EXPLORING GROUP HEALTH INSURANCE FOR STUDENTS IN CANADIAN POST-SECONDARY INSTITUTIONS

by

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Abstract

Across Canadian post-secondary institutions, students experience varying levels of fees and coverage for private health insurance. These plans are mandatory, while democratically and autonomously governed by students as part of their membership in student societies. This market is of a sizeable scale with an estimated total of 153 different group-plans insuring 1.58 million students across the country. Given the complexities of how benefits are described and how the premiums are set, it is difficult to compare all plans benefits in a standardized way. This creates a challenge for elected student leaders and their staff to ensure the best value for dollar for their plan's coverage.

This project provides a benchmark of who's who in the post secondary student health insurance market in Canada. It identifies and compiles information from the six main providers of this form of private health insurance. This includes a comparison of the current state of plans, based on annual plan costs, and an overview of the types of coverage provided to students in each group. A descriptive and empirical analysis is applied in order to give a more comprehensive understanding of the current landscape of the market, with a focus on the annual plan costs across providers, provinces and student groups.

The results show that there are differences in annual plan costs depending on undergraduate or graduate level of study. There are also differences across provider networks and across the provinces. With all student groups, cost is expected (though not shown in this project) to be at least in part, a reflection of the level of benefits provided. In terms of benefits, with some exceptions, most plans cover all three categories of vision, dental and extended health benefits. Nevertheless, without regulated minimums or maximums, there is a lack of uniformity in the range of benefits provided.

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Chapter 1: Introduction

1.1 An International Overview

Around the world, post-secondary students experience a wide range of value-added services, such as health insurance, when they attend school. Depending on the country of study, privately coordinated health insurance plans vary depending on the makeup of the encompassing healthcare system. This project's focus is on the Canadian landscape, partially due to the lack of comparable data or information across other countries on the specific category of group health insurance for post-secondary students. Still, understanding the global environment is increasingly important with a growing community of international students either visiting the country or going internationally abroad. The entire reason we see extended health insurance plans in Canada is due to inadequacies and shortcomings of how the public healthcare system is presently structured. If the public system were more comprehensive, there would be no need for student organizations to implement these programs for private health and dental insurance.

Overseas, the experiences differ in many ways. For example, private systems exist in some countries such as the United Kingdom and France, parallel to their pre-existing public systems, yet their public systems are much more comprehensive than the Canadian patchwork. As for the United States, they experience even more variance in their patchwork system of private insurance with a public system only for seniors of a certain income and veterans and poor households. As for Asia and Africa, encompassing healthcare systems and coverage for healthcare related services are in most cases, non-

existent or inadequate. All in all, there isn't an environment where group health insurance for post-secondary students exists in a directly comparable way to that of Canada.

Historical reasons for this are based in global discussions on healthcare reform, which began taking shape in multi-national forums, most prominently following the conclusion of World War II in 1945. One year later, the World Health Organization (WHO) adopted a preamble to their constitution defining health as "a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity" (World Health Organization, 2013). This was a broad definition adopted by many nations who moved to establish integrated systems for social and healthcare services. The evolution of healthcare systems in various countries has been varied. However, this has been recognized by the WHO, which indicates that, the way in which government services (including healthcare) are organized and delivered are different across nations (Boslaugh, 2013).

In 1948, the United Nations constitution was fully adopted and the United Nations General Assembly established the Universal Declaration of Human Rights. Article 25, of the declaration proclaiming that:

> "Everyone has the right to a standard of adequate health and well-being of himself and of his family, including food, clothing, housing, medical services and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (United Nations, 2015).

Although this global definition for health and a proclamation of global rights to social services was established more than 60 years ago, establishing global uniformity in healthcare systems and integration with social services has not been achieved. This makes it a challenging task to make direct comparisons about the experiences of post-secondary students between countries with fundamentally different models for healthcare. Every nation has developed in different ways due to a wide array of characteristics. For instance, the level of development, the geographic location, the climate, and the political history and social values, all influence the model in different ways, which over time created the unique systems we experience today. Some governments include the right to health in their constitutions, but this does not ensure that healthcare services are explicitly ensured for all citizens (Boslaugh, 2013).

Despite many distinct differences, the most direct environmental contrast with Canada in terms of Post Secondary student health insurance is to that of the United States. In addition to the domestic students, there is also a considerably large population of international students that should also be accounted for. Both Canada and the United States have a considerably sizeable population of international students enrolled in post-secondary education whom, in turn, engage with other integrated social services for both public and private healthcare. International student enrolment in American colleges and universities is about 514,000 visiting students compared to 129, 000 American students studying abroad (NAFSA Association of International Educators, 2002). The most recent available figures for Canada show an international student population of 174, 030 in 2010. Of the total number reported, 20, 240 were visiting international students studying in trades, 116, 890 were studying in university programs and 36, 900 were studying in

other post-secondary programs. This illustrates that nearly 67% of international students are studying at the university level and approximately 33% are in college or other institutes. The level of cost and coverage for services is shown to be greater for university students having a great impact for this population (Government of Canada, 2014). For the 2011/2012 academic-year, a total of 45,409 Canadians were reported to be studying abroad in a variety of countries (Institute of International Education, 2015). In both Canada and the United States there is a large and growing population of international students. International students add to the diversity of perspectives and experiences not only in the classroom, but they add to and enhance the overall cultural diversity of campus communities. The experience of international students and how they access both basic and extended health and dental health services also comes with unique challenges and advantages where coverage would have not otherwise been attainable or comparable in a student's country of origin.

Lastly, the key difference in American model from that of Canada, is that it is the university or college that negotiates the premium cost and coverage provisions instead of this being a service of autonomous, representative and democratically governed student organizations. In the United States there are a sizeable amount of post-secondary institutions that require students to demonstrate proof of healthcare coverage in order to be able to enrol in the first place. When sufficient pre-existing coverage cannot be demonstrated, they are required to take on a school-based option for health insurance. The cost is much higher as the coverage requirements are greater in the absence of a core public package for the majority of basic medically necessary services. There are about ten times as many plans in the United States with an estimated 1, 500 to 2, 000 private

health insurance plans in place, with about 57% of all schools requiring health insurance as a condition of enrolment (McIntosh, 2012).

1.2 A Brief History of HealthCare Insurance in Canada

Setting the stage for the current state of group health insurance for post-secondary students in Canada is the long history of Canadian Medicare, the encompassing national public healthcare system, which has shaped the present day environment for all other health services and programs in the country. Early developments for this system go back as far as the late eighteenth century when the regulation and public funding of healthcare systems was first initiated by individual provincial governments.

Pre-dating the establishment of Canadian Medicare, one of the most significant events to be noted, was the creation of the Charity Act of 1874, wherein the Ontario Government laid out the framework for non-profit faith based (mainly Catholic, but also Protestant and Jewish) hospitals to receive public funding in exchange for a degree of government regulation and oversight. This was the basis for further developments in workers compensation law and what would eventually become the first province-wide medical services plan for all citizens on social assistance (Machildon, 2013, p. 23). As other governments progressed in this matter, it is of note that the Alberta provincial government held two commissions of inquiry in 1935 and approved a Health Insurance Act. Still, due to a change in government, this Act was never implemented in Alberta leaving it up to the Ontario provincial government to again lead the way at this time. That same year, a Medical Welfare Board was established in partnership with the

Ontario Medical Association. This was the first fully public medical care-plan of its kind, later to be adopted as a template for other provinces (Taylor, 1987, p. 6).

Further to this initial and provincial introduction of plans, the governments of Alberta, British Columbia and Newfoundland continued to develop their systems leading up to the Dominion-Provincial Reconstruction Conference of 1945-46. At this conference, a nationalized system involving 60% federal cost sharing was proposed in order to provide a better balance of uniformity across the provinces. The proposal was first rejected over concerns with the administrative and tax arrangements involved which in turn lead to what can be described as a more piecemeal approach to the early introduction of universal health coverage (Machildon, 2013, p. 25). The key turning point occurred in the year 1944 when the Co-operative Commonwealth Federation (CCF) – a Canadian political party that would later become the New Democratic Party of Canada in 1961 – won the Saskatchewan provincial election and formed the first democratic socialist government elected in North America. By 1947, the CCF took the lead in establishing a universal hospital services plan that eliminated possibilities for a second tier of private hospital insurance. The CCF was financially aided in doing so through grants from the federal government.

The momentum gained for universal health insurance in Canada can be attributed to the presence of the CCF social democratic party as both a provincial and federal party. Having a third main party at the federal level especially raised the national profile for universal health insurance for it to be considered as a viable health reform alternative. This of course was a political crossroads eventually striking the difference between Canadian and the United States healthcare systems. Historically, it has been shown that

the difference seen in the United States was that political debate and agendas have been stifled by the two-party system where there is less opportunity to build coalitions for legislative reform of this kind (Maioni, 1997, p. 414). The failure to establish a strong labour-based third party in the United States pandered to the country's culture of liberal individualism and had a wide range of consequences in how systems for social security and economic development would be created. This history of divergence between the Canadian and American systems goes as far back go back as the American Federation of Labour's annual convention of 1894 where delegates delivered a strong mandate that party politics would not have a place in their national labour organization. This non-partisan mandate was reaffirmed time and time again and became a firmly entrenched principle for how labour would engage in American politics (Archer, 2007, p. 1).

By 1962, the New Democratic Party of Canada and its newly-elected leader of the day, Tommy Douglas, made Medicare a central component of the political party's platform and achieved consensus with the Liberal Party of Canada on working to ensure a future for national health insurance was securely in place (Taylor, 1987, p. 334). As has been shown, the significant distinction, when comparing Canada with the United States on this matter, is this presence of a third main party based on social democratic principles and the broader influence that this has had on other political parties. This dynamic ensured a positive trajectory of health reform and the continued development of a system of universal health insurance (Maioni, 1997, p. 412).

Both hospital and medical insurance were first initiated in Saskatchewan before later being adopted by the Canadian federal government. Between the years of 1962 and 1966, the CCF, as the Saskatchewan provincial government, led the way on these two

forms of publically provided insurance for access to Canadian healthcare. This was not without challenges. In 1962, following the introduction of province-wide hospital insurance based on a fee for service model, they proceeded to implement prepaid medical care insurance with the financial support of the federal government. In opposition to this, Saskatchewan doctors went on a strike that lasted 23 days. Nevertheless, Tommy Douglas and the CCF did not back down on moving forward on implementation of this policy. An agreement was eventually reached wherein the contractual autonomy of physicians was emphasized and re-enforced as a part of fee for service payment by government. This agreement came to be known as the Saskatoon agreement. Two years later, by 1964, the Hall commission delivered its report to the federal government recommending countrywide adoption of the provincial partnership model that had been implemented in Saskatchewan (Machildon, 2013, p. 26).

In 1966, to move forward on the Hall Commission's report, the Federal government introduced the Medical Care Act to cost-share single payer universal medical care insurance with provincial governments. This was motivated and supported through federal transfers, which were delivered to the provinces and were sent by 1968. As this continued into the 1970s, public coverage and subsidy of health services continued to expand well beyond hospital and medical care to include prescription drug plans and support for long-term care. Despite this progress, there remained a lack of structure and equality across the country. Without nationally prescribed principles, coverage continued to be inconsistent across the provinces depending on the fiscal capacity and policy aspirations of each provincial government.

In 1977, Established Programs Financing (EPF), with block transfers, replaced federal cost sharing with provinces for Medicare and by 1984 the Federal government introduced the *Canada Health Act.* The Act took steps to discourage extra billing and user fees for physician and hospital services and re-instating the four founding principles of public administration, comprehensiveness, universality and portability with the added fifth principle of accessibility. Since the implementation of the Act, the Federal government has made no changes; however, in the face of budget cuts they have allowed for flexibility in how the provinces administer and apply their funding. This has, in its own way, eroded the coverage provisions of the public package now experienced by Canadian residents (Machildon, 2013, pp. 27-29).

Over the years, the terms themselves outlined in the *Canada Health Act* of 1984 have not changed, yet there has been a shift in the interpretation and application of the five founding principles. This has been further impacted by federal cuts in spending on healthcare. With fewer resources provided and in order to cut costs, the provinces have had to limit their interpretations of how they provide medically necessary services on a universal basis (comprehensiveness). In this system where all residents are supposed to be provided with access to public healthcare insurance on equal terms and conditions (universality), the provincial governments have still been given a great deal of discretionary power and aren't legislated to insure a specific list of services. In turn, there is a wide range of services insured by each of the provinces and territories (Mikkonen & Raphael, 2010, p. 38). Due to reductions in federal funding, further impacted by discretionary practices and the changing interpretation and application of the term 'medically necessary', there now exists a system where extended health benefits are

largely covered in a second tier of privately obtained individual and group health insurance. Such developments underlie the theme of this study where the provision of health benefits outside of the universal and public insurance plan fall to other organized groups as is seen in the case of student societies in Canadian post-secondary.

1.3 Student Health Insurance in Canadian Universities and Colleges

Student driven organizations have come forward to privately coordinate supplemental coverage of health and other services as part of their ability to implement mandatory fees for the members they represent. In British Columbia (BC), the University Act as well as the Colleges and Institute Act include language permitting student organizations the right to organize and set membership dues and fees for value-added programs through the democratic choices of members. To ensure this, an annual notice letter outlining those mandatory fees, must be submitted to their respective institution's Board of Governors (Legislature of British Columbia, 1996). The mechanisms for democratic choice in these matters consist of annual general meetings, referenda and board of directors meetings wherein binding decisions are made by a vote, typically of three quarters or at least by a majority vote of membership present in a general meeting or participating in a referendum voting process. These requirements are determined by the bylaws of each organization and the province's governing Society Act. In all cases, a democratic choice needs to be made by the students in order to move forward on any form of fee implementation. Once this occurs, the college or university they operate within becomes a partner for implementation. Colleges and universities are required to collect and remit all respective membership and additional value added fees, which have

been voted on by the student body through these democratic decision-making mechanisms. As part of this arrangement and to ensure accountability and transparency, an annual audit of all financials is required in order to ensure fair and transparent operation. This is done in accordance with Canadian generally accepted accounting regulations (Legislature of British Columbia, 1996). These regulations act as a safeguard to ensure that student societies act in a fiscally responsible manner as a requirement of their good standing and society status. Pending the annual audit and confirmation that a student society remains in good standing, the respective college or university is required to remit the membership and associated fees. Fees are assessed based on the student societies working definition of a member and are outlined in their bylaws and constitution. These fees are collected at the same time as tuition and as a mandatory part of attending post-secondary education.

Compared to BC, the Quebec model is more extensive in that it more closely parallels the certification structure of trade unions. It establishes the right of students' unions to have fees collected and protects students' union autonomy in all matters relating to student issues and student representation. In the other Canadian provinces, legislation of this nature does not exist to ensure and enshrine the right to organize and collect fees as a mechanism for student representation and autonomy (Canadian Federation of Students -Ontario, 2005, p. 3). Where these functions are not legislated, student societies still operate in the same way, although this is based on working relationships hinged on agreements and memorandums of understanding with each college or university's administration. These post-secondary institutions still recognize and collect the membership and associated fees, which have been implemented by

student societies yet this action is not legally required. This is important to note, so that it can be understood that there may be additional challenges that student organizations face in provinces where the institutions are not legally obligated to collect membership dues and other associated fees. This could compromise the long-term stability of group health insurance plans for students.

Across Canada, there is a wide range of programs offered through public post-secondary institutions including, but not limited to, programs for domestic and international students. These include adult basic education (high school equivalent upgrading); English language learning, undergraduate and graduate programs as well as technical, trades and apprenticeship training. Within these groups there is a range of factors, which may impact health and health outcomes and influence demand for direct health and health related services. As a result, the benefits packages offered through group health insurance plans for students in each case are unique, dependent on the democratic decisions and demands of members and how students' society representatives and staff negotiate a health benefits package based on those demands. Democratic choice, in the form of referendum votes of a society's membership, set the parameters for the allowable cost as well as the priorities of the coverage provided.

The key point to understand about post-secondary students in Canada is that their membership in student societies is mandatory across the majority of colleges and universities and it should be noted that this is not legislated in each case. It is through the structure of student societies that mandatory fees have been implemented for group health insurance to address needs for healthcare and healthcare related services beyond the public package for Canadian healthcare.

Moreover, there are various extended health and dental benefits that are not covered by national public healthcare (Medicare) in Canada, which can be quite costly to obtain on an individual basis. As a result, there is a demand and a viable market for privately provided extended health, dental and other benefits. In response to this unmet need for health coverage, various populations have formed group plans wherein collective action helps to lower the cost of premiums for the individual. The individual per person cost is adjusted, from time to time, based on the claim history of the given group. Through this group, they are able to achieve an economy of scale while also engaging in the pooling of risk in order to reduce premiums. Although a majority of the costs for developing and selling health insurance are constant across small and large groups, these groups benefit from adverse selection being eliminated through this form of cost pooling. Students, when compared to the general population, are a relatively healthy demographic, assembled for a main reason other than the purpose of purchasing health insurance and, though they experience their fair share of good and bad health risks, they generally balance to make them a favourable group. Through this pooling of risks by establishing mandatory plans for full-time students enrolled in a variety of programs, "the insurance company can sell insurance without having to go through the trouble of examining people, taking histories and so on, which is common with individual insurance policies" (Phelps, 2010, p. 349). Over time, Canadian's unmet need for extended health and other benefits has led to increased numbers of groups pursuing extended health insurance in this way. These groups of people range from employers to labour unions, student societies and other non-profit or membership-driven organizations working to coordinate extended health and dental plans for their specific populations. These

organizations have pursued extended group health insurance due to the perceived and expressed demand of their members, wanting to benefit from the lower premiums afforded by group health insurance.

More commonly known than student plans, are employer-based plans that initially paved the way for group insurance in Canada. These plans are leveraged through the added benefit of being classified by the government as non-taxable benefits. The purpose is to encourage employers to better the compensation package in a way that helps them to promote and produce healthy employees. Without government provisions to provide tax exemptions for extended health insurance, employers would be less likely to provide benefits as a part of the compensation package and the market would be significantly less profitable for insurance companies. As for students, the transaction of obtaining coverage through student society fees is exempt from taxation, which also makes it more appealing. Since these fees are administered as an additional and value-added part of membership in a students' society, extended health plan fees are also covered by government student loan programs. This means that they qualify for interest free status while in full time study and for interest rates of about 5% afterwards depending on a student's province of study and provincially coordinated loan program (Government of Canada, 2014).

It is important to understand that the demand for group health insurance is not only coming from students and their respective societies', but that colleges and universities themselves may also contribute as demand drivers as they look for ways to continually improve on recruitment and retention for their programs. In the same way that employers enhance their compensation package through supplemental health

coverage, student societies contribute to the benefits of the overall enrolment package.

1.4 Providers of Health Insurance to Students in Canada

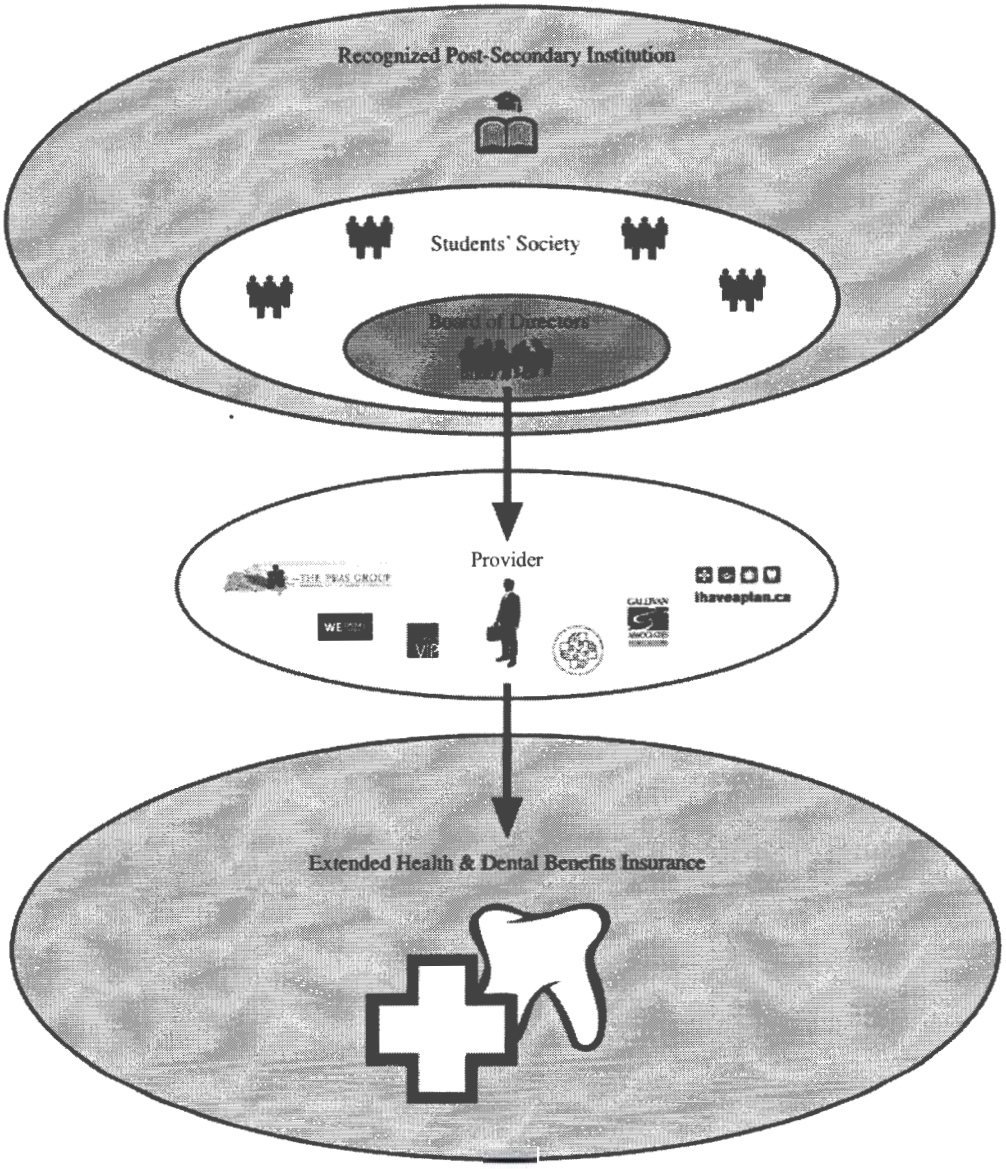
There is no available, well-documented history of the developments and evolution of this form of group health insurance for students in Canada. Still, through informal interviews, many industry contacts confirmed that the market began to first establish itself in the early 1980's. In support of these anecdotes, the 'about us' section on the Canadian Federation of Students (CFS) Services Health Network website states its formal establishment in 1985 (CFS-Services, 2014) and Adam C. Lewis (ACL) Benefits states they have been in business for over 20 years (ACL Benefits, 2013). Nevertheless, the other providers, institutions and their respective students' societies do not list their plans history, what year the plan was first established and how they have developed year-to-year. Each plan has developed and continues to develop in autonomous and independent ways at their own stages of evolution. As each institution's plan has developed uniquely based on the political and social climate of each student body and there is a range of costs and benefits coverage experienced by each group. Although providing a more in depth history of the evolution of plans is not possible, this project attempts to better document its current state as a benchmark study.

Student health insurance plans have established themselves within the last 30 years and the student health insurance market in now firmly established. This has taken place through the actions of students working collectively through their respective student societies to address their unmet needs for coverage. Through these plans, students have supplemented the universal health insurance program provided under the *Canada*

Health Act in addition to the pharmaceutical plans within each province. These developments have led to the implementation of a mandatory extended health and dental benefits insurance program at almost every post-secondary institution across the country.

This section describes the current system for health insurance provision to students wherein; student societies solicit either a broker or the National Student Health Network established by the Canadian Federation of Students-Services, to act on their behalf as agents to negotiate appropriate levels of coverage at a level of cost that has been democratically approved by the members they represent. Figure 1.1 below is the conceptual map of institution-student society-provider relationships, which outlines the relationships between the stakeholders involved in providing this form of service to students.

Figure 1.1: Conceptual Map of Stakeholder Relationships



The key feature to point out is that the broker described along with the insurance company, to make up the "provider", acts as the students' society's agent in coordinating the extended heath and dental insurance package. How this occurs is stipulated by the societies members and managed by the representative board of directors and their support staff. General cost and coverage parameters are set by the society's membership through

democratic process and referendum voting as was previously mentioned.

In this current system, students and student societies do have a unique ability to create discount networks and to solicit lower co-payment. Cost saving discounts can be achieved for student groups through the establishment of preferred providers for health services (Student Care, 2013). Discounts on drug dispensing fees, and on the cost of prescriptions allow students to add value to their benefits plans. A dispensing fee can be arbitrarily set by any given pharmacy based on their company policy but this is still a way for students to reduce the costs they experience in accessing their extended health benefits. Coordinated by Canada's largest student led organization, Canadian Federation of Students-Services (CFS-S) operates and markets its National Student Health Network, as part of its various member services available to its members of the CFS. CFS-Services are optional to member student societies and as a result, not all members coordinate their plan through the National Student Health Network. CFS-Services has in turn been working on a number of initiatives to solicit these discounts in ways that will ensure the discount benefits the student. For instance, CFS-Services advocates for the provision of manufacturer list prices plus a set percentage as marginal revenue for the pharmacy. This ensures that there is not a floating rate of marginal revenue and ensures that there are in fact savings in the discount provided. In addition to CFS-Services, there are a handful of other networks, developed by other providers, made up of brokers and the insurance companies they cooperate with. They specialize their support and tailor their benefit plans to the unique needs of students and student societies. Brokers are also found, by this study, to generally solicit further discounts to reduce costs for students when it comes to accessing their benefits to reduce the costs of co-payments.

The review of the available plans across the country identified a total of 153 comparable group health insurance plans for students, currently coordinated by six main providers. These plans have been implemented at almost all campuses as an ad hoc reaction to gaps in what health services are publically available for students in each province. There is a wide range of plans and number of students insured by these independently established student society programs. The market for post-secondary student health insurance is now well established across Canadian campuses, which is partly why it is worthy of further attention and investigation. The current status of this system is that plans are self-selected based on differing circumstances facing differently composed student groups at each campus and institution. To further tailor benefits, there are even sometimes instances of multiple plans in operation at one institution.

1.5 Previous Work

In initial preparation for this study, an extensive search was conducted to see if any previous academic articles had been published on the topic of group health insurance in Canadian post-secondary educational institutions. After completing multiple Boolean searches in multiple available databases through the University of Northern British Columbia (UNBC) and University of British Columbia (UBC) library and online resources using multiple key terms and synonyms, it was determined that there is a lack of previous study or research specific to the situation of group health insurance for students within Canadian post-secondary. There is only one exception, and that is the study by Nunes et al, published in 2014, which specifically addressed unmet needs for plan coverage of mental health services while also noting the wide range of coverage and

cost between plans. This paper has a narrow scope of assessing mental health coverage of each plan.

More specifically, Nunes et al collected data on the variance of mental health coverage at 210 not-for profit post-secondary institutions and arranged this information by type of institution (college or university) and by province. One limitation of this study mentioned was that the authors were not able to include institutions from Quebec in the study. This was due to how the Quebec system differs from the rest of Canada with its 48 publically funded pre-university colleges (CEGEPS), 25 provincially funded colleges, and 24 private colleges which are not provincially funded, and a greater level of coverage by other means resulting in a reduced need in that province (Nunes, et al., 2014). Although some institutions from Quebec were included in this project, they should still be noted as outliers given the increased number of public health services and a more comprehensive multi-level system of post-secondary than is currently in place throughout the rest of the Canadian provinces.

Furthermore, Nunes et al specifically looked into the limited prescription coverage and support for mental health issues. The authors identified students as a demographic group in need of coverage for programs, services and medications relating to mental health issues and noted the compounding factors and stressors of student life. Their findings identified a varied level of coverage experience across plans stating that "plans usually covered other health services such as ambulance, physiotherapy, vision care, and dental care [yet] the coverage of these other services is quite variable among the plans" (Nunes, et al., 2014). They also went on to state that neither the other areas of coverage, nor the variance of plan cost were further looked into since the focus of the

study was specific to the coverage of mental health services. This reinforces the need for further investigation to help fill the gaps and establish a more comprehensive body of knowledge around health insurance for post-secondary students in Canada. In doing so, this project will help to inform students who find themselves elected to their students' society board of directors, and assist them in upholding their fiduciary duties in the oversight of group health insurance plan costs, scope and benefits. It will also help insurance provider networks and governments base their policies on factual grounds.

1.6 Objectives of this Study

The market for group health insurance for students in Canada is not well known or documented despite its importance. This is an important gap to fill given the large number of students impacted, and the effects of supporting and insuring the Canadian student population. The purpose of this study is to assemble relevant information to provide a foundational understanding of the scene for student health insurance in Canadian post-secondary institutions. To do so, it identifies the key players - insurance providers, networks, brokers and students' societies, and documents how they interact. The study also describes the variety of insurance plans in terms of costs and benefits coverage. Beyond this, it outlines the main providers and the student bodies they serve at various post-secondary institutions across the various provinces of Canada.

This project expands on previous research (Nunes, et al., 2014), taking a broader look at the main components of benefits coverage with a deeper look into the cost of each plan across the providers, within each province, and with respect to the level of study of the insured student groups. Although the lack of prior research on this topic created

some challenges and limitations for approaching and completing research in this area, it clearly demonstrates the need for original research of this nature. This project will help to better understand the plans currently in place with regards to the annual coverage costs in relation to the level of study (whether, college, university, graduate or undergraduate), the provider coordinating each plan, and the province of study. As such, this project provides a foundational understanding of the environment for student health insurance in Canadian post-secondary institutions.

In order to better understand the range of plans, annual cost and benefits coverage information was compiled for a total of 153 extended health and dental plans run by student societies. Chapter Two describes the compilation of data and the methodology used in collecting information across plans. Chapter Three analyzes the cost of plans across the six main providers, the number of plans and the number of students insured across undergraduate and graduate populations. In that chapter, graphical depictions were used to show the variance in plan cost across these attributes. Chapter Four discusses the main results and concludes the paper.

A key limitation of this study is that corresponding graphical depictions could not be created to analyze the value and distribution of benefits in a comparable way, and be able to relate plan costs to benefits. This limitation was partly due to a lack of standardization in how benefits are provided in addition to the fact that claims data is not publically available across plans.

Chapter 2: Data and Methodology

2.1 Data

The sources for data used in the original research component of this study consist of a number of online resources and varied for each student health plan. For each plan, a mix of sources was reviewed including the website for the institution, the provider's website, and the website of each respective student society. When information was not available online, informal telephone interviews were conducted and annecdotal information was gathered. There were a number of challenges in compiling this data given that for each plan, information was not consistantly kept in the same place and that providers and student societies detail their benefits covered in different ways, with different terminology depending on the provider and province. This could also be partially attributed to variances in the publically provided plan for coverage in each province. All of these factors contributed to it taking a great amount of time to compile comparable information for each student health plan. As previously stated, there were various limitations which limited the scope of the comparisons that could be made.

The annual plan costs and benefits coverage data was taken during the 2013-2014 academic year running from September 2013 to August 2014. As such, the reliability of the data is based on the accuracy of these websites and may be subject to change after August 2014. The representative institution and student society population data was obtained largely from estimates on each institution's website in order to provide a comparison of the number of students covered by each plan, in each province and by each provider.

By compiling the most recently available data taken from provider and post-secondary websites and by organizing and summarizing this information across different attributes, This study contributes to better understanding of health insurance for post-secondary students in Canada.

2.2 Methodology

The methodology for this project is descriptive and empirical. Charts are used to depict the distributions of plans across the providers, provinces and student groups. Box-plots are used to present the detailed distributions of per-student annual costs for the same categories of providers, provinces and student groups. The data is first organized by the six main providers in the Canadian marketplace. Following a comparison of providers the data is reorganized by province, and finally by level of study of the students in each covered group as either undergraduate or graduate students only, or undergraduate and graduate students together.

Although information was also compiled detailing the benefits of each plan, a cost-based approach is used to narrow the scope and make it more manageable. All information compiled is from various publically available online sources and was gathered in a comparable way in order to outline the varied range of cost and coverage for plans providing extended health coverage. Typically coverage is found to be in place in the three main areas of extended healthcare, extended dental, and vision coverage.

Extended healthcare, dental, and vision coverage are the most common themes and plan features driving the cost of these plans. These categories are broadly defined in the Canadian public healthcare system with extended private health coverage referring to

prescription drug provisions, extended dental coverage referring to preventative and restorative dental work, and vision coverage referring to medical vision exams, eyeglasses, corrective contact lenses and sometimes limited coverage to subsidize laser eye surgery procedures. Coverage of these main benefits appears to be a common theme and guiding principles for the majority of the plans now in place across Canada although paramedical and travel benefits are sometimes also included. This project identifies and evaluates the trends to determine whether there are inconsistencies and variances in the per-student annual cost of plans and benefits. As previously stated, this study takes a closer look at the provider, province, institution, as well as the level of study of students insured in each group. It is with a better understanding of this current landscape that a better assessment can be made of the situation for group health insurance in the Canadian post-secondary system. This study provides a basis for further analysis and for developments in order to address potential issues and to inform the best way forward for this evidentially large and potentially growing area of private health insurance in Canada.

Through a comparison of the various student-health insurance providers and the plans that these providers coordinate, we can better understand to what end, and at what costs students have established these value added insurance programs. Through a Canada-wide overview, a further understanding and a clearer picture of the costs and coverage distributions for various combinations of extended health, dental, and vision benefits can be established. These plans are more or less unique, given that they are administered by non-profit organizations (student societies) through the solicitation of brokers working on behalf of student societies as their agents to negotiate benefits with both for-profit and not-for-profit insurance providers in Canada's two-tiered system of

healthcare.

By assessing whether variance exists between plans through an empirical approach, a better analysis of student health insurance and understanding of the range and trends for the costs and distribution of plans can be determined. Is there variance, and if so, what is the level of this variance? Is there a large difference between solely undergraduate or graduate and mixed undergraduate and graduate student groups? What is the variance between plans depending on the provider and the province of study?

There are a number of questions still to be answered in order to fully assess the current state of this system with regards to how the system may be improved and whether the system should be changed. Although the scope of this project is somewhat limited, it will contribute to the dialogue on whether healthcare policy should better regulate private insurance or whether there should be greater public coverage for extended healthcare, dental, and vision benefits for students in order to create more consistency in the level of coverage and cost of these plans.

Although the Canadian model may seem favourable when compared with the current state of student health insurance in many other countries, there is a need for Canadians to hold this system to the highest standard. As federal and provincial governments cut healthcare funding, coverage is decreasing by an erosion of what is considered to be medically necessary within the public package. As shown in this study, when government provides less, groups of citizens such as post-secondary students, for better or for worse, react in order to meet their healthcare needs that extend beyond this public package.

Chapter 3: Empirical Results and Analysis

Taking a closer look at the current Canadian marketplace for student health insurance, there are six main providers whom have created network pools. The network pools, also known as buying consortiums, are coordinated by a combination of brokers working in cooperation with insurance companies to serve this niche market of group health insurance plans for students.

These include, Student Care, the CFS-Services Health Network, Gallivan & Associates, Adam C. Lewis (ACL) Benefits, Campbell & Company and Prudent Benefits Administration Services (PBAS) Group. Student Care, first forming as the Quebec Student Health Alliance (ASEQ), now serves 40 post-secondary school health plans translating to about 26% of the number of total plans in the Canadian market for group health insurance. The CFS-Services Health Network coordinates with a for-profit broker, yet nearly exclusively purchases coverage with Greenshield Canada, Canada's only cross-country non-profit insurance company. This CFS-Services National Student Health Network consists of 37 post-secondary school health plans, which represents approximately 24% of the total number of plans in the market (Greenshield Canada Student Centre, 2013). Gallivan & Associates currently administers health insurance plans to a network consisting of 33 student groups, constituting 22% of the total number of plans in the market. ACL Benefits serves a network consisting of 21 student groups and about 14% of the total number of plans in the market. Campbell & Co. serves a customer base of 12 student groups and 8% of the total number of plans in the market. Lastly, the PBAS Group serves a network consisting of the 10 student groups, covering the remaining 7% of the total number of plans in the niche market for group health

insurance plans of this nature.

Table 3.1 presents a comprehensive list of which institutions are covered by each of the six main providers going left to right from largest to smallest:

Table 3.1 Institutional Coverage by the Six Main Providers

Provider 1: StudentCare	Provider 2: CFS-Services	Provider 3: Gallivan & Associates	Provider 4: ACL Benefits	Provider 5: Campbell & Co.	Provider 6: PBAS Group
University of Manitoba	Brandon University	BCIT	Algonquin College	Algoma University	Acadia University
University of Toronto - Graduate Students	Carleton University - Graduate Students	Camosun College	Cambrian College	Athabasca University - Graduate Students	University of Calgary – Graduate Students
UBC Okanagan	College of New Caledonia	Cape Breton University	Canadore College	Brock University	Holland College
Carleton University - Undergraduate Students	College of North Atlantic	Concordia University	Confederation College	Brock - Graduate Students	Mount St. Vincent
Durham College and UOIT	Emily Carr University	Conestoga	Fanshawe College	Dalhousie	Mount Allison
University of Western Ontario - Graduate Students	George Brown College	Dalhousie University - Truro Campus	Fleming College	Lakehead University	Ontario College of Art and Design University
Capilano University	Laurentin University	Douglas College	Humber College	University of Lethbridge	Medicine Hat College
University of Victoria	Laurentian University - Graduate Students	Georgian College	Lambton College	Trent Central	The St. FX

Provider 1: StudentCare	**Provider 2: CFS-Services**	**Provider 3: Gallivan & Associates**	**Provider 4: ACL Benefits**	**Provider 5: Campbell & Co.**	**Provider 6: PBAS Group**
Royal Roads University	Laurentian University – Barrie Campus	Great Plains College	Laurentian University	Saint Mary's University	University of Prince Edward Island
Mohawk College	Universite de Saint-Boniface	Kwantlen	Loyalist College	Wilfrid Laurier University	University of Western Ontario
University of Alberta - Undergraduate Students	Marine Institute	Lakeland College	McMaster University	University of Windsor	
Simon Fraser University undergraduate Students	Grenfell College	Lethbridge College	Niagara College	University of New Brunswick - Graduate Students	
Simon Fraser University - Graduate students	Memorial University of Newfoundland – Graduate Students	NAIT	Nipissing University		
Sault College	Memorial University of Newfoundland	New Brunswick Community College	Northern College		
UBC-Vancouver	NSCAD University	Nova Scotia Community College	Seneca College		
Langara College	Okanagan College	Parkland College	St. Clair College		
University of the Fraser Valley	Queens University - Graduate and Professional Students	Red River College	St. Lawrence College		

Provider 1: StudentCare	**Provider 2: CFS-Services**	**Provider 3: Gallivan & Associates**	**Provider 4: ACL Benefits**	**Provider 5: Campbell & Co.**	**Provider 6: PBAS Group**
UNBC – Undergraduate Students	Ryerson	SAIT	The Michener Institute for Applied Health Sciences		
UNBC – Graduate Students	CESAR - Continuing Education Students	Saskatchewan Institute of Applied Science and Tech	Trent - Oshawa		
University of Alberta - Graduate Students	Selkirk College	Bow Valley College	University of New Brunswick		
ACAD - Alberta College of Art & Design	Thompson Rivers University	Grande Prairie Regional College			
University of Saskatchewan - Undergraduate Students	Trent - Graduate Students	Keyano College			
University of Saskatchewan -Graduate Students	l'Universite Sainte-Anne	MacEwan University			
University of Regina & First Nations University	University of Kings College	Mount Royal University			
University of Waterloo - Undergraduate Students	University of Ottawa - Graduate Students'	Olds College			
University of Waterloo - Graduate Students	University of Ottawa	Red Deer College			

Provider 1: StudentCare	**Provider 2: CFS-Services**	**Provider 3: Gallivan & Associates**	**Provider 4: ACL Benefits**	**Provider 5: Campbell & Co.**	**Provider 6: PBAS Group**
CCNM - Canadian College of Naturopathic Medicine	University of Toronto	Norquest College			
McMaster University	University of Toronto - Part-Time Undergraduate Students	The University of Calgary			
CMCC - Canadian Memorial Chiropractic College	University of Windsor –Graduate Students	Université de Guelph - Campus d'Alfred			
Sheridan College	University of Windsor –Part-time University Students	University of Guelph - Main Campus			
Queen's University	University of Winnipeg	University of Guelph - Kemptville Campus			
WLU - Wilfrid Laurier University - Graduate students	University of Winnipeg - Aboriginal Students	University of Guelph - Ridgetown Campus			
University of Toronto, - Scarborough Campus	University of Winnipeg Part-Time Students	Okanagan College- Vernon Campus			
McGill University - Undergraduate Students	Vancouver Community College				

Provider 1: StudentCare	Provider 2: CFS-Services	Provider 3: Gallivan & Associates	Provider 4: ACL Benefits	Provider 5: Campbell & Co.	Provider 6: PBAS Group
McGill University, Macdonald Campus (MCSS)	Vancouver Island University Students' Union				
McGill University - Graduate Students	Glendon College				
McGill University - Residents	York University - Graduate Students				
Concordia University - Undergraduate Students					
Concordia University - Graduate Students					
HEC Montreal					

3.1 Providers' Market Share

Figure 3.2 below, depicts the number of health insurance plans currently administered by each of the six main providers dominating the market for student group health insurance in Canada. Student Care provides the largest number of plans, followed by the CFS-Services Health Network and Gallivan & Associates. The remaining providers offer less than 30% of the plans.

Figure 3.2 Number of Student Group Plans Served by each of the Six Main Companies

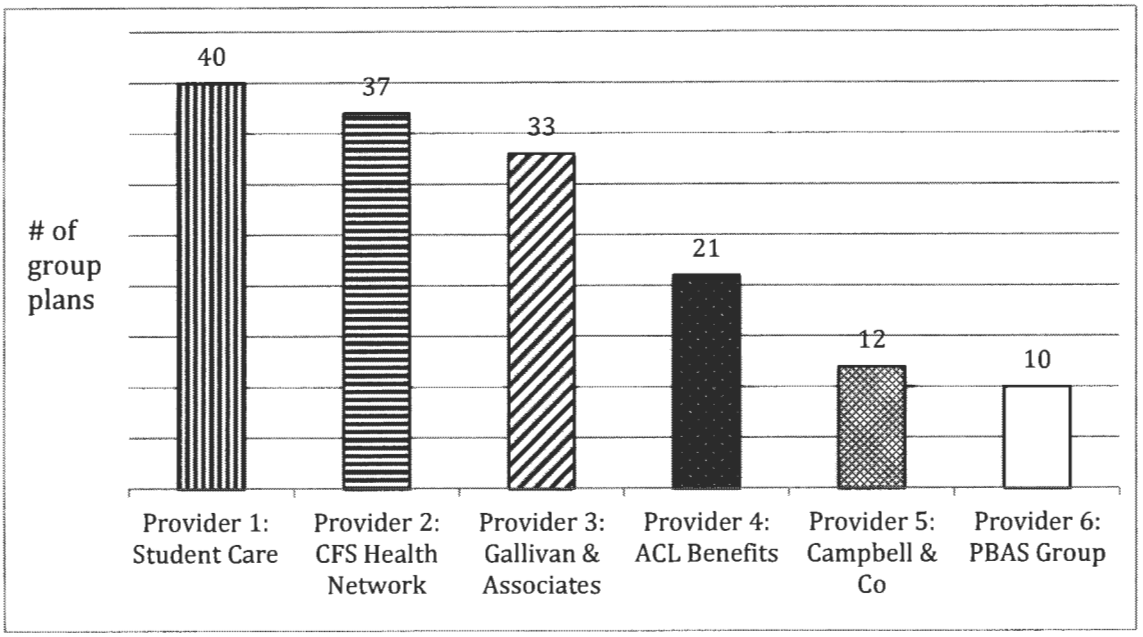
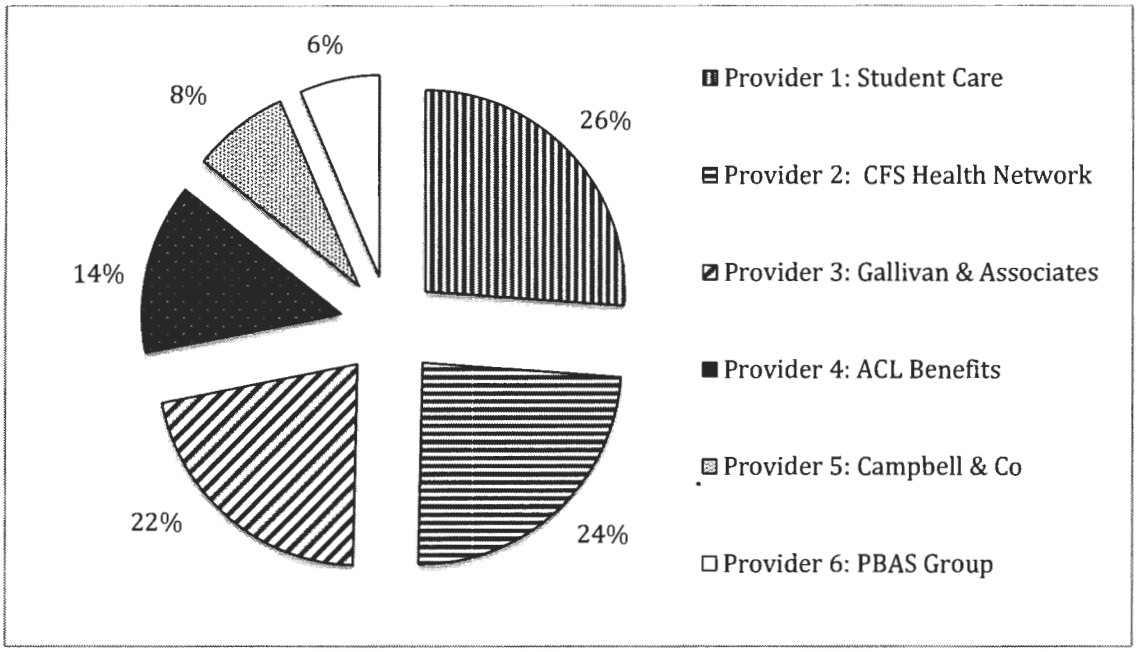


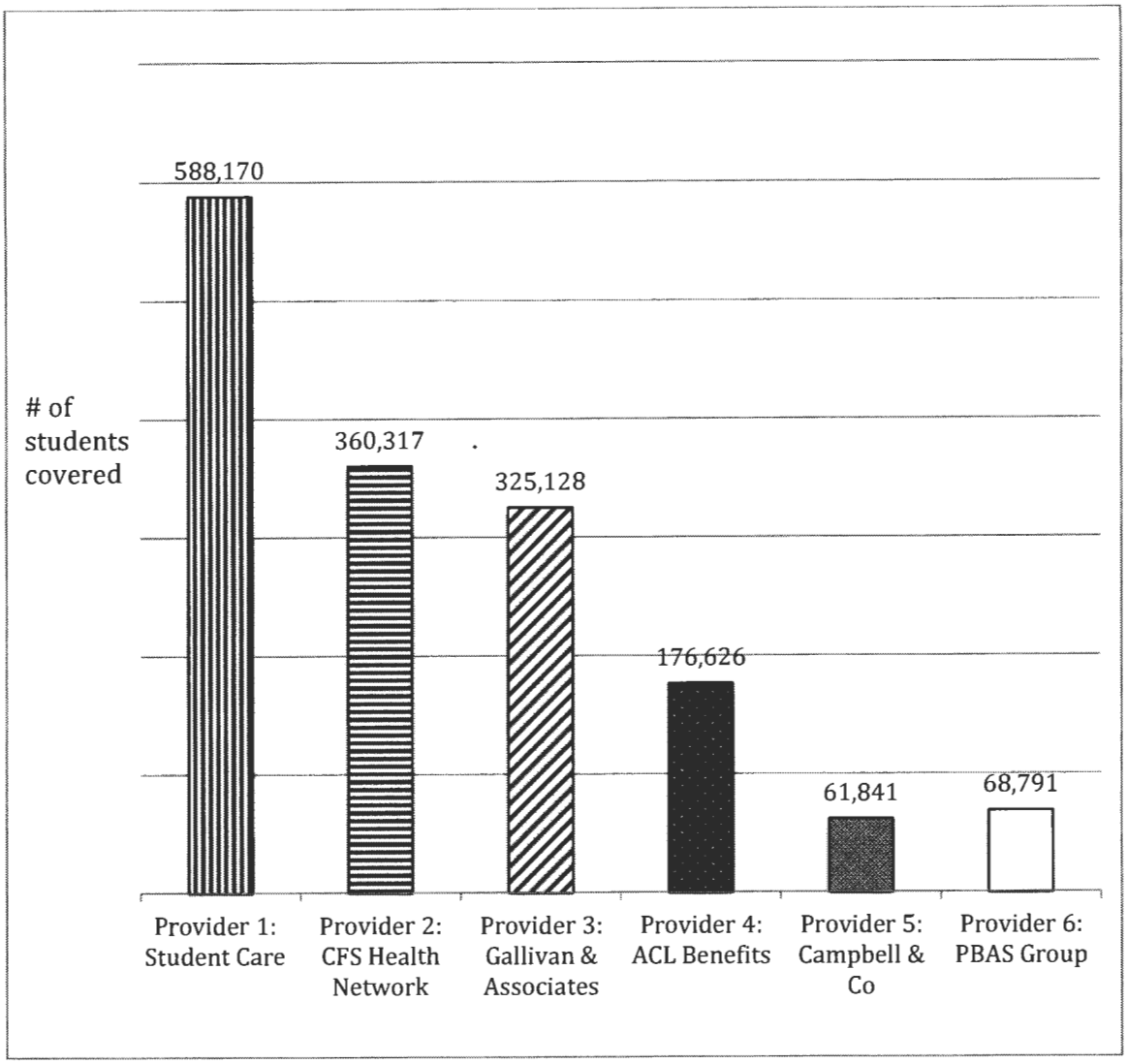
Figure 3.3 below, shows the percentage of market share for each of these six main insurance companies serving this niche market, based on the number of student society group plans in each buying consortium.

Figure 3.3 Distribution of Market share by Number of Plans



Since the number of plans served does not provide the clearest picture of the size of market share, Figure 3.4 reports the number of students served by each provider.

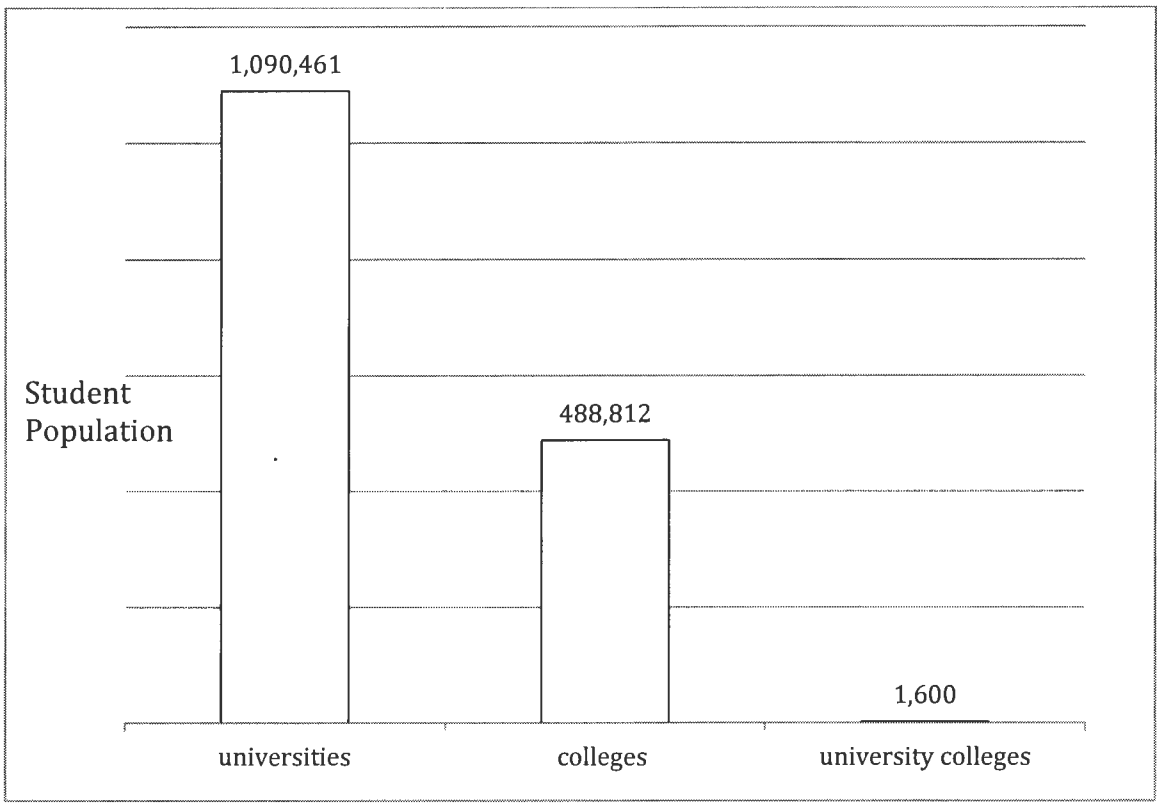
Figure 3.4 Distribution of Market Share by Number of Students



Note: Student populations are approximate and based on the most recent figures available through the institutions of study between the years 2010 to 2014.

In total, this study estimates 1,580,887 students studying across 97 universities, 55 colleges and 1 university-college. Group health insurance for Canadian post-secondary students is a market of considerable scale with the majority of students covered studying in universities as further portrayed in Figure 3.5.

Figure 3.5 Distribution of Market Share by Type of Institution



There is already documented evidence of variance between the health coverage experience between students studying at colleges and universities. According to the study by Nunes et al, college students experience 27% less coverage than their counterparts in universities. The study states that just 41% of colleges have provisions of extended health insurance for prescription medication in comparison with universities where prescription coverage of this kind is provided at 68% of institutions (Nunes, et al., 2014).

As shown by this project and above in Figure 3.4, Student Care is currently serving the lion's share of the market by providing group health insurance benefits for almost 600,000 post-secondary students in Canada, this is in part due to their coverage of some of the much larger university student societies. Universities are also clearly shown

to make up the majority of the insured student population as shown above in Figure 3.5. The CFS-Services Health Network and Gallivan & Associates are the other large players although they serve at least 200,000 less students according to estimates based on institutionally available student body head counts. It should also be taken into account that there is some attrition to these numbers due to opt-out procedures and in some cases, non-assessment of coverage for part-time students or shorter running programs.

Figure 3.6 below shows the distribution of relative market share for each of the six main providers based on the estimated number of students they serve.

Figure 3.6 Distribution of Market Share by the Number of Students

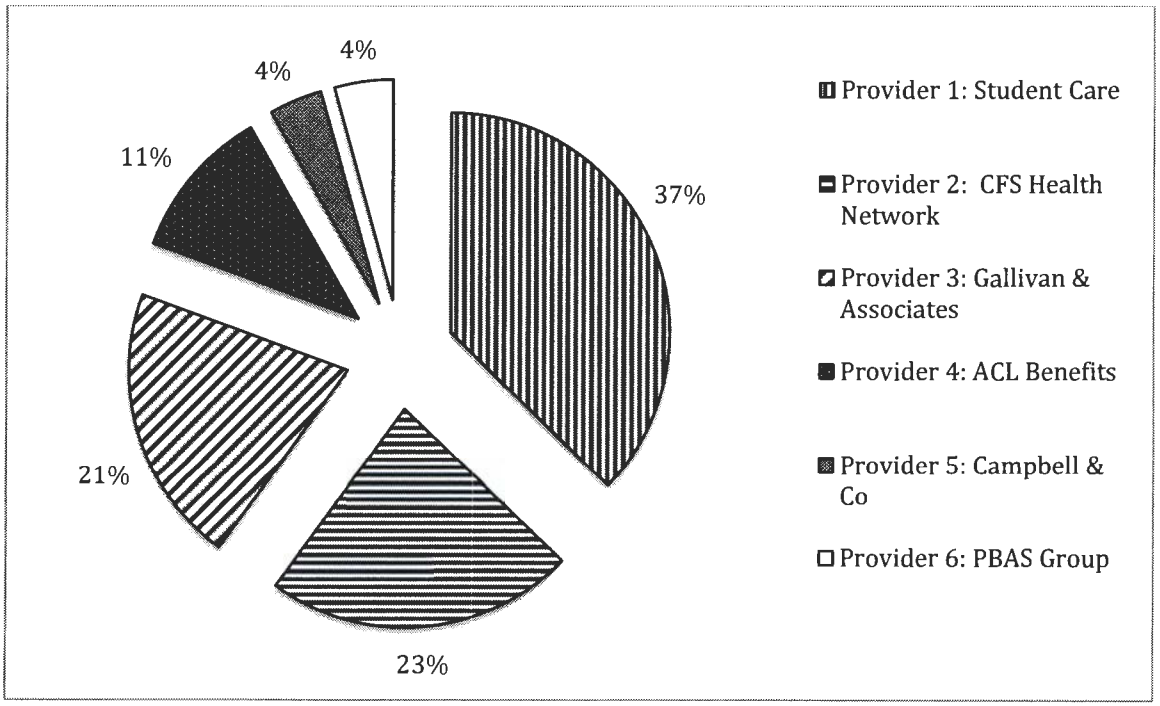
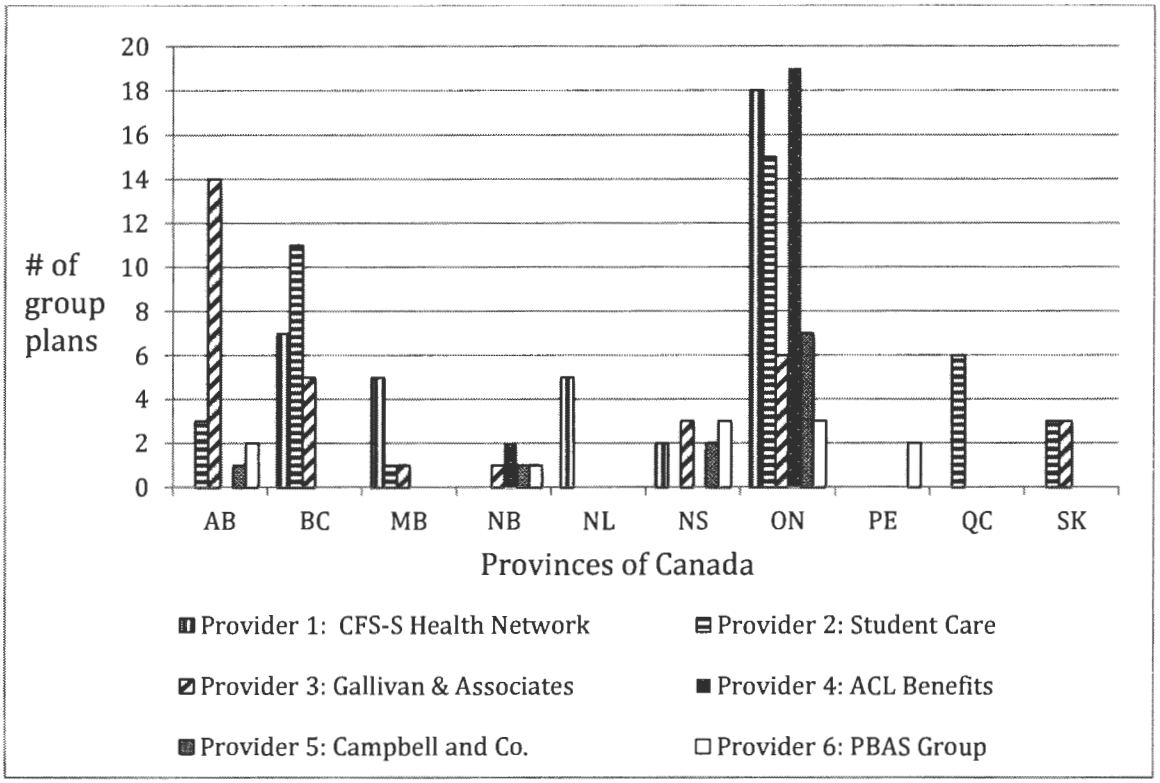


Figure 3.6 re-affirms Student Care as the largest provider of coverage, which can be attributed to serving some of the largest universities in the country such as the University of British Columbia (UBC) and McGill University. In support of this finding,

Figure 3.6 shows an 11% increase in market share when compared to the number of plans coordinated by this provider in Figure 3.3.

Also of interest is the number of providers acting and the number of plans they each coordinate by province; this is presented below in Figure 3.7. As expected, given that Ontario is the largest market for group health insurance in Canada, it is the only province where all six providers currently coordinate plans. Other interesting observations of this distribution are that Gallivan & Associates finds most of its market in Alberta, while Student Care is the sole plan provider in Quebec, and the CFS-Services National Student Health Network is the sole provider in Newfoundland. Also, the three largest providers, Student Care, Gallivan & Associates and the CFS-Services National Student Health Network are the only providers currently active in British Columbia and Manitoba.

Figure 3.7 The Provincial Presence of Providers



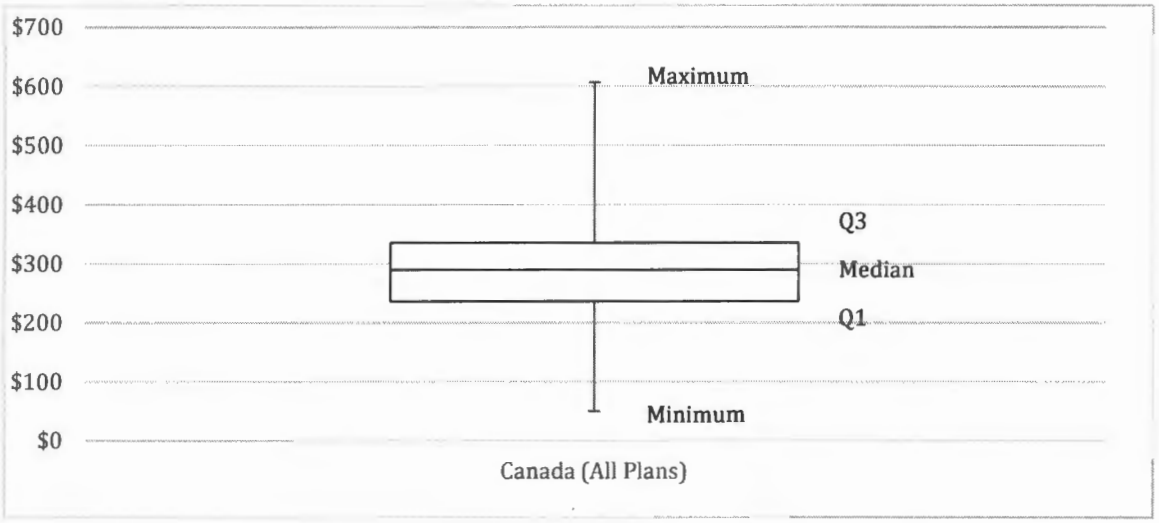
As demonstrated in Figure 3.7 above, providers show a significant amount of variation in the number of plans they offer across different provinces. Given the sheer number of plans, and the amount of business currently conducted in this area of group health insurance, it is evident that the market is significant.

3.2 Distribution of Health Insurance Plan Costs

This section describes the plan costs across providers, provinces, and student groups. These health insurance plans are offered at various costs, which are made up of both premiums and administration fees. The least costly plan in Canada is at Sault College in Sault St. Marie, Ontario where per student cost assessed just is $50 annually. The most expensive plan documented in this study is at the University of Windsor in

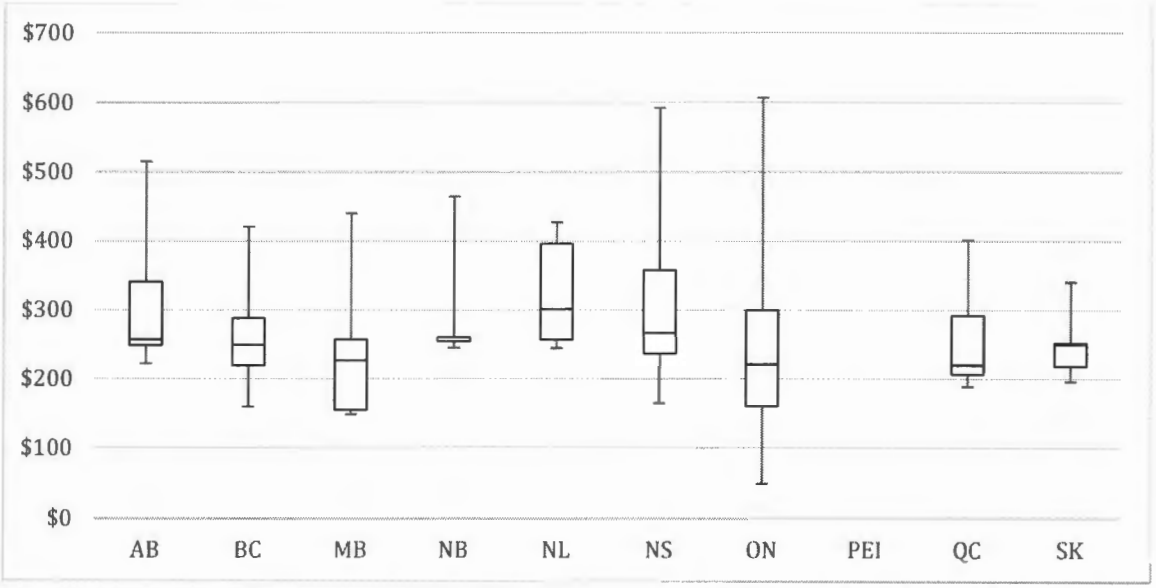
Windsor, Ontario, where the Graduate Students' Society operates a plan for its members at an annual cost of $606.87 per student. In addition to the 153 comparable plans documented in this study, there was one additional student society providing their plan in a different way, the Athabasca Graduate Student Association (AUGSA) is an outlier that operates uniquely in two ways. Firstly, AUGSA coordinates plans in multiple provinces and secondly, they do so with a monthly opt-in rate for their members. All other 153 plans list an annual per student cost, which is assessed up-front as a mandatory fee, along with student society fees and tuition. Across the country, the average plan cost is $262.68 the median is $248, and the standard deviation is $100.65 suggesting a relatively symmetric but wide distribution of the costs. When looking at the per-student annual plan cost in each province, with each provider, and across solely undergraduate or graduate, or undergraduate and graduate combined, we observe significant variations. To summarize these variations more precisely, I use the Box-plot displays that provide us with the median, interquartile range, and the overall range of the distribution from the minimum to the maximum. The variance in plan cost across Canada is depicted in the Box-plot shown in Figure 3.8 below.

Figure 3.8 Box-plot of the Distribution of the Annual Cost of Student Health Insurance Plans for Canada



The distribution of plan costs for individual provinces are presented in Figure 3.9.

Figure 3.9 Box plots of the Annual Cost of Student Health Insurance Plans by Province



Note: Since there are only two plans for the province of Prince Edward Island, no Box-plot is provided for PEI.

The Box-plots show the first and third-quartile, Q1 and Q3, respectively; the inter-quartile range (Q1 to Q3, or the height of the Box) and the overall range of the annual cost. The smaller the interquartile range, the less variance there is in the annual cost between plans in the middle of the distribution. The Box-plots show that there is significant variation in the overall range of costs across the provinces. The raise in plan cost is about $150 in Saskatchewan. In contrast, the cost range is over $550 in Ontario. Due to outliers, a more reliable measure of variation is the inter-quartile range (IQR), which gives the variation for 50% of the data occurring in the middle of the distribution.

New Brunswick shows least amount of variance in plan cost with an interquartile range of $15, Saskatchewan's is $34, British Columbia's is $68.69, Alberta's is $92.50, Manitoba's is $101.75, Nova Scotia is $119.17, and Newfoundland is $134.92. The highest amount of variance in plan costs across student groups is seen in Ontario where the inter-quartile range is $139.50. Based on these findings, one can observe that Ontario likely experiences the highest rate of variance due to the tailoring of plans, having the highest number of plans, compounded by the fact that all six main providers currently coordinate plans in the province as previously depicted in Figure 3.7. In comparison, British Columbia has only three of the main providers coordinating less than a third as many plans as Ontario and experiences less than half the variance as shown by its inter-quartile range and provincial distribution of plans. Interestingly, Newfoundland experiences the second highest amount of plan variance across only five plans as shown by its inter-quartile range being just $4.58 less than that of Ontario at $134.92. This could be due to a higher than average rate of customization of plans for the province of Newfoundland.

Also, as depicted above in Figure 3.9, for all of the provinces that Box-plots could be created, they are positively skewed. Specifically, taking a closer look at Alberta, half of the plan costs in the middle vary within an $84 range (from $257 to less than $341). Outside the interquartile range, the most expensive plan in Alberta has an annual fee of $515.16 assessed by the Graduate Students' Association of the University of Calgary. This outlier plan is coordinated by the PBAS Group. As a rather large graduate student population it is understandable that they would have a higher fee as a graduate students are shown to be a more risk averse population with more demand and ability to pay for health services. Graduate students typically have higher fees for higher rates of coverage than undergraduate student or mixed student groups. In further support of this finding, the least expensive plan in Alberta is $221.96 assessed by University of Alberta Undergraduate Students Union, they coordinate this plan with Student Care as their provider.

Half the plan costs in the middle in Manitoba vary within a range of a little over $100. Outside this interquartile range, Manitoba's least expensive plan is $148.67 and is assessed by the University of Winnipeg Aboriginal Students' Association. The most expensive plan in Manitoba is $439.67 assessed by the University of Winnipeg's Part-time Students' Society. In Saskatchewan there are six student health plans, where half the middle plans costs vary within a range of roughly $32. Outside of the interquartile range, the least expensive plan costs $196.40 annually assessed by the University of Regina First Nations University and the most expensive plan is the University of Saskatchewan Graduate Students Association at $350.51 annually. It is observed that first nations student group members in both Manitoba and Saskatchewan typically receive

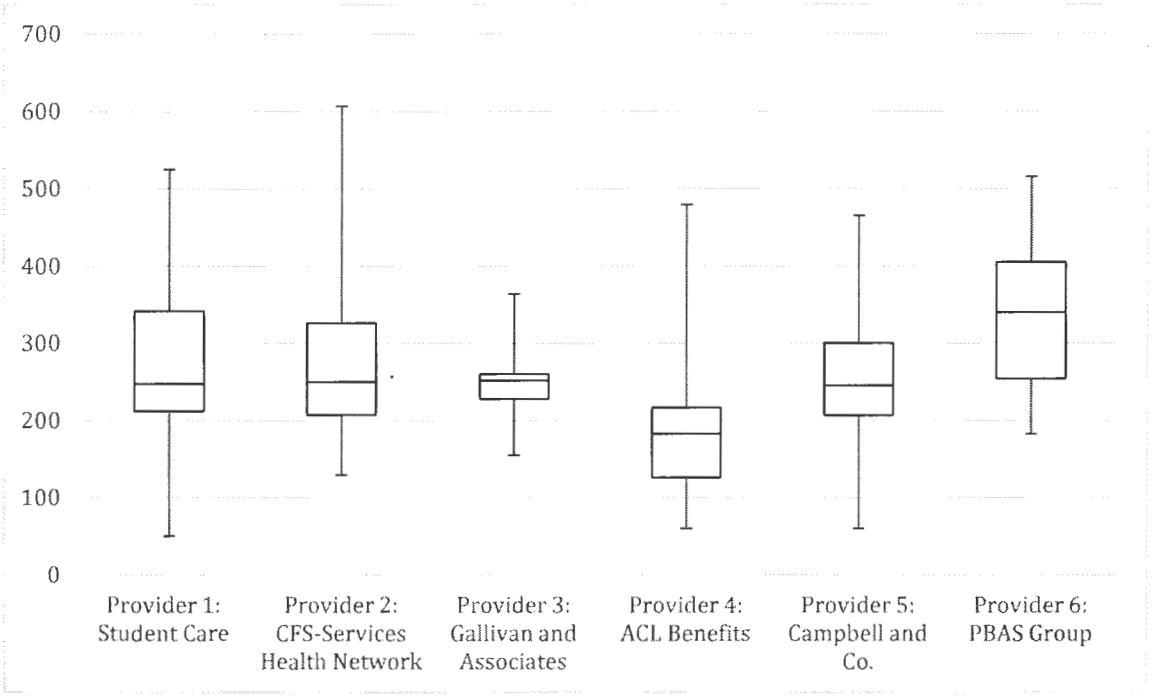
pharmaceutical coverage through Federal Government plans are in turn reduced in cost without having to provide as broad a range of coverage. This further supports the thesis that student plans are reactive to what is publically available as a supplement to fulfill unmet needs.

Additionally, the two provinces shown to have the most group health insurance plans in place are British Columbia and Ontario. In British Columbia, there are 23 plans, the least expensive plan of which costs $159.92 annually assessed by the University of the Fraser Valley Students' Society and the most expensive plan costs $420 annually assessed by the Graduate Student Society at Simon Fraser University.

Ontario has more than triple the number of group plans in place in British Columbia with 68 with the widest distribution of cost. The least expensive plan in Ontario previously mentioned in this study is the least expensive in all of Canada at $50 assessed by the undergraduate student society at Sault College. As previously mentioned, Ontario has the most expensive group plan in the country at a cost of $606.87 assessed by the University of Windsor Graduate Student Society. The findings in Ontario and in British Columbia further reinforce findings that graduate students are a more risk averse population with a higher willingness and ability to pay for these kinds of group benefit plans.

To assess the level of variance from a different angle, Figure 3.10 provides Box-plots for the six main provider networks.

Figure 3.10 Box-plots of the Annual Cost of Student Health Insurance Plans by Provider

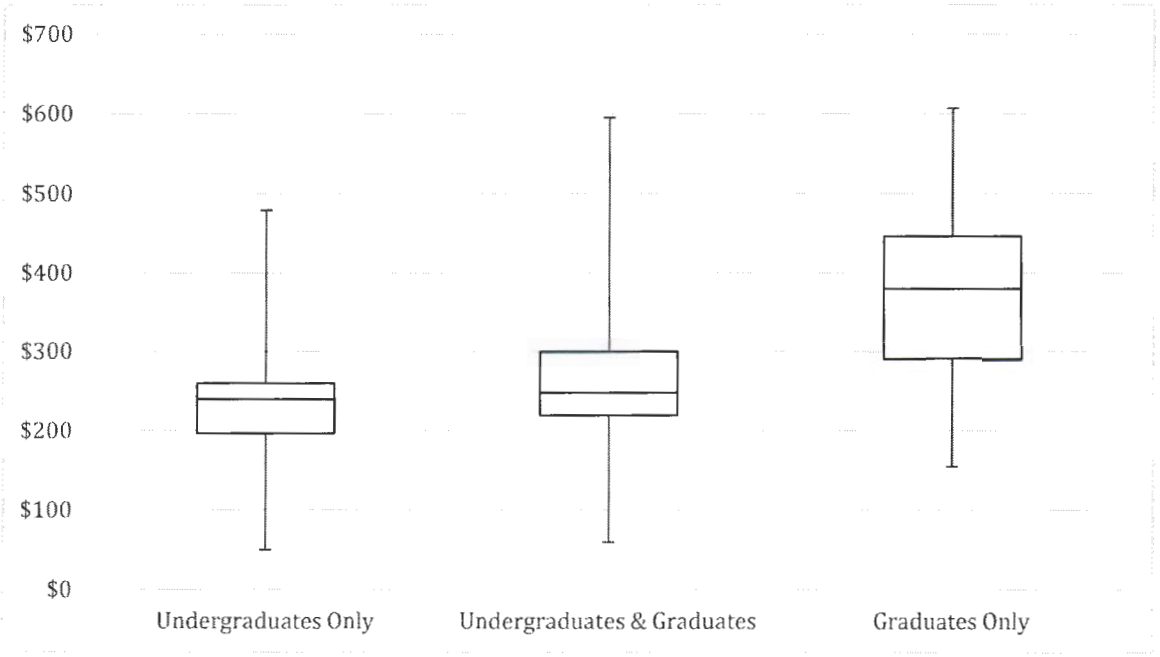


Across the providers, Gallivan & Associates is shown to have the least amount of variance with an interquartile range of $32, this is partially due to their push for more standardization across the plans they provide as noted in the appendix. In ascending order, ACL Benefits has an almost three times as much variance with an inter-quartile range of $91 and Campbell & Co. is about the same with an interquartile range of $92.94. Interestingly, the other two largest actors in the market: the CFS-Services Health Network has a high interquartile range of $118.76 and Student Care has a higher interquartile range of $129.13. Nonetheless, if going purely by the interquartile range, then PBAS Group has the most variance with an inter-quartile range of $151 for its 11 plans. This could be because of the high overall average annual cost for plans

coordinated by PBAS Group of $335.92 and the fact that they coordinate plans across distinctly different provinces such as Alberta, New Brunswick Nova Scotia, Ontario and Prince Edward Island. PBAS Group has a wider range of provinces, and a higher average annual plan cost than that of the other three smaller providers as is further noted and explained in the appendix. Student Care and Campbell & Co. have the largest overall variation with Gallivan & Associates showing the smallest overall variation in cost.

Figure 3.11 below, shows the distribution of plan costs for different student groups. It is clear that the plan costs are higher for the Graduate students as a separate group.

Figure 3.11 Box-plots of the Annual Cost of Student Health Insurance Plans by Category of Student Group

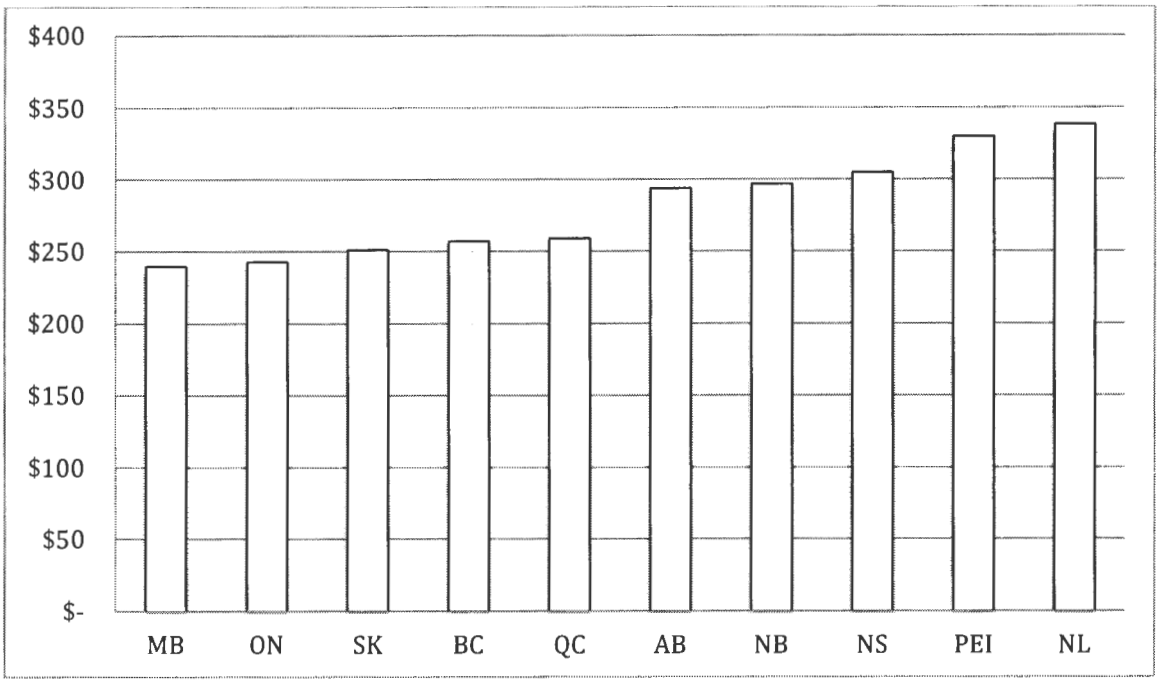


As Figure 3.11 shows, the interquartile range for undergraduates across both college and university students is less than graduates. The undergraduate interquartile

range is $63.60, in comparison to $80.69 for undergraduate and graduate combined group. The graduate only groups experience the highest degree of variance with an inter-quartile range of $154.03 accompanied by higher average plan costs. By and large, graduate student plans are amongst the most expensive group health insurance plans for students in the Canadian post-secondary system. This could be due to a number of contributing factors such as smaller pool size, older demographics and a more informed and potentially more risk-averse population but it is also due to the fact that they are richer plans with more coverage.

In order to provide a further overview of where the plans are concentrated, the number of plans as well as the average plan cost within each province has been identified. The majority of these plans (in accordance with the majority of educational institutions) shown in Figure 3.7 are in the province of Ontario. In Ontario, there are 68 student group health plans in operation at an average annual per student cost of $242.94. British Columbia has the second highest concentration of student group health plans in operation, with 23 plans in place at an average annual per student cost of $256.94. Alberta has the third largest concentration of plans with 20 student group health plans in operation at a slightly higher average annual per student cost of $293.73. The national average annual plan cost is $262.68, which reflects the higher average costs for the Maritime Provinces. With a different provincially coordinated public healthcare environment in each province, it makes sense that there would be cost differences. The provincial average plan costs are presented in Figure 3.12 in ascending order of costs.

Figure 3.12 Average Annual per Student Plan Cost for Each Province



An in depth overview of the six main providers acting in each province and a more complete description of each main provider network is available in the appendix to expand on the overview and the distribution of the health insurance plan benefits.

3.3 Distribution of Health Insurance Plan Benefits

The terms and extent of benefits range from plan to plan, and there is no standard way of comparing benefits. Despite some exclusions of key areas for benefits, the majority of plans offer coverage in the three main identifiable areas of extended health, extended dental and vision coverage. Further to this, some schools have made the decision to omit vision or dental benefits coverage as a way of limiting plan expenses. Where the group of students insured have access to supplemental government coverage of pharmaceuticals, extended health benefits have been taken out of the insured package of benefits.

Vision coverage is a benefit that a certain portion of the population is almost always guaranteed to use and is therefore a certain cost driver for plans. Due to this, it is the benefit most often to be exempted from coverage provisions as a premium cost-saving measure. One example of a student group omitting this benefit is the seen at Okanagan College, where the Okanagan College Students' Union has excluded vision coverage from the plan as a way to ensure adequate coverage in extended health and dental without having to increase the premium beyond the current annual per student cost of $249.06. Through informal interviews with staff at the Okanagan College Students' Union, further context was given that this benefit was at one point covered by the plan, but that over time, it was determined that it was not a vital benefit to provide for their members and that it had become too costly to insure vision benefits along with extended health and extended dental which were determined to be the main pillars of the health plan they coordinate for their students. With similar reasoning, two other group plans that have

made the decision to remove vision coverage benefits from their package are both at Ryerson University in Toronto, where the student societies in operation there have excluded vision benefits to keep the annual cost from rising.

Another interesting case, reinforcing the findings of this study, is at the University of Winnipeg where the University of Winnipeg Aboriginal Students' Association coordinates a plan that excludes extended health benefits. The reasoning for this is actually quite simple, as the majority of these students have been targeted by additional governmental benefits for Canadian First Nations and Inuit peoples. This is a targeted approach of the Canadian government to support First Nations and Inuit peoples in reaching an overall health status that is comparable with other Canadians, this program is titled, Non-Insured Health Benefits (NIHB), and the general experience is that NIHB provides adequate extended health benefits coverage for its members, however there is still an expressed need for extended dental and vision coverage which are still expressed as in need by this group as they are not adequately covered by NIHB (Health Canada, 2014). In turn, it is through the University of Winnipeg Aboriginal Students' Association at an annual per student cost of $148 that these gaps in coverage are looked after. Because the plan excludes coverage of extended health benefits as a reflection of the pre-existing available public services for this population, the Winnipeg Aboriginal Students' Association is able to save on costs and coordinate this plan well below the national average for annual plan costs for an extended health benefits program. The University of Winnipeg Aboriginal Students' Association's group health plan is currently one of the least expensive plans coordinated by the CFS-Services' National Student Health Network (Greenshield Canada, 2013).

Additionally, the student group health plans in place at the Okanagan College's Vernon campus in British Columbia, the University of Guelph Kempt Ville campus in Ontario, the Grand Prairie Regional College in Alberta, the New Brunswick Community College in New Brunswick, and Dalhousie University in Nova Scotia, are the only five plans in the Gallivan & Associates network which exclude vision coverage provisions. For the Gallivan & Associates network, removing vision coverage from the benefits package seems to be a common recommendation made to student societies as a way of keeping premiums from increasing, as the costs of health and dental services can, on their own, already be major cost and demand driver for plans at their current levels of premium.

The "WeSpeakStudent," ACL Benefits network coordinates four plans, which have made dental and/or vision plan exclusions in order to maintain a lower per student annual cost but all of their plans currently cover extended health benefits. The group student plan at Cambrian College in Ontario is able to maintain its plan at a reasonably low per student annual cost of $126 by excluding dental benefits coverage from their plan, while still providing strong provisions for extended health (at 80% coverage to a $5,000 maximum) and full cost coverage for vision exams and eyewear coverage of up to $80 per 24 months. At Candore College in Ontario, the group student plan has excluded vision coverage, to maintain a very low annual per student cost of $60. Other cost saving measures in place for the plan at Candore College of note, are that they limit dental coverage to accidental dental only to a maximum coverage amount of $2,000 per policy year, and although they do provide 80% coverage for extended health, this is also curtailed by a per policy year maximum plan coverage of $2,000. Comparable to the plan

in place at Candore College, the group student plan at Loyalist College, Ontario, maintains a low per-student annual cost of $60 by excluding benefits coverage for vision and limiting dental coverage to accidental dental at a maximum coverage amount of $2,000 per policy year. Similarly, the group student plan at Nippising University maintains a low per student annual cost of $60 by excluding dental coverage and limiting vision coverage to just $30 per 24 months for exams and $30 per 24 months for eyeglasses or contact lenses, a much lower rate of coverage than is customary with other plans.

"Student VIP," Campbell & Company administers health insurance to a network consisting of 12 groups spread across the country, but not in all provinces. Of the six provider networks in Canada, Campbell & Co. is the only company providing coverage in the three main areas for all of their group student health plans and the benefits that they provide in these areas are consistent with what is customary across other providers. Although Campbell & Co. is among the smaller brokers for student health insurance, they are among most interesting, having made special arrangements to accommodate for a growing online education market through Athabasca University Graduate Students 'Association (AUGSA). Unique from other providers, and in partnership with the AUGSA, Campbell & Co. coordinates benefits across all of Canada on a voluntary, opt-in basis, with a monthly fee for coverage. This arrangement does not allow for the same economies of scale that is achieved through other plans, however, it still proves to be a viable service for those members of the AUGSA who would like to opt into extended health and dental benefits. Due to its uniqueness, this plan was not included in the graphical comparisons used to demonstrate trends across the 153 other plans. When

referenced to the typical annual rate for 12 months of coverage, the AUGSA plan is the most expensive plan in the country at a 12 month cost of $1278.48 in British Columbia, $1478.88 in Alberta, $1101.60 in Manitoba or Saskatchewan, $1236.72 in Newfoundland, $1506 in Ontario, $1377.84 in Nova Scotia and $1478.88 for the North West Territories, the Yukon and Nunavut (Campbell & Co., 2013).

In summary, the group plan at Sault College, in Sault St. Marie, Ontario, has the lowest annual plan cost in the country, attributed at least in part, to the exclusion of extended dental coverage, which enables them to maintain the lowest annual per student cost in the Country at only $50 per year. Further steps are taken in order to maintain such a low annual cost in that the plan at Sault College. Their plan also limits vision benefits to just $50 per two policy years for exams and $100 per 24 months for eyeglasses or contacts and $150 per 24 months for laser eye surgery. Customary coverage for the other group plans usually insure and cover higher amounts of the cost for vision without as many restrictions in terms of which policy year and time period for claims. At the other end of the spectrum, the plan with the highest annual cost in Canada is at the University of Windsor where the plan insuring all graduate students costs $606.87 annually with a fairly generous benefits package of 80% extended health coverage with a $1000 maximum per benefit year, a 100% coverage of basic and preventative dental services to a maximum of $750 per policy year, $65 every 24 months for medical eye exams and $175 every 24 months of eye glasses or corrective lenses. In review of this range in annual cost for plans and the variance in benefits provided at each end of this spectrum, it can be concluded that this is, at least in part, a reflection of a range in coverage of benefits compounded by the claims history of an older student population.

Chapter 4: Discussion and Conclusion

Besides the variations across plan providers, there are differences found between student group health insurance plans. This is the result of a number of compounding factors such as each health plan's different governance and business model, the different experiences across the provinces and the different experiences in student pool size. Pool size can range from as small as about four hundred graduate students at the Trent University to as large as about 75,000 undergraduate students at George Brown College. This, of course, is further compounded by the fact that each school experiences different demographics as well as demands from the student groups they serve. Such complexity could not be fully examined by this study.

For this project, a comprehensive understanding of plans was gained through the composition of a data matrix of plan cost and coverage information for all the 153 plans included in this study. This has been summarized for further reading and information in the appendices. Annual per student plan cost was selected as the main variable that could be effectively compared as a higher-level indicator given that it is also generally expected to be correlated with a higher level of benefits coverage. In order to further identify trends and commonalities, the mean and median costs were compared across provinces, providers and student groups. Variations in the cost were summarized by constructing Box-plots to make comparisons across the provinces, the six main providers and across undergraduate or graduate groups or groups made up of both undergraduate and graduate students. By making comparisons across these domains, a clearer and more high-level picture of the distribution of the costs was provided.

In terms of the benefits, and looking at the three largest purchasing networks, the CFS-Services National Student Health Network covers all categories with the exception of gaps in three plans that exclude vision coverage as a cost saving measure and one plan that excludes extended health coverage due to the student population consisting exclusively of aboriginal learners who already have access to increased extended health coverage through the Federal Government. Gallivan & Associates excludes vision from five plans as a standard practice for saving costs. Lastly, ASEQ/Student Care has a more varied range of plan exclusions with one plan excluding extended dental, two plans excluding vision, one plan excluding extended health, and one plan that excludes both vision and extended dental coverage. This and other unique arrangements are likely made at the request or in advisement to the students' societies they serve to meet the overall goals of their coverage package and cost parameters.

Of the three smaller purchasing networks, ACL Benefits has just two plans that have excluded coverage for extended dental benefits, one plan that excludes vision benefits coverage and one plan that excludes both vision and extended dental coverage. This plan exists primarily to provide students extended health and other supporting health services. Otherwise, Campbell & Co. is the only purchasing network that has some level of coverage provisions in all three areas identified by this project although this might be due to the small scale of the business they conduct, and PBAS group has two plans which exclude vision and two plans which exclude both vision and extended health coverage. These plans are in place with a narrowed approach to provide extended dental as the primary coverage provisions beyond that of other services not assessed.

The market overview shows the range of student group health plans currently available to students in Canada across six main providers. Some of the limitations for this project were due to the lack of current enrolment and other post-secondary institution data. Without publically available information from by Statistics Canada, enrolment numbers had to be taken from institutional information reports, which varied in content, detail and terminology. Based on the approximate and most recent figures available, the market of a sizeable scale with about 153 group plans in place at almost all post-secondary institutions in Canada insuring an estimated 1.58 million students across the country.

Additionally, although a higher-level comparison linking cost and coverage variance was made for the purposes of this study, it must be noted that the annual per student cost for each plan documented may vary for any number of reasons not considered herein. These could include the uniqueness of each institutions plan and benefits package, the demographic and claims history of the group at each institution, as well as varying rates of administration fees. In many cases, part of the fee collected is redirected to help fund internal student society staffing and other administrative costs associated with the plan, this could not be documented as part of this study but could contribute to overall plan costs. More in depth research is necessary to further and more fully explore the nuances of this market. With profit motive at hand, providers could also be in a position to misrepresent and exaggerate the complexities of the system. A degree of caution must be exercised in negotiating these large contracts given the asymmetry of information that exists between providers and the student organizations.

The structures for public healthcare and related services in Canada have created

an environment for these plans to exist without consistent government intervention and regulation to create uniformity in how providers describe and promote benefits. Currently, post-secondary students in Canada experience a wide range of per student annual costs and there are no controls set on the maximum allowable cost for a minimum required level of benefits or service for each plan.

Moreover, the system for group health insurance in Canadian post-secondary system has been defined by the willingness of students to pay and the demands for benefits at each individual school. Within these structures, student societies make almost entirely autonomous decisions on what these plans should look like. For example, when a students' society engages in the process of obtaining quotes for and reviewing the cost and coverage provided through these plans, there is no consistent and standardized process by which they are required to engage in beyond their constitutional and legislative requirements. Choosing a plan most suited to the needs of the student demographics at each campus is a challenging task for student leaders and the staff that advise and support them. If this is not done with the upmost attention to detail as well as consultation of members, the process can result in students not always getting the best deal or the most suited package in terms of cost, comprehensiveness and coverage.

Following this review and comparison of various extended health insurance plans for students in the Canadian post-secondary, it is clear that there is a high demand and a flourishing market for student health insurance in the Canadian post-secondary system. Its role in health production, promotion and restoration is crucial. Public provision for the most marginalized and less well-off students could enhance the existing student health plans.

The current state of unmet need for extended health and other benefits in Canada has led to the high prevalence of student groups pursuing extended health insurance. These student membership driven organizations work to coordinate extended health and dental plans with additional benefits for their specific populations. In turn, these groups are able to access increased efficiency and lower premiums. Such economies of scale allow student groups to decrease long-run average cost by forming larger enrolment groups to pool risk and create a balance for comprehensive service provision (Folland et al, 1997, p. 599). Through the act of providing this supplemental form of health coverage, these plans have a tangible impact as a safety net to help students manage health issues that may arise while successfully maintaining their studies.

It is clear that there is a reasonably high level of variance in the annual cost to students for these customized plans. It was also determined that the three most common identified areas for this form of group health insurance are extended dental, extended health, and at a lower but still a priority is vision coverage which is most often excluded, as a cost saving measure for plans. The variance in cost can be assumed to be, at least in part, a reflection of the variance in the level of benefits provided. This foundational understanding of the current landscape of health insurance at post-secondary institutions provides a basis for further dialogue and for potential policy development in this unique category of health insurance.

The market for group health insurance in Canadian post-secondary is continuing to evolve and expand. With a lack of previous academic study on this category, this project helps to fill the gaps and provide a benchmark of who's who, identifying and compiling information on the six main providers, including comparisons of the current

state of plans based on annual plan costs and an overview of the types of coverage provided to students in each group.

Admittedly this study delivers a descriptive analysis, which does not allow us to make solid claims or conclusions beyond providing the current landscape. Future studies might want to look at finding a way to adjust cost in a comparable way based on the benefits package provided by each students' society. Still, the intricacy of plans and the current state of highly customized plans would make this a challenging task. With so many variables and factors at play, future studies may want to isolate one particular plan benefit such as drug claims coverage, for example, and compare this with corresponding provincial programs for extended health coverage. An isolated comparison may help to draw out a better understanding to better test whether these plans are, in fact, reactionary to unmet needs from the public package for healthcare. With a narrowed scope, more solid claims and conclusions may be achievable.

To conclude, this study confirms that group health insurance plans are prevalent in the Canadian post-secondary system. There are differences in annual plan costs depending on the provider network and province of study. This has also shown to be impacted by whether the insured group is made up of undergraduate and graduate students combined or in separately insured groups. This study has determined that graduate students experience (on average) higher annual plan costs than their undergraduate counterparts. The variance seen in the annual plan cost at each institution is significant and, at least in part, a reflection of the variance in the distribution of the benefits provided while other variables and factors are yet to be further explored.

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Appendix: Overview of the Six Main Providers

Provider 1 ASEQ/Student Care

ASEQ, known outside of Quebec, as Student Care, is a for-profit provider who currently administers health insurance plans to one of Canada's largest networks. The three basic principles from the Student Care website are: equitability, accessibility and sustainability. Student Care defines itself as a start-up company, founded more than 15 years ago to serve these three principles and now promotes itself as an industry leader that coordinates plans, which are fair to students while limiting the impact that they make on the environment. By being more accessible through increased use of electronic communication, and in their goals for sustainability, they also plan to be carbon-neutral by 2013 (Student Care, 2013). Student Care boasts strengths in value added areas such as online communications and sustainability measures to attract student groups as clients.

Student Care's current network consists of 40 student groups and they have the second highest average annual per student plan cost at $277.12. Student Care also experiences the largest variance in plan cost with a median cost of $247.52. At the low end of their range, they coordinate the lowest cost plan in the country with an annual per student plan cost of $50 at Sault College in Sault St. Marie. This is in contrast with a number of plans currently operating at an annual cost of over $300. Their most expensive plan is at the Canadian College of Naturopathic Medicine in Toronto, Ontario, where the annual plan cost is $525 for a basic benefits package covering 70% for extended health and dental services and a lower level of coverage than is common for vision, with $50 per two policy years for eye exams, and $100 per 24 months for eyeglasses or contact

lenses (typically eye exams cost around $100, so this benefit is reduced by about 50% of what is customary for many other student group health plans that Student Care and the other providers currently offer.

When taking a closer look at the group plan at Sault College, in Sault St. Marie Ontario, we can see that the low cost of this plan can be attributed, at least in part, to the exclusion of extended dental coverage, which enables them to maintain the lowest annual per student cost in the Country at only $50 per year. In order to maintain such a low annual cost, the plan at Sault College also limits vision benefits to just $50 per two policy years for exams, $100 per 24 months for eye glasses or contacts and $150 per 24 months for laser eye surgery. Customary coverage for the other group plans usually insure and cover higher amounts of the cost for vision without as many restrictions in terms of which policy year and time period for claims.

Additionally, the group plan at McMaster University in Hamilton Ontario, coordinated by the McMaster University Graduate Student Association, runs at an annual per student cost of $352 and has excluded vision benefits as a cost saving measure. Three more of the Student Care network's student group plans, all in Montreal Quebec, have exclusions in key areas for coverage. The group plan currently coordinated by the student society at McGill University's Macdonald campus maintains an annual per student cost of $206.67 and excludes vision coverage for similar reasoning as at McMaster. In addition to the Macdonald Campus Student Society Plan, The McGill University Association of Residents coordinates a plan without health or vision coverage primarily for the purpose of providing dental and other benefits as they have access to other services through their program of study. The Student Association of the HEC Montreal

Business School also excludes some of the more common benefits, as it coordinates its plan without vision coverage for an annual per student cost of $286, a more standard cost saving measure. Despite the exclusions of some of the key areas for benefits, it can be concluded that the Student Care network does consistently offer comprehensive coverage in the three main identifiable areas of extended health, extended dental and vision coverage (Student Care, 2013).

Provider 2 CFS-Services Student Health Network

Marketed to student groups through the Canadian Federation of Students-Services National Student Health Network, Mourneau Sheppel (a for-profit broker) coordinates with Greenshield Canada, Canada's only nationally coordinated not-for-profit insurance provider. The CFS-Services National Student Health Network's main principles from their website are as follows:

> "Each year, the cost of prescription drugs and basic health and dental services, not covered by Provincial health plans take increasingly larger portions out of the limited budgets of many students. To address this problem, the Canadian Federation of Students-Services created the National Student Health Network. Established in 1985, the Federation's health, dental and vision plan assists students' associations with the design, negotiation, promotion, and administration of campus health and dental plans. Through negotiations with Canada's only non-profit insurance provider, Greenshield, the Federation offers the most comprehensive set of benefits available through a campus health plan:
>
> - Prescription drugs with or without a pay-direct drug card;

- Paramedical services: physiotherapist, speech pathologist, massage therapist, chiropractor, naturopath, and psychologist;
- Dental accident costs;
- Medical equipment/appliances;
- Accident or sickness related tutorial costs;
- Ambulance costs;
- Semi-private hospital rooms;
- Out of province emergency services;
- Accidental death and dismemberment insurance;
- Vision care/prescription glasses; and
- Managed dental care.

These benefits are available in component parts, which allows a students' association the opportunity to design a customized plan for its members, thus maintaining the principle of meeting students' needs first and foremost" (CFS-Services, 2014).

Through the CFS-Services National Student Health Network, Greenshield currently administers health insurance plans to a network consisting of 37 student groups. Almost all 37 of the student group plans coordinated by this network provide comprehensive coverage, with three group plans that do not provide vision benefits coverage and one group plan that that does not provide extended health coverage. At Okanagan College, the Okanagan College Students' Union has excluded vision coverage from the plan as a way to ensure adequate coverage in extended health and dental without having to increase the premium beyond the current annual per student cost of $249.06. Through

informal interviews with the staff for the Okanagan College Students' Union, an explanation was provided that vision benefits were at one point covered by the plan, but that it was determined that it was not a vital benefit to provide for their members and that it had been too costly maintain an adequately insure vision benefits along with extended health and extended dental which are the main pillars of the health plan they coordinate. The other two group plans in the network that have made the decision to remove the benefit from the package are both at Ryerson University in Toronto, where two of the student societies in operation there have excluded the benefit with similar reasoning. Another interesting case is at the University of Winnipeg where the University of Winnipeg Aboriginal Students' Association coordinates the only plan in the network that excludes extended health benefits. The reasoning for this is actually quite simple, as the majority of these students have been targeted by additional governmental benefits for Canadian First Nations and Inuit peoples. This is a targeted approach of the Canadian government to support First Nations and Inuit peoples in reaching an overall health status that is comparable with other Canadians, this program is titled, Non-Insured Health Benefits (NIHB), and the general experience is that NIHB provides adequate extended health benefits coverage for its members, however there is still an expressed need for extended dental and vision coverage which are in need as they are not adequately covered by NIHB (Health Canada, 2013). In turn, it is through the University of Winnipeg Aboriginal Students' Association at an annual per student cost of $148 that these gaps are looked after. Because, the plan excludes coverage of extended health benefits as a reflection of the pre-existing available public services for this population, the Winnipeg Aboriginal Students' Association is able to coordinate this plan well below the national

average for annual plan costs for an extended health benefits program. The University of Winnipeg Aboriginal Students' Association's group health plan is currently one of the least expensive plans coordinated by the (CFS-Services, 2014)' Student Health Network (Greenshield Canada Student Centre, 2013).

In review of all of the plans on the CFS-Services Student Health Network, the cost to students in each school's specific purchasing group ranges from as low as $130 to as high as $606.87 annually. The average annual cost is $280.20 and the median cost is $250. Across the provinces, the National Student Health Network maintains seven group plans in British Columbia with an average annual plan cost of $147.49, five group plans in Manitoba with an average annual plan cost of $197.49, five group plans in Newfoundland with an average plan cost of $240.76, and 18 plans (the majority of its plans) across Ontario with an average plan cost of $369.22. It is apparent that although the CFS-Services National Health Network does operate some higher cost plans, however, the majority of plans coordinated by the them, fall below the national average annual per student cost and they still continue to provide comprehensive benefits through the majority of their plans (Greenshield Canada Student Centre, 2013).

Provider 3 Gallivan & Associates

Currently marketed to student groups as "MyStudentPlan," Gallivan & Associates currently administers health insurance plans to a network consisting of the 33 student groups. The cost to students in each group ranges from as low as $155 to as high as $364.47 annually. The average annual cost for these plans is $252.95 and the Median cost is $252. Across the provinces, Gallivan & Associates maintains 14 group plans in

Alberta with an average annual plan cost of $220.22; five group plans in British Columbia with an average annual per student plan cost of $251.80, one plan in Manitoba with an annual cost of $155, one plan in New Brunswick at an annual cost of $245, three plans in Nova Scotia at an average annual cost of $258, six plans in Ontario at an average annual cost of $279.96 and three plans in Saskatchewan at an average annual cost of $348.86. With an average plan cost below that of the national average, Gallivan & Associates coordinates the majority of their plans in Alberta, with a growing presence in both British Columbia and in Ontario (Gallivan & Associates Student Network, 2013).

In review of the 33 group plans in the Gallivan & Associates student network, there are only five student groups which exclude some of the basic benefits typically covered within our three identifiable areas. The student group health plans in place at the Okanagan College's Vernon campus in British Columbia, at the University of Guelph Kempt Ville campus in Ontario, at the Grand Prairie Regional College in Alberta, at the New Brunswick Community College in New Brunswick, and at Dalhousie University in Nova Scotia, are the only five plans in the Gallivan & Associates Network which exclude vision coverage provisions. For this network, removing vision coverage from the benefits package is a common theme for student societies to keep premiums from increasing, as the costs of extended health and dental services can be the major cost and demand drivers for plans. In review of this information, one can come to the conclusion that vision is of lower importance to student groups when assessing their hierarchy of needs for what can be covered for their members at a reasonable per student annual cost.

Provider 4 ACL Benefits

Marketed to student groups as "WeSpeakStudent," ACL Benefits describes itself on its website as being dedicated and experienced in the field of health and dental plan consulting, with a 25 year history and an over 15 year commitment to students in Canadian colleges and universities, and as a leader for providing affordable and flexible health and dental programs. In the "about us" section of their website, ACL boasts a "track record of providing exceptional service to many colleges and universities [that] has resulted in unprecedented growth in the industry since 1987" (ACL Benefits, 2013).

ACL currently administers health insurance to a network consisting of 21 student groups almost entirely in the province of Ontario, where they coordinate 19 plans at an average annual cost of $202.34, well below the national average. Of note, Nova Scotia is the only other province they serve, where ACL Benefits coordinates two plans for the University of New Brunswick in Fredericton as well as at the University of New Brunswick in St. John, at the same annual cost of $260.

In review of the available data, it can be confirmed that seventeen of ACL's 21 plans provide comprehensive coverage in the three identified key, most commonly included areas of coverage for extended health, extended dental and vision benefits. Otherwise, there are four plans, which have made dental and/or vision plan exclusions in order to maintain a lower per student annual cost but all plans currently cover extended health benefits.

The group student plan at Cambrian College in Ontario is able to maintain its plan at a reasonably low per student annual cost of $126 by excluding dental benefits coverage

from their plan, while still providing strong provisions for extended health (at 80% coverage to a $5,000 maximum) and full cost coverage for vision exams and eyewear coverage of up to $80 per 24 months. At Candore College, Ontario, the group student plan has excluded vision coverage, to maintain a very low annual per student cost of $60. Other cost saving measures in place for the plan at Candore College are that they limit dental coverage to accidental dental only to a maximum coverage amount of $2,000 per policy year and although they do provide 80% coverage for extended health, this is curtailed by a per policy year maximum plan coverage of $2,000. Comparable, to the plan in place at Candore College, the group student plan at Loyalist College, Ontario, maintains a low per student annual cost of $60 by excluding benefits coverage for vision and limiting dental coverage to accidental dental, to a maximum coverage amount of $2,000 per policy year.

Similarly, the group student plan at Nippising University maintains a low per student annual cost of $60 by excluding dental coverage and limiting vision coverage to just $30 per 24 months for exams and $30 per 24 months for eyeglasses or contact lenses, which is a much lower rate of coverage than is customary with other plans. The group student plan at St. Clair College is primarily in place for the purpose of providing extended health coverage, excluding both dental and vision coverage, while maintaining 80% full coverage to a maximum of $5,000 (ACL Benefits, 2013).

Provider 5 Campbell & Company

Marketed to student groups as "Student VIP," Campbell & Company currently administers health insurance to a network consisting of 12 groups spread across the

country, but not in all provinces. Of the six provider networks in Canada, Campbell & Co. is the only company providing coverage in the three main areas for all of their group student health plans and the benefits that they provide in these areas are consistent with what is customary across other providers.

The majority of Campbell & Company's plans exist in Ontario, where they coordinate seven plans at an average annual cost of $196.44. In addition to this they coordinate one plan in Alberta at an annual cost of $245, one plan in New Brunswick at an annual cost of $465 and two plans in Halifax, Nova Scotia at an average annual cost of $244. Although Campbell & Co. is among the smaller buying consortiums for student health insurance, they are among most interesting, having made special arrangements to accommodate for a growing online education market through Athabasca University Graduate Students 'Association (AUGSA). Unique from other providers, and in partnership with the AUGSA, Campbell & Co. coordinates benefits across all of Canada on a voluntary, opt-in basis, with a monthly fee for coverage. This arrangement does not allow for the same economies of scale that is achieved through other plans, however, it still proves to be a viable service for those members of the AUGSA who would like to opt into extended health and dental benefits. When referenced to the typical annual rate for 12 months of coverage, the AUGSA plan is the most expensive plan in the country at a 12 month cost of $1278.48 in British Columbia, $1478.88 in Alberta, $1101.60 in Manitoba or Saskatchewan, $1236.72 in Newfoundland, $1506 in Ontario, $1377.84 in Nova Scotia and $1478.88 for the North West Territories, the Yukon and Nunavut (Campbell & Co., 2013).

Provider 6 PBAS Group

Lastly, marketed to student groups as "The Campus Trust," PBAS administers a network consisting of the 10 student groups. Five of the plans provided by this network exclude the coverage of vision benefits, and two plans have also excluded extended health coverage along with the exclusion of vision benefits coverage. The student group plan at Holland College in Prince Edward Island, provides coverage for extended health and dental at an annual per student cost of $340 and the student group plan at the Ontario College of Art and Design excludes vision coverage and operates at an annual per student cost of $183. The student group plan at the University of Western in Ontario also excludes vision coverage and still operates at an annual per student plan cost of $227.75. There is no reason to see this information as significant beyond the reasons of controlling plan costs by limiting coverage to extended health and extended dental within the key and most common areas of coverage identified.

Further to this, the group student plan at Medicine Hat College in Alberta, excludes both extended health and vision coverage and still has a higher than average annual per student cost of $284, and the student group plan at St. FX University in Nova Scotia also excludes both extended health and vision and operates at an even higher annual per student cost of $320. This could be attributed to them still offering a full 100% coverage for dental services making it the primary offering and service coverage for the plan.

The overall average annual cost for plans coordinated by PBAS Group is $335.92. PBAS group manages less plans than the other main providers in the Canadian student market coordinating two plans in Alberta at an average annual cost of $205.38, one plan

in New Brunswick at a cost of $254, three plans in Nova Scotia at an average cost of $314.67, three plans in the province of Ontario at $375.06 and two plans on Prince Edward Island at significantly higher average annual cost of $480.71 (PBAS Group, 2013).