfathered into the plan
From feedback, it was clear that we need a shift up in the drug exception limit
Decided to get a quote
Reviews fee, premium, and costing
Reviews difficulty of acquiring a premium quote before a full year has elapsed
This year, we have a positive difference (the fee is higher than the premium)
The figures that we asked for quotes for are based on survey results

Chris Roach

- We don't have to rush this.
- We can just put a pointer into the AMS handbook to the website

Caroline Wong:

There are two options
1. submit a general ad, and review the cap
2. move forward to agree with the base premium and select some options for changes

Sancho McCann

- If we had to decide now, I would choose an increase from $1000 to $1500, and I would increase medical practitioners from $20 to $30.
- I would be happy deferring to the one member that doesn't feel ready to decide

Caroline Wong:

- I'd be ready to decide on plan changes today.

Chris Roach:
• Question about policy year (August 31) When can we wait until?

Sophia Haque:
• July

Caroline Wong:
• Action: Sophia, get Chris up to date
  • Bring in student to hear her concerns
  • We'll meet next week to finalize the changes to the plan.

**Agenda Item 2**

Discussion with Lena

Caroline Wong:
• We'll follow up with Joanne about minutes

Lena:
• This committee is not listed on the committee website

Caroline:
• It's not a standing committee, it's not in our code at all, so that's why it's not there
• Questions, Lena?

Lena:
• Main thing is I spoke for 45 minutes, and didn't get any feedback.

Sancho:
• We've heard your points.
• We've seriously considered your points and have them on our minds and will have them on our mind when we make our decision.
• Joaquin is continuing to look into treating students with disabilities differently than the rest of the student body

Lena:
• Were there any issues you had with my presentation?

Nobody raised any issues.

Sophia Haque:

• Did you have any success with the expanded special authority request?

Lena:

• My doctor was not aware of an additional process.
• They've had some of the SA applications coming back to them. This is a new change.
• Last Thursday: Doctors are still not clear about what to do?

Sophia Haque:

• The new interim director is very aware of the process
• We met with the new HSD and she was able to describe it to us in detail

Lena:

• I was told there was no special process

Sophia Haque:

• Speak with Dr. Joyce Chang and listed the criteria
• "Special Authority drug exception process"
• What drugs did the patient fail on previously
• How long did they try them?
• What are the fallouts of not being on the med?
• What are the side effects

Lena:

• It'd be great if we could get the province to cover it, but the issue with the cap is for everyone
• The issue is that you said you'd model the plan off of fair Pharmacare. The policy that you purchase from the insurer should be more than basic.

Sophia Haque:
Fair Pharmacare defines a formulary, drugs that are covered under fair Pharmacare

Lena:

- Then, what more does the plan give me?

Sophia Haque:

- The HDP is there to act as extended health and dental plan
- For individuals that just use a single prescription, use HDPC instead of fair pharmacare
- The only need for fair pharmacare is for the drug exception process
- The top drug by amount paid was Allesse
- Allesse is also on fair pharmacare
- If you’re looking for a drug that’s not on the pharmacare list, it will be covered under HDP

Lena:

- But the drugs on the formulary aren’t exhaustive.

Sophia Haque:

- That’s why the drug exception process exists.
- We need to decide on what benefits help majority of students
- When we learned about the drug exception process, we realized that

Lena:

- This special process doesn’t exist

Sophia Haque:

- Yes it does

Lena:

- If getting everybody on fair pharmacare helps, then do it
- My problem is why use the formulary to limit the extended health plan
- Shouldn’t fair pharmacare cover more?

Sophia Haque:

- Out of province students
• International students

Lena:
• Only the first 3 months are not covered

Sancho McCann:
• What is the benefit of the HDP vs fair pharmacare?

Sophia Haque:
• Convenience
• 10% additional benefit

Lena:
• Make everyone sign up for fair pharmacare
• Save a lot of money
• Maybe frees up room for caps

Sophia Haque:
• We have looked into all those aspects
• It's complex
• A student could go to a pharmacist and never had signed up for fair pharmacare but be signed up as a family
• Messaging is complicated
• Requiring many students to sign up for fair pharmacare before accessing their plan would in effect be refusing access

Caroline Wong:
• Adjourned
Health and Dental Plan Committee Meeting

Date: July 4, 2013  Time: 10:00 - 11:00 am  Venue: SUB 226J

Present:
Voting Members: Sancho McCann (GSS), Ravi Parhar (AMS), Joaquin Acevedo (AMS), Christopher Roach (GSS), Caroline Wong (AMS)

Non-voting: Kristin Foster, Ahmed Mitraoui, Sophia Haque, Janet Mee

Guests: Lena Patsa

1. Call to Order

The meeting was called to order at 10:03 am.

2. Approval of Minutes

Approval of the previous minutes was postponed until the next meeting due to minutes not being ready yet.

3. Opening Comments from Lena

- Lena summarized her concerns about the decrease in benefits that last years’ committee implemented and how they negatively affect students (this was explained in more detail at previous meetings).
- Lena expressed her concern that she did not get a chance to meet with Caroline and Patricia (representative from the VPS office) during a meeting about the health and dental plan.
- Joaquin announced that Janet Mee was going to attend this meeting to discuss the difference between equity and equality and to help us keep this distinction in mind while making decisions.

4. Discussion on Exclusivity and Access

- Janet expressed that the University knows this is the AMS’s and GSS’s healthcare plan and that the Administration does not feel it is their place to get involved in the actual decision making process; she is in attendance to give the committee some points to think about.
- Janet expressed that sometimes when we are making decision for the greater good, a small number of students are often “left out”.
- While UBC does assist students with disabilities, there a limited number of ways in which UBC can help students with certain disabilities.
- Janet expressed that there are numerous ways in which students can utilize resources to help manage their conditions; however these are non-medical and are dealt with by Access and Diversity. In addition, the ways in which UBC can help students won’t be effective unless students have proper access to needed medication as this has a much greater impact on student success than anything else.
- Janet expressed that it is ok to make a decision that isn’t just about the greatest amount of “good” that can be created.
- Joaquin asked how the committee could make a better decision on which benefits to increase – Janet replied that we should look at each particular issue and ask how it might affect students should we offer or not offer it, and then select from all discussed issues those which are the ones that we feel we need to implement. She again expressed that we don’t need to necessarily choose things that will benefit as many student as possible.
- Caroline asked if the committee could get statistics on the number of students on Access and Diversity support – Janet replied she will get the report to Joaquin after the meeting and it will include a breakdown of the number and types of disabilities that are being supported by Access and Diversity.
- Lena added one final comment that people with specific disabilities often have the need for more than 1 medication and that increasing the cap by a small amount might actually not do anything.

5. **Update from Caroline and Sophia on VPS Office Meeting**
- Caroline and Sophia had a meeting with Patricia (VPS Office) to talk about the process, fairness, and communication of the Health and Dental Plan Committee.
- It was decided by those holding the meeting that because it was an administrative meeting in which the discussion would be on process, it wasn’t appropriate for non-committee members to attend.
- Chris asked for more background on the meeting.
- Caroline answered that the action items discussed were access and equity vs. equality and discussions on how students can get involved with the committee. Other topics discussed were how the committee makes fair decisions on such items as increasing the student plan benefits and information for the Administration on how the committee operates.
- The topic of how the Administration and the AMS/GSS should interact on this matter and if the Administration/University should be providing the committee advice was discussed.
- At the meeting it was also expressed that the funding available for student health issues is still lacking and the University plans on pushing forward and increasing it in the next few years.
- The meeting was summarized by Caroline in a document and sent to Joaquin. Chris asked if Caroline would be willing to send it out to the other members of the committee and she agreed to.
- Kristin stated that StudentCare is looking to create policies on mental health and the lack of funding for it and asked if the committee would be interested in getting involved in it.
- Chris replied that it sounds like a great initiative but that it might be more appropriate for separate departments of the AMS (Academic and University Affairs) and GSS (Academic and External Affairs) to work on it.
6. **Increasing the Plan Benefits**

- Sancho asked if we needed to make a decision today or if it could be held off should the committee decide they want more time – Kristin replied that the decision needs to be made today in order for the broachers to be done in time and approved by the insurance company as they are legally binding documents.
- Joaquin read out an email from a student who was championing mental health issues; in it they expressed their concern that the health/dental plan is lacking options in this area and needs to be increased.
- Sancho asked why mental health issues were not added to the possible options for increases to the plan benefits – Sophia replied that there were two reasons: 1) based on the survey results there was very little indication that this was a priority for students and 2) any increase in this area would be too costly and the current surplus wouldn’t be able to cover it.
- Joaquin expressed that there are two different things we need to consider when thinking about which benefits to increase: 1) how to best utilize the excess money we have and 2) how much money we have available in our reserve.
- Joaquin expanded on the reserve stating that currently it is very small and needs to be grown as it is to be used as a safe guard towards protecting our benefits and the plan in the event there is a massive spike in plan fee and the amount of money we are able to collected in student fees is unable to cover it.
- Kristin expressed that there is a pressing need to focus on what our top priorities are and select the benefits we want.
- Chris asked how medical practitioners react to changes in the plan – Kristin responded that dental practitioners are able to change very easily as the plan offers dental work in units and that generally speaking outside of campus medical practitioners don’t know the plan very well and usually don’t let their decisions be affected by any changes.
- Kristin expressed her opinion that we should change the plan benefits based on volume usage and that we should try to balance our emotional response with a logical response.
- Joaquin commented that the benefits of eyeglasses and contact lenses will affect less than 50% of students.
- The committee discussed how to best select the options; it was suggested that it should, by motion, go through a process of elimination for each item.

BIRT the Health and Dental Plan Committee approves increasing the prescription drug exception limit from $1000 to $2000.
First: Ravi; Seconded: Sancho
**PASSED** (5 for, 0 against, 0 abstentions)

BIRT the Health and Dental Plan Committee only consider eyeglasses and contact lenses for the remaining difference.
First: Caroline; Seconded: Ravi
PASSES (3 for, 2 against, 0 abstentions)

BIRT the Health and Dental Plan Committee approves the increase in eyeglasses and contact lenses from $75/24 months to $100/24 months.
First: Chris, Seconded: Caroline
PASSES (5 for, 0 against, 0 abstentions)

7. Additional Business
- Chris notified the committee that he wanted to start discussing/looking into what the committee’s authority is and the issue of committee transparency and discuss this at a later meeting.

BIRT the committee meeting be adjourned.

Moved: Caroline; Seconded: Ravi
PASSES (5 for, 0 against, 0 abstentions)

The meeting adjourns at 11:32 pm.
Health and Dental Plan Committee Meeting

Date: July 24, 2013  Time: 16:00 - 17:00 pm  Venue: SUB 226J

Present:
Voting Members: Joaquin Acevedo (AMS), Christopher Roach (GSS), Caroline Wong (AMS)

Guests: Kristin Foster, Ahmed Mitraoui, Sophia Haque, Lena Patsa, Sheldon Goldfarb

Absent:
Voting Members: Sancho McCann (GSS), Ravi Parhar (AMS)

1. Call to Order

The meeting was called to order at 16:08 pm.

2. Approval of Minutes

Approval of the previous minutes was postponed until the next meeting due to minutes not being ready.
- Joaquin informed the committee that the minutes from the last few meetings were not ready as the AMS Administrative Assistant is still going through them to remove personal information. Once approved by the committee, they will be forwarded to the AMS and GSS Council.

3. Updates from Last Meeting

- Joaquin updated the committee that Janet Mee hasn’t passed the statistics data around the number of students so use Access and Diversity support to the committee yet. Joaquin said he will follow up with her on this.

4. Committee Structure and Decision Making

- This section was led by Chris in which he outlined concerns that arose about the committee’s authority and decision making based on the administrative agreement documents.
- As per the presentation given, Chris outlined the following concerns that arose from the AMS-GSS Administrative Agreement:
  - 1) The GSS Council did not ratify the most recent contract change.
    - Chris proposed a solution would be to have it approved at the August or September GSS Council meetings.
  - 2) Historically the committee hasn’t been meeting once a month.
    - It was noted that recently the committee has been meeting once a month and there was agreement that it will continue to do so.
  - 3) Chris asked what the “Student Assistance Plan” was and if we still administer it.
- Joaquin clarified that the plan currently holds onto a small sum of money which is used for items like this as well as to prevent having to suddenly remove benefits that the plan fee structure can no longer support.
- Joaquin then further commented that he isn’t exactly sure what this specific plan is and that he will need to follow up with Ahmed on it.

- 4) The plan correspondence (by members of the committee) is not always made public to both the AMS and GSS Councils.
  - The committee agreed that this is something they will change and will pass on the correspondence once any information that may not be made public (i.e. how much money insurance providers are offering per certain benefits) is removed.

- 5) Chris wanted to make sure the GSS is properly cost-sharing with the AMS for plan and committee administrative costs.
  - Chris asked if Keith or whoever is appropriate in the AMS could submit a report on the costs to the committee. Joaquin stated that this should not be a problem but might take some time. It was expressed that this is ok and there is no hurry.

- 6) The most recent administrative agreement was created in 2000 and is arguably out of date and missing some important administrative points.
  - The committee agreed that redoing the agreement this year would be very beneficial for committee functioning. Chris offered to take the lead on the project.
  - Chris asked when he thought we could have a draft done, Joaquin and Caroline agreed the October committee meeting seemed like a reasonable date with the plan to have it approved by all committee members in November and brought to the Councils for approval in December.

- As per the presentation given, Chris outlined the following questions that arose from the AMS-StudentCare Contract:
  - 1) Does the Health and Dental Plan committee ever ask for the additional survey they can have?
    - Sophia answered that in some year they have, other years they haven’t; it’s all up to the committee.
    - Caroline commented that while extra data is always great, we need to be cautious of survey fatigue and not overtax students here.
  - 2) Does StudentCare ever submit the monthly and quarterly reports?
    - Chris emphasised that he was new to the committee and genuinely doesn’t know this.
    - Sophia answered yes and that they are always available at the committee’s request.
  - 3) What are the “appendixes A” and “appendixes B” that are referred to in the document and where can we find them?
    - Sophia answered that she can get the files for the committee.

- Chris also raised the concern of liability around the committee and how do we ensure members adhere to this. Joaquin stated that all members of the committee, as either Executives or members of the AMS or GSS Council are bound under the confidentiality agreement involved with their position.

- Lena then raised the following concerns:
  - 1) The committee needs to ensure they properly understand medical issues before they make decisions about changing the plan as it will have an effect on student’s health.
- 2) It is important for the committee to properly consult medical professionals before implementing changes.
   - Sophia commented that both pharmacies on campus were consulted about the drug cap that was implemented in 2011 and that health care professionals were included in the discussion.
   - Lena raised a concern about this as she said has heard different opinions from the pharmacists she has talked to.
   - Joaquin voiced that it is important for the committee to make the best decision as possible based on the information that is available.

- 3) The committee needs to ensure that there is a proper level of transparency involved and that students are given the chance to be included in the process in some capacity.

- 4) It is important for the committee to stay on task and focus on important topics instead of focusing on irrelevant ones.
   - Lena emphasised that a comprehensive plan of action is urgently needed.

BIRT the committee moves in camera.
First: Chris; Seconded: Caroline
PASSES (3 for, 0 against, 0 abstentions)

BIRT the committee moves out of camera.
First: Chris; Seconded: Joaquin
PASSES (3 for, 0 against, 0 abstentions)

- The committee agreed that at the next meeting it will discuss ways to help student who don’t have enough coverage.

BIRT the committee meeting be adjourned.

Moved: Caroline; Seconded: Chris
PASSES (3 for, 0 against, 0 abstentions)

The meeting adjourns at 17:05 pm.