3.1. HIGHER EDUCATION IN INDIA

3.1.1. Since ancient times, India has always been a Center of Learning. Universities like Takshashila and Nalanda\textsuperscript{10} attracted scholars from the world over. Ranging from the landmark contributions of Ramanujan, Aryabhatta, Sir C.V. Raman and others to the traditional and conventional ‘Guru’ (teacher) - Shishya (student) tradition, the ‘Gurukulam’ model of imparting education, all have endorsed, India’s contribution to the cause of education. This Gurukulam system of education in ancient India was related to the quest for knowledge. Perhaps, this ‘Ashram’\textsuperscript{11} system of education was well suited to the societal requirements at that point of time.

3.1.2. With the passage of time, the concept of the ancient Gurukulam has undergone a change. A paradigm shift has been noticed in higher education, from ‘national education to global education’ from ‘one time education for a few’ to ‘lifelong education for all’, from ‘teacher centric educations’ to ‘learner centric education.’\textsuperscript{12} These changes make new demands and pose fresh challenges to the established education systems and practices. Conventional class room “chalk and talk” methodology has been supplemented (if not replaced) by virtual universities- Netversities\textsuperscript{13}. Prototype course syllabi and curricula have been redefined, fortified and augmented with “add on” components which aim to contribute to the overall development of the student. To meet these global challenges of imparting quality education and with a view to meet the customer (student) demand, educational institutes are getting transformed from conventional academic bodies to “Centers of Excellence”, offering a variety of academic programs in diverse academic disciplines and aiming to develop the overall personality of the student\textsuperscript{14}.

3.1.3. Given the present technological advancements, the increasing number of students, the demographic diversity of students, the quest for quality education and a competitive global market etc., the overall education system has undergone a sea
change. In light of the above background, educational institutions today therefore cannot and should not harp on academic instructions alone. Like the Gurukulam of yesteryears, these institutions need to be responsible for the overall development of the student. It therefore becomes imperative and mandatory that higher educational institutions provide comprehensive care to students during their academic Lifecycle within the institute. This spectrum should be all encompassing and aimed at ensuring a wholesome and a quality development of the student (beyond academic achievement alone) who in times to come will not only make a meaningful contribution but a positive difference to society. The student has to be empowered for a ‘responsible global citizenship’.  

3.2. ASSOCIATION BETWEEN HEALTH & EDUCATION

3.2.1. The need to address health in educational settings has been recognized as early as the mid-nineteenth century. It is through its influence on learning that health advances student success. Thus emerges a new and powerful concept in higher education linking health and academic success. In this way of thinking, health-related programs and services are not incidental or ancillary; rather they demand a much more central place in the conversation about and achievement of desired student learning outcomes which in turn define student success. Student health is then a critical foundation with which students can optimize their learning, reach their potential and achieve their goals.

3.2.2. HEALTH needs attention as academic performance does not develop in isolation of Health. It is common for most students to have fast food, which has high concentrations of fats and sodium. Current epidemiologic evidence supports links between diet and many chronic diseases, cardiovascular disease, cancer, diabetes, obesity, and osteoporosis (bone disorder). It may be a unanimous opinion that alcohol abuse is the leading problem on today's college campuses. Excessive stress reduces work effectiveness, contributes to bad habits and results in negative long-term consequences, including addictions, crime, absenteeism, poor academic performance, school dropouts, professional burnout, and, ultimately, career failure.
3.2.3. Addressing and investing in students’ health is essential to the education and preparation of the whole student.\textsuperscript{21} Thus, there is a complex interrelation of health issues with the vicious cycle of academic, personal and financial health concerns sometime resulting in dropping out or reduction in academic performance. One aspect of the lives of students invariably collides and impacts on other aspects. This is popularly referred to as ‘Domino effect.’\textsuperscript{1,22}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure1.png}
\caption{Multiple dimensions of Health in Relation to Education}
\end{figure}

The above figure represents the core relationships among the major elements of health (emotional, spiritual, physical, relational, and social dimensions), portrays an integrative relationship between these dimensions and suggests the intersection of those elements, and of health as a whole quality of well-being, with learning.\textsuperscript{23}

3.2.4. Research papers, homework, exams, tuition expenses and competition for top jobs and internships are a few of the many challenges facing today's college students. On campuses around the nation, however, another worry is taking a toll on students' Health and safety: uninsurance.\textsuperscript{24} However the conventional Student-Teacher relationship still remains the same in India. In traditional Indian culture, the Teacher or Guru is still considered ‘God’ and therefore Teachers’ Day or ‘Guru Pournima’ is still religiously celebrated by students.

\textsuperscript{†} Domino Effect: It is the complexity or interrelation of health issues with the vicious cycle of academic, personal and financial health concerns sometime resulting in dropping out or reduction in academic performance. Thus, one aspect of the lives of students collides and impacts on other aspects.
3.3. STUDENT HEALTH INSURANCE - CASE STUDIES OF UNIVERSITIES:

Though health insurance for students in universities of the United States of America (USA) are uniform, universities cited below have certain unique distinguishing features and hence are quoted as sample case studies. Since USA universities / Higher Educational Institutes are role models and the researcher reviewed each HEI and briefly mentioned below:

3.3.1. **Health Insurance Services at New York University (NYU)**: The NYU-sponsored Student Health Insurance Program has two components

- **Mandatory Plan:** The registration fee included in tuition bill grants access to services at the Student Health Centre as well as limited health insurance coverage for certain hospital emergency room services and mental Health outpatient visits.
- **Optional Plans:** NYU sponsors three levels of the Student Health Insurance plan designed to provide reasonably priced health care coverage.

A student, who is studying in the UK for more than six months, is entitled to free detailed medical treatment under the National Health Service (NHS). This starts from UK NHS, the day the student registers with their University, college or school. However, it is strongly advised that any student should also take out their own Student Health Insurance.

3.3.2. **Health insurance at Georgia State University:** Students are required to have health insurance. Students in these categories are automatically assessed health insurance premium upon registration. Students who have comparable coverage through another insurance company have the option to waive out of this mandatory insurance plan provided by United Healthcare.

3.3.3. **Campus Health Services at the University of North Carolina (UNC):** Student medical insurance is through a Preferred Provider Organization (PPO) under the Blue Cross and Blue Shield UNC student medical Insurance Plan. This provides for enrollment of the spouse as well as children. Students are compensated on a worldwide basis. Online access regarding services for enrollment, locating providers, checking the claim status and wellness programs etc. is provided.

3.3.4. **Health insurance at University of California (UC), San Diego:** The UC Regents make health insurance a mandatory non-academic condition for
enrollment. To ensure that all students have adequate health care coverage, including ongoing primary and specialty care, and to satisfy the mandatory health insurance requirement, UCSD automatically enrolls all registered students in the Student Health Insurance Program (SHIP). The SHIP is a comprehensive health plan that provides a full range of medical services, including in/out patient services, specialty care, emergency care, hospitalization and mental health care, as well as pharmacy and dental coverage.28

3.3.5. **Student Health Insurance at University of Connecticut**: All full time students are required by the university to maintain health insurance coverage. Students may choose to be covered for accidents and illnesses through: personal insurance policy, a plan carried by their parents, or the group policy sponsored by the university, which is sold and administered through Aetna student Health.29

3.3.6. **Healthcare Services at Columbia University**: All registered full time students are automatically enrolled in the basic level of the Columbia Student Medical Insurance plan offered by the University. This provides for coverage of dependents also. The Columbia Student Medical Insurance Plan is specifically designed to meet the needs of international students including visa requirements. The Columbia Student Medical Insurance Plan includes a unique feature i.e. travel assistance services. This plan helps students find appropriate medical care and will help with other travel related emergencies anywhere in the World when one are located more than 100 miles from one’s permanent address. This coverage is available at no extra cost to students enrolled in the program.30

3.3.7. **University of California, Irvine (Student Health Centre)**: The University of California requires all students to have major medical health insurance as a non-academic condition of enrollment. All full and part-time undergraduate and graduate students with a USHIP/GSHIP fee assessed are automatically enrolled in, and charged for, the Student Health Insurance Plan (SHIP). Students who demonstrate comparable health insurance coverage may submit an online request to waive out of SHIP.31

3.3.8. **University of Washington (UW)**: The Student Health Insurance Plan (SHIP) is a voluntary plan offered to domestic UW students and their dependents.
International students are required to enroll in the student insurance plan while attending the University of Washington. Enrollment is quarterly or annually and is open until the third Friday of each quarter through My UW.\textsuperscript{32}

3.3.9. **University of California SANTA CRUZ:** The University of California Regents mandates an affordable health insurance plan tailored to the healthcare needs of UCSC all full time and part time undergraduate and postgraduate students. The students are automatically enrolled in and charged for the University of California Student Health Insurance plans (UC SHIP) unless they choose to submit an online insurance waiver confirming they have comparable health insurance coverage\textsuperscript{33}.

3.3.10. **Center for Health Information & Analysis:** Student Health Insurance (Managed by the Commonwealth Health Insurance Connector Authority): Since September of 1989, Massachusetts law, G.L. c.15 A, \( \beta \) 18, has required every full-time and part-time student enrolled in an institution of higher learning in Massachusetts to participate in a Student Health Program or in a health benefit plan with comparable coverage\textsuperscript{34}.

3.3.11. **Harvard University:** The Harvard University Student Health Program (HUSHP) is a comprehensive health program comprised of two parts: The Student Health Fee and The Student Health Insurance Plan. The Student Health Fee is required as part of enrollment at Harvard, and covers most services at Harvard University Health Services (HUHS) with no copayment\textsuperscript{35}.

3.3.12. **Cornell University:** The insurance plan has been developed especially for Cornell students and their dependents to provide access to consistent, efficient care that compliments the health services offered on campus. The Board of Trustees made this decision in 1975, and for four decades this policy has proven to serve students well\textsuperscript{36}.

3.3.13. **The University Health Centre** (A unit of the Division of Student Affairs, University of Georgia): UGA students are covered by health insurance either with an individual student policy or through their family policy. For international students and some graduate students, carrying health insurance is mandatory\textsuperscript{37}.
3.3.14. **Graduate Student Health Insurance Plan (GSHIP), University of California:**

University of California Student Health Insurance Plan (UC SHIP) is the University sponsored health insurance program for graduate students. Eligible students are automatically enrolled in UC SHIP and the premium for this insurance is assessed each term on the graduate student's registration fee statement. The student may request to waive out of this plan if you can demonstrate comparable and verifiable health coverage that meets the campus' minimum standards for insurance.38

3.3.15. **University of Colorado Denver, USA:** The University of Colorado Denver Downtown Campus Student Health Insurance Office is dedicated in helping students in all areas of health insurance related issues to promote quality health insurance information to the student customer. 39

3.3.16. **Western Illinois University (WIU), United States of America:** Western Illinois University's Student Accident and Illness Insurance Plan is intended to supplement and complement services normally available to students through Beu Health Center. Even if Students are not covered by Student Insurance, Students may still use the Health Center at no additional charge. Student Health Insurance is mandatory for all Western Illinois University students. The Student Health Insurance should be used along with existing family coverage, and student insurance is suggested as way to provide the student with guaranteed coverage, 24 hours a day protection and a very low deductible in the event of accident or illness. WIU’s Student Insurance will provide help for mental health and substance abuse issues, as well as hospital stays, maternity care and ambulance transport.40

3.3.17. **The California State University:** Because the programs and services of the Klotz Student Health Center are a benefit to currently enrolled students, health insurance is neither provided nor accepted for services. However, students are strongly encouraged to have a health insurance policy to cover major medical expenses. Associated Students offers a low-cost health insurance policy, designed especially for California State University students.41
3.3.18. **Boston University**: For Full-time student, Massachusetts law requires that you must be either enrolled in the Boston University Student Medical Insurance Plan or certify that you have personal health insurance that provides comparable, comprehensive health insurance abroad as well as domestically.\textsuperscript{42}

3.3.19. **Portland State University**: All PSU international students and their families are required by law to carry health insurance for the duration of their studies. Health care in the US is very expensive and this is intended to protect you from serious financial hardship. It is your responsibility to comply with insurance requirements by checking your student bill for insurance fees each term or meeting all of the requirements for a waiver.\textsuperscript{43}

3.3.20. **University of San Francisco (USF)**: Undergraduate students who are required to have health insurance and all undergraduate International Students will be automatically enrolled and charged for the USF-sponsored health insurance plan.\textsuperscript{44}

3.3.21. **University of Idaho**: Health Insurance Program (SHIP) is underwritten by UnitedHealthcare Insurance Company. In all cases the contract with UnitedHealthcare Insurance Company is the document that will prevail, in accordance with the “Blanket” policy regulations of the State of Idaho. The policy is a nonrenewable one year term policy.\textsuperscript{45}

3.3.22. **University of Otago**: Automatic travel insurance cover for travel between New Zealand and your Country of Origin. Free access to the University Medical Centre for covered medical conditions. Automatic Cover before Enrolment. Continuous cover throughout your study years. Provided you have paid the appropriate insurance premium each successive semester and you are enrolled in course of study, the insurance will continue uninterrupted.\textsuperscript{46}

3.3.23. **Health insurance services at the University of Kentucky (UK)**: UK students are invited to purchase the school-sponsored health insurance plan which is customized to complement the care provided through the Health fee at University Health Service.\textsuperscript{47}

3.3.24. **The UNIVERSITY of EDINBURGH, UNITED KINGDOM**: This insurance help student who wants to access immediate treatment for non-emergency
situations, it may be worthwhile considering private health insurance for the duration of stay in the United Kingdom. Private health insurance: Private insurance might be an option for short term or visiting students who feel like they would like more medical support.\textsuperscript{48}

3.3.25. UNIVERSITY OF LEICESTER: National Health System: Belgium, France, Germany and Sweden run publicly funded health services similar in scope to the UK’s NHS – but in very different ways. The National Health Service (NHS) might seem very complicated if you have not used the system before. The NHS is a public funded system which provides health care for residents in the United Kingdom (UK). Student will be issued with University of Leicester insurance for your study period only. You may need additional cover if it does not meet your requirements. This is important if you decide to travel before or after your exchange programme.\textsuperscript{49}

3.3.26. Tel Aviv University, Israel: The policy is a basic health insurance plan that covers treatment within the State of Israel by a large selection of private, English – speaking doctors. It also covers hospitalization in public hospitals. The coverage provides for the student only while in Israel. Optional health insurance coverage is offered for travel outside Israel with additional fee. Tel Aviv University strongly recommends that students carry comprehensive health insurance. Pre-existing condition or prescription requires direct payment. Students’ alternative insurance may enable to recover those funds. Students should ensure that insurance coverage is effective in the Middle East and Europe, in the event that you travel abroad either during or after academic program at Tel Aviv University.\textsuperscript{50}

3.3.27. Technische Universität München (TUM), Germany: All students in Germany are required to have health insurance. You must therefore provide proof of sufficient health insurance in order to enroll at a German university. In concrete terms, you should obtain proof of sufficient medical coverage before enrolling. Proof of current medical coverage must be submitted by the start of studies, at the very latest. Students’ registration will not be complete until this proof is provided.\textsuperscript{51} Students attending a German university must have statutory
or private health insurance as well as nursing care insurance. Student who do not comply with the requirements for the public family insurance need to insure themselves in an own health insurance for students.52

3.3.28. **The American University of Rome**: Italian law requires all visiting students to obtain mandatory state emergency health coverage for the duration of their study in Italy. The University facilitates this process by arranging the purchase of the insurance and the compilation of the applicable documents for the authorities. This insurance coverage gives the student complete access to emergency public medical care.53

3.3.29. **The American University in Dubai (AUD)**: Private Health Insurance covering care in the United Arab of Emirates (UAE) is mandatory for all AUD students. In order to meet this requirement by enrolling in the AUD sponsored health insurance plan, students are charged a non-refundable AED 1,500 fee. Students with valid current health insurance covering all of UAE may waive this fee.54

3.3.30. **Okayama University, Japan**: At the Health and Medical Centre of Okayama University, students are required to enroll in National Health Insurance even though they accept international medical insurance at home in order for them to get prompt and sufficient treatment and medications in Japan. National Health Insurance covers 70% of medical costs. Individuals must pay the 30% balance to the treatment Centre. A National Health Insurance Card must be presented at the reception by the medical treatment Centre. National Health Insurance covers 70% of the medical fees & personal liability 30% of the medical fees.55

3.3.31. **National University of Singapore**: The National University of Singapore (NUS) has an on campus University Health Centre (UHC) which caters to the entire NUS community of over 30,000 students and 6000 staff. Medical Insurance is compulsory for all full time students. Benefits stop when students pass their final examination and complete their course or cease to be a full time student. Pre-entrance medical examinations are required for all students entering the University56.

3.3.32. **Nanyang Technological University (NTU)**: NTU offers all full time matriculated students a medical scheme and insurance plans57.
3.3.3. Tsinghua University, China (www.tsinghua.edu.cn), Beijing: The health insurance system for the accidental injury and hospitalization of international students has been implemented in China. The insurance fees for scholarship-sponsored students are paid by the Ministry of Education. Self-financing students staying for no less than half a year can apply for the insurance at their own expenses upon registration. The students not joining health insurance are not allowed to register. 58

3.4. STUDENT HEALTH INSURANCE SCENARIO IN INDIA

3.4.1. Tata Institute of Social Sciences (TISS), Mumbai: All students of TISS are medically insured under the Group Health Insurance scheme 59.

3.4.2. Jawaharlal Nehru University, New Delhi: Foreign students are extended medical facilities, as are admissible to the Indian students. However, the foreign students who wish to avail of nursing home / private hospital facilities have to obtain medical insurance cover at their own expense to meet medical expenses on hospitalizations etc. 60

3.4.3. Indian institute of Technology, IIT, Kanpur: IIT, Kanpur has an on campus Health Centre. The Health Centre provides free (and at nominal cost for relatives) medical services round the clock 24X7 in a year. Prescribed medication by on campus medical officer is to be procured from the on campus pharmacy. If unavailable, purchases are reimbursed. Likewise, consultation fees, lab investigation fee and hospital bills are also reimbursable 61.

3.4.4. University of Mumbai: YUVA RAKSHA GROUP INSURANCE scheme for student is designed by University of Mumbai and provided by National Insurance Co. It is mandatory for students to pay premium at the time of admission only. The scheme is applicable to all students admitted in the affiliated Colleges /Institutions/Departments of the University of Mumbai, vide circular No. CONCOL/Fee/292/of 2008 dated 7th July, 2008). 62

3.4.5. University of Pune: Medical Insurance: a medical insurance scheme for foreign students is provided 63.
3.4.6. **Fergusson College, Pune**: Students of Ferguson staying at the hostel are insured under Mediclaim of INR 50000 and RTA (Personal Accident) of INR 50000.64

3.4.7. **Symbiosis International University (SIU)**65:

Every student at Symbiosis is covered under a medical insurance scheme. It has been introduced by Symbiosis with the benevolent intent of students’ health care in mind. Hospitalizations for any medical reasons (other than emergencies) should be only on the reference of medical officer or consultant / healthcare providers, at on campus health care unit i.e. Symbiosis Centre of Health Care. The researcher developed ‘Symbiosis Student Health Insurance Program’ (SSHIP) after assessment of existing health insurance program at Symbiosis. (Appendix ‘1’) All terms and conditions are as per the insurance policy document.(Annexure ‘1’)

3.5. **BASICS OF INSURANCE**

3.5.1. “Uncertainty is one of the fundamental facts of life”.66 Although the insurance principle is centuries old, sharing of risk has developed only with modern society. When community living became more complex, men recognized the need to have the assurance of help in the event of misfortune.67 This is well applicable to students reassuring insurance.

3.5.2. Health insurance is important because of the unpredictable nature of spending on health care. While individuals have some idea about their need for future medical services, the exact amount they spend on health care remains uncertain to a great extent.68 To make health care available & accessible, one possible way may be to design health insurance scheme to suit to the requirement of the population. In any insurance arrangement to cover the risk through sharing is the key. However, not every risk can be shared.69 Insurance is one of the significant drivers of improvement in the healthcare availability by encouraging accessibility.70 This is where the risk sharing mechanism comes to play an important role for students. Since part of the students’ risk is borne by the entire group of students at higher educational institute, the student risk premium can be relatively low in relation to
the size of potential loss during their academic term. The more frequent the occurrence of loss, the more difficult it becomes for the student.

3.5.3. Brindis Claire’s study titled ‘The impact of health insurance status on adolescents' utilization of school-based clinic services: implications for health care reform’ concluded that students without health insurance were less likely to receive health care from any source when it was needed.71

3.5.4. Availability, accessibility and affordability are critical factors of health care services. A study conducted in Vietnam found that demand increases significantly with the expected benefits of insurance as measured by accessibility to health care.72 With education getting costlier day by day, financial constraints pose a fresh problem. Many students live at home or find part-time or full-time jobs to support their expenditures – both academic & nonacademic. Balancing academic and job responsibilities therefore are common among these "nontraditional" students.73

3.5.5. **General role on Student Health Insurance:** Starting college education is a big step in a student's life and for many students it signals a major change in their lives. Health insurance plan is to support student financially and ensure on time healthcare access during their academic life. College health professionals assure healthcare services on campus & if college health is to play a meaningful role then it must first demonstrate that current health services and insurance financing programs meet minimum quality standards. Ultimately, the Beckley SL et.al suggested that their proposed plan would eliminate the current situation, in which large numbers of college students are uninsured or underinsured.74 College students who had inadequate health insurance tended to have difficulties focusing on their academics and work.75,76,77

3.5.6. Students without health insurance were less likely to receive health care from any source when it was needed. College students should get health insurance cover from their colleges.78

3.5.7. ‘The impact of health insurance on college students Lives’ predicted that uninsured college students would suffer highest stress levels, lower overall quality of life, poor academic & work performance and larger financial burdens.79 A total
of 1367 (70%) surveys were completed. Most students (59.9%) believed that the federal government should have the primary responsibility to ensure that Americans have health insurance and 53.3% felt that the best way was through universal health insurance from the federal government. Policy changes to reduce disparities in health status among groups of college students must be explored.  

3.5.8. Parents reported that having health insurance reduced the amount of family stress, enabled children to get the care they needed, and eased family burdens. Enacting existing extensions of Medicaid coverage until age 21 for foster care youth is necessary to provide the resources to address the considerable health and mental health needs among these youth. The research study ‘Student Health Insurance Coverage - The Final Rule’ structured by Centers for Medicare & Medicaid Services (CMMS) cited that "student health insurance coverage" be covered under the Public Health Service (PHS) Act.  

3.5.9. In extreme cases, the student is forced to declare bankruptcy. Glenn Egelman, director of the student Health at bowling green, noted that something as common as appendicitis could result in a big medical bill. Students without coverage will get healthcare on campus free, but limited, care. “It is a safety net, but it is a net with a lot of holes in it,” Egelman said. Unpaid medical bills were a problem at Ohio State’s medical Centre before the school changed its policy three years ago. In one year, the school found uninsured students owed $600,000, said Ted Grace, director of student health services. So far, there have been no studies found which compare differences in health insurance for students at higher educational institute & in addition, no research has been found regarding the evaluation of health insurance for student at a higher educational institute. This indicates a need to study & compare knowledge of health insurance among students at Higher Education Institute.  

3.5.10. **General Student Health Insurance:** Several studies indicated that health insurance knowledge amongst beneficiaries is low. A study conducted by Hibbard et al. states that it is quite inadequate. Students may require to access health care during their academic career; ‘coverage matters’. The prestigious Institute of Medicine (IOM) estimated that lack of coverage was associated with about
18,000 extra deaths per year amongst uninsured adults.\textsuperscript{87} In Vietnam, children’s nutritional health improved significantly after formal health insurance systems were put in place, but the poorest groups did not benefit from these positive effects.\textsuperscript{88} An experimental study of health Counters’ in Sudan, found that when user fees were reduced for children, then they used the health services more and were able to buy drugs\textsuperscript{89}.

3.5.11. College and University students belong to the age group most at risk of being uninsured. According to a recent study of health insurance coverage by the Henry J. Kaiser Family Foundation, 45 percent of low income individuals between the ages of 19 and 24, and 19 percent of all other individuals in that age group, were uninsured in 2004.\textsuperscript{90} Many adolescents do not know their health insurance coverage status. Further research is needed to determine how information about insurance is communicated to adolescents and how this knowledge affects access to and use of health services\textsuperscript{91}.

3.6. GLOBAL EFFORTS: STUDENT HEALTH INSURANCE

3.6.1. The four basic Healthcare models are present around the World. There are about 200 countries on our planet, and each country devises its own set of arrangements for meeting the three basic goals of a Healthcare system viz. keeping people healthy, treating the sick, and protecting families against financial ruin from medical bills. There are four basic systems which are explained and are enumerated as Beveridge Model, Bismarck Model, and National Health Insurance Model & Out of Pocket Model\textsuperscript{92}. The WHO overview study concluded that the out-of-pocket payment, which is the major mode of financing in most of the countries obstruct access to health care. The government should not shirks its responsibility to ensure and regulate the provision of health care, including essential public health functions, whether directly by public or private health care providers.\textsuperscript{93}

3.6.2. The extent of adverse selection or positive selection into insurance has important repercussions for an insurance provider’s ability to cover its costs. Standard insurance theory predicts that insurance markets will suffer from adverse
selection, which occurs when less healthy people or people who are more risks with their health are more willing to purchase health insurance because they know that the amount they spend on healthcare will be larger than the premium they will pay.\textsuperscript{94, 95}

3.6.3. Private health insurance plans offered in 104 colleges and universities in 1988 indicated a tremendous diversity in plan options, benefits covered, cost-sharing requirements, and catastrophic protections. Universities should carefully re-examine the adequacy of their health insurance plans and their relationship to student health centers. Students rely on student health insurance as their only source of coverage, the quality of these plans assumes an even greater importance.\textsuperscript{96}

3.6.4. On campus health care providers in academic institutes have been searching for interventions that reduce costs for the students. Without health insurance, students at higher educational institutions are unable to bear the cost of their health care & parents are bothered. Availability, accessibility & affordability of healthcare delivery generic present enormous challenges and opportunities for the medical community, insurers and service providers. The purpose is to study awareness of student community and stakeholder about health insurance.

3.6.5. **Role of Higher Educational Institute (HEI): ‘Many College Students required to have Insurance’** the study by Reed V. illustrated that unexpected medical expenses were leading causes of students dropping out of school. Uninsured students “became a problem” at the University of California, Irvine.\textsuperscript{97} Even the vibrant and healthy class of American students has health and financial issues.\textsuperscript{98}

3.6.6. A study by Molnar J. titled ‘A Cross-Sectional Audit of Student health Insurance Waiver Forms; An Assessment of Reliability and Compliance’ assessed the reliability of using a waiver process to ensure compliance with health insurance requirements established by a university and study revealed that a waiver form process could not be relied upon to enforce compliance.\textsuperscript{99}

3.6.7. The majority of college students in the United States don’t have health insurance and those college students who have insurance have inadequate coverage.
Children are generally discharged from their parents' health insurance when they turn 18 or 19 or graduate from college as parents withdraw their children from family health insurance policies. Therefore students' health and safety are the major concern for academic institutes.

3.6.8. From January through June 2009, 6.1 million children were uninsured in the United States. On average, students with health insurance are healthier and as a result are more likely to be academically successful. A study titled ‘School nurses' perceptions and practices of assisting students in obtaining public health insurance’ conducted in United States & reported that school nurses indicated health insurance is important for the health and academic success of students.  

A study at Eastern Michigan University, Ypsilanti, MI 48197, USA, entitled ‘School superintendents’ Perceptions & Practices of Assisting Students in obtaining Public Health Insurance’ quoted that most superintendents believed schools should play a role in helping students obtain health insurance, but the specific role was unclear. The 2 most common perceived barriers identified by at least 50% of superintendents were not having enough staff or financial resources.

3.6.9. The medical benefits of the plan are provided through Anthem Blue Cross. (www.ucop.edu/ucship.Customer Service: (866) 940-83 Students who visit the Student Health Center will be impacted by a new set of rules and regulations as part of compliance with the national Affordable Care Act (ACA) ,August 2013. Regulations in the Affordable Care Act, also known as Obama care, will require insurance companies to provide different levels of health care plans for people & ACA will also prohibit insurance companies from refusing policies to those with pre-existing conditions & include 100 percent coverage for preventative care under the ACA. This new plan will eliminate the exclusions and limitations existing in the student health insurance plan, Gordon-Sosby said.

3.6.10. Research study titled ‘Health Reforms Called a “Graduation Gift” for Young Adults Who Lack Insurance’ described that several provisions in the health care reform legislation passed by Congress will likely to improve uninsured young adults' access to health care with fewer fears of medical debt. Being able to stay
on parents' health plans until age 26 years are among provisions in health reform legislation that will benefit new graduates and other young adults.\textsuperscript{103}

3.6.11. The article \textit{‘Should Our Campus Make Student Health Insurance Mandatory'} discussed issues concerning health insurance being mandatory for students in the U.S. This study cited several factors to consider when implementing SHIPs, including the high cost of providing services, the cost to institutions of providing medical services to uninsured students and the potential impact of more fees on student recruitment and retention. Suggestions on how to address the issue are presented.\textsuperscript{104} Many studies do present interesting evidence on the correlation between insurance status and outcomes. For the most part, other non-causal studies find a positive relationship between insurance coverage and health care utilization and Quality of care.\textsuperscript{105, 106} It is clear that health insurance usually increases access to health care. The scattered results from the United States and other wealthy nations suggest that health insurance induces greater utilization of health services and modest improvements in Health.

3.6.12. \textbf{Government Accountability Office (GAO)} reported that about 30 percent of colleges nationwide presently require students to have health insurance, and more than half of U.S. colleges offer student insurance plans. In 2006, study done by the U.S. Government Accountability Office (GAO) determined that 67\% of undergraduate students covered by an employer health insurance plan. The 46 million uninsured, young adults between 18-24 remain the group most likely to be uninsured.\textsuperscript{107} Higher education needs to give more broad-based attention to health and wellness. To offer innovative approaches to help American graduates to establish positive, lifetime health habits and demonstrate own model to promote health and wellness through more effective health insurance and worksite wellness programs.\textsuperscript{108}

3.6.13. The American College Health Association, an organization of more than 900 colleges and universities that promotes health care on campus, issued guidelines recommending that schools make the insurance a mandatory condition of enrollment. But while 90 percent of private universities now meet the recommendation, 3 out of 4 public universities still do not. Some provide policies
that are "outstanding," he says, while others offer plans that are "wholly inadequate, the coverage you wouldn't want to rely on." In the midst of President Barack Obama's campaign to generate support for health care reform, experts interviewed by Diverse said that college students are being left out. This research study cited growing evidence indicated that education is associated with health, yet we lack knowledge about the specific educational experiences influencing health trajectories. This study examined the role school factors play in the emergence of poor young adult health outcomes for a low-income, minority sample.

3.6.14. The American College of Health Association (ACHA) estimated that 80 percent of college students receive some kind of insurance. In March, 2008, the ACHA instituted Standards to guide HEIs in the establishment of an appropriate, credible student health insurance/benefits program. In May 2013, in order to advance the field of college health; ACHA has upgraded standards for student health insurance program for both fully insured and self-funded student health plans. ACHA continues to monitor developments as regards the implementation of the SHIP with reference to the Patients Protection & Affordable Care Act (PPACA).

3.6.15. The executive summary highlights results of the ACHA-NCHA II Fall 2012 survey of a reference group consisting of 28,237 respondents. The overall response proportion was 20%. 12.8% of students had college / University sponsored plan, 68.3% of students were under Parents’ plan, 11.4% of students were under another plan, 6.3% of students do not have a health insurance plan, 1.2% of students were not sure if have any plan as a primary source of health insurance. University personnel should become more actively involved in promoting on campus services to first year students and advocating the potential implications that well-being may have in successfully completing University.

3.6.16. School-sponsored, student health insurance plans provide insurance coverage for college students in Texas, and provide access to coverage for hundreds of thousands of Texas college students that are currently uninsured. Making policies for uninsured students achieving an appropriate balance of affordability,
adequacy, and accessibility for student health insurance plans will be challenging, but provides a unique opportunity to address the insurance needs of Texas’ college students\textsuperscript{117} as per survey conducted by Texas Department of Insurance in November 2005.

3.6.17. Studies in Colombia, Mexico and Vietnam found that health insurance had a positive effect on access and use of health services.\textsuperscript{118} Insured households in Mexico were less likely to incur ‘catastrophic’ expenses (i.e. relatively small expenses that could push households into poverty) on health care and medicines, than uninsured households. Out-of-pocket expenses too were lesser, particularly among the poorest households.\textsuperscript{119}

3.6.18. In contrast, in China a public health insurance program increased health care use by 20 percent, though not amongst the poorest people. Although the program also had no effect on people’s out-of-pocket expenses, the ‘catastrophic’ ‘expenses of poor people were reduced.\textsuperscript{120}

3.6.19. Study by Yiengprugsawan V, Seubsman S.et al described Thai patterns of health service use, types of health insurance used and reports of foregone health services according to geo-demographic and socioeconomic characteristics. A national cohort of 87,134 students from the Sukhothai Thammathirat Open University (STOU) was enrolled in 2005 and was largely made up of young and middle-age adults living throughout Thailand. This issue is relevant for health and workplace policymakers and managers concerned about reasonable access to health services.\textsuperscript{121}

3.6.20. The health care system in India is characterized by multiple systems of medicine, mixed ownership patterns and different kinds of delivery structures. The experience with health insurance so far has been mixed. Some policies like Mediclaim covers more than 75 lakh persons with a range of premium varying from 175 INR to 5770 INR per annum, the claims ratio being 84\%\textsuperscript{122}. A community-based cross-sectional study was carried out in an urban population in south India. The awareness of health insurance was found to be 64.0 per cent. Around 45.0 per cent of the respondents came to know about health insurance from the media. The government should come out with a policy & contribute to a
health insurance scheme to ensure saving of unnecessary out-of-pocket expenditures and also better utilization of health care facilities.\( ^{123} \)

3.6.21. Indian government’s contribution to the total healthcare expenditure is only 20\% & Out of Pocket expenditure (OOP) is as high as 80\%. The cost of health care is increasing rapidly. A large majority of our population cannot afford health care expenses. In India, There are five forms of health care insurance: Private insurance, Social insurance, Employer – provided coverage, Community insurance scheme, and Government healthcare spend. Only 3-4 \% of our population is insured. Insurance has grown by 100\% in the last 2 years. It is estimated that about 160 million people were covered by 2010, which was less than 15\% of the population.\( ^{124} \)

3.6.22. The rising cost of medical treatment is beyond the reach of a common man and student community as well. Health insurers in India currently face many challenges, including poor consumer awareness, strict regulations, and inefficient business practices. To overcome these challenges, health insurers need to innovate in their product offerings and tighten their existing processes and cost structures. But as a long-term strategy, it is imperative that health insurers deploy managed care concepts, which will go a long way toward addressing the systemic issues in the current operational models of health plans.\( ^{125} \)

3.6.23. Insurance follows a simple statistical principle of ‘diversity’ or ‘pooling of resources and sharing of risk’. This theory of diversity is an important factor in a country like India. The healthcare sector, in India, is at a nuanced point and is poised for speedy growth. However, Indian health care expenditure is still amongst the lowest globally and there are significant challenges which need to be addressed as regards accessibility of healthcare service. There are wide disparities in health care access, further worsened by the poor functioning of the public health system.\( ^{126} \) India and China are now facing a crisis of trust in the health sector, attributable in part to rising expectations and concomitant failures in their health care markets.\( ^{127} \)

3.6.24. **Lack of insurance in India:** A widespread lack of health insurance compounds the health care challenges that India faces. The health insurance schemes available
to the Indian public are generally basic and inaccessible to most people. The Indian healthcare sector can be viewed as a glass half empty or a glass half full. For companies that view the Indian healthcare sector as a glass half full, the potential is enormous. Affordability is facilitated by managed healthcare through health insurance. An important requirement for health insurance is the availability of good health statistics. It has been explained clearly in the National Health Policy 2002 (NHP-2002) of the Government of India that: “Statistical database is a major deficiency in the current scenario. The health statistics collected are not the product of a rigorous methodology.

3.6.25. Up to 90 percent of the Indian population, or 950 million people, are excluded from the insurance market and represent a powerful “missing market,” United Nations Development Program (UNDP) reported the study to build security for the Poor: Potential and Prospects for micro insurance in India. A health insurance segment in India has grown by leaps and bounds from a single tailor-made health cover being provided by the Public Sector Units (PSUs) around 30 years back. There is the need for insurance companies think out of the box and make a gradual shift towards more advanced techniques in data analytics that can help & take the Indian insurance business further into the future.

3.6.26. In India Managed healthcare facilities by way of medical insurance is woefully inadequate. 84.7 % of the institutions do not provide this important mechanism for funding healthcare expenditure.

3.6.27. The ‘PAN India Insurance Awareness Campaign’ of the Insurance Regulatory Development Authority (IRDA) stressed that increasing the awareness amongst the community will address the Non-life (health) insurance penetration levels. This survey unquestionably identified the gap & confirmed that there is a vast scope to conduct a research study about health insurance for students at HEIs. Keeping in mind the problems identified and the knowledge gap in the existing literature the objectives were decided & the current research study is designed.

3.6.28. The initiatives can help address the needs of the people below poverty line as well as the other vulnerable sections of the society. Indian hospitals are not only competing for the domestic needs but also for the vast pool of patients across the
globe. One of the major contributing factors would be the Rashtriya Swasthya Bima Yojna scheme\(^\d\). Rashtriya Swasthya Bima Yojna (RSBY) policy is already advertised by twenty nine states and as of July 2011, more than 24 million smart cards are activated. The health care services are not limited to higher end hospitals in metros but also small cities even at district, block and Panchayat levels.

3.6.29. Need to spread health insurance awareness: Policy holders were not fully aware about health insurance, 50 percent of policyholders knew what TPA means and consumers were not fully satisfied with health insurance. An effort has to be made to determine what healthcare customers need, to run their services.\(^{135}\)

3.6.30. Further, unlike in the West, where medical insurance for students is mandatory at most universities; in India, it is not so at all Higher Education Institutes (HEIs). House Bill 603 of the 2008 Legislative Session would have required all Maryland institutions of higher education to require full-time students to obtain health insurance coverage as a condition of enrollment.\(^{136}\) Students may require to access health care during their academic career. Currently, around 20% of the total population of India is covered under health insurance schemes, with the majority covered under either government or employer programs. Regular commercial health insurance has less than 2% penetration.\(^{137}\)

3.6.31. Most of the students in India have the highest likelihood of being uninsured and those students who have coverage may be greatly underinsured.\(^{138}\) Many students may be enrolled in their parents' managed care plans, which may offer excellent benefits locally but do not pay for medical care delivered outside of their service areas. Students' basic medical needs may be met at the campus health center, but this does not protect the students from financial hardships in the event of a serious medical problem. Although most adolescents and young adults do not incur great

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\(^{\d}\) RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization. Government has even fixed the package rates for the hospitals for a large number of interventions. Pre-existing conditions are covered from day one and there is no age limit. Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding.
expenses for health care during any given year, average expenditures can be misleading!

3.6.32. Health insurance has gained importance since privatization of the insurance sector in India. In India only 2% of total health expenditure is funded by public/social health insurance while 18% is funded by government budget. The duo reviewed the health insurance situation in India – the opportunities it offers, the challenges it faces and the concerns it raises. The study explored the community’s preferences in Jaipur, Rajasthan on various aspects of health insurance & revealed a low level of awareness (15%) about health insurance. The results suggested that these high level willingness to join a health insurance plan in future if designed carefully for health insurance sector and suggested introducing health insurance schemes.

3.6.33. This disparity between potential & actual opportunities has fuelled the need to conduct research studies in health insurance for the student community at HEIs and understand knowledge among stakeholders like healthcare professionals in insurance companies, medical establishments including health care providers in hospitals, insurance intermediaries, consultancies, TPAs etc.

3.6.34. In India there are inadequate studies which have touched upon the issue of health care financing, its nature and related issues. The income and health care expenditure are significant determinants of health insurance purchase. Age, coverage of illness and knowledge about insurance were also found to be affecting health insurance purchase decision positively. Utilization studies show that a third of in - patients and three fourths of out-patients utilize private health care facilities.

3.6.35. While some of the studies in the Indian context have tried to see the differences across states in some parameters, another set of studies has tried to see the private sector’s role in health financing and how people are heavily dependent on private sector health care.

3.6.36. It was only in the past ten years that we have seen some research work being carried out in the field of health insurance to understand the dynamics of health insurance as well. The claim payments constitute the health care funding; the
contribution of public & private health insurance companies to health care funding would be approximately INR 16,800 crores for FY 2015. The industry premium grows at a Compounded Annual Growth Rate (CAGR) of 25% to 30% between FY 2008 & FY 2015. Thus in this baseline health care funding scenario in FY 2015, out-of-pocket expenditure would constitute 77% or 80%.  

3.6.37. Therefore, from the above discussion we can see that health insurance has its own sets of issues which make it challenging to study. Also, it seems that there is a gap in literature regarding students’ awareness about health insurance process to avail & access healthcare under SHIP after reviewing the feasibility for students at HEIs.

3.6.38. All the studies reviewed so far, however, suffer from the fact that there is inadequate information about various health insurance schemes for students in India. Research institutions in health sector need to gather information and conduct research for implementing health insurance schemes for students.

3.6.39. Community Health Insurance (CHI) is an important intermediate step in the evolution of an equitable Health financing mechanism such as Social Health Insurance (SHI) in Europe and Japan. SHI in these countries, in fact, evolved from a conglomeration of small ‘community’ health insurance schemes. Community Health Insurance programme in India offer valuable lessons for policy makers. Documented here are 12 schemes where health insurance has been operationalized. In India, CHI has a long history. The earliest such scheme was started in Kolkata in 1952 as part of a student’s movement. The Student’s Health Home (SHH) caters to the students in the schools and universities of West Bengal. Currently there are more than 20 documented CHI programme, of which five were initiated in the past three years. Based on visits to 12 of the schemes, Devadasan N. et al described the context in which they are operational, their design and management, the administrative challenges faced by them, and their impact. At Social Health Insurance, once a school or institution registers, then it becomes mandatory for all the students to pay the premium.  

3.6.40. The Indian government needs to promote research in health insurance and create an initiative to educate people about the rise of medical costs and the importance
of health insurance products. The relationship is cited between health, poverty and economic growth. Per capita public health expenditure positively influences health status that poverty declines with better health and that growth & health have a positive two-way relationship. Cross-country studies reported that health has a positive and statistically significant effect on the rate of growth of Gross Domestic Product (GDP) per capita.

Researcher reviewed an international experience which shows that medical insurance for students is mandatory at most universities in West; In India it is not so at all Higher Education Institutes (HEIs). Above literature review thus indicates that SHIP has not been implemented at the desired level; further limited studies have been conducted on the evaluation of SHIP even at the international level. This research study is therefore an exploratory and descriptive in nature and an attempt to study & evaluate SHIP at focal HEI and compare students’ knowledge about health insurance across HEIs in India.

The researcher reviewed extensive literature in health insurance for students in higher education institute in India but did not come across such research study. The key question that remains is who addresses this gap of health insurance for students at HEIs? The success of a health Insurance program depends on its ability to improve health and assuring donors that their amount is being spent in the most efficient way possible. Health insurance for students in HEIs is relatively novel in many developing countries, little is known about the risks and benefits of offering insurance in developing countries and how best to design an insurance program to meet the needs of the students at HEIs.

Unfortunately, literature search have revealed a paucity of research in the Student Health Insurance for the insurance profession. The researcher could not find studies in the past decade specifically addressing the evaluation of health insurance for students at HEIs in India. The literature review indicates that few numbers of studies have been conducted in Student Health Insurance at the international level, but at the National level researchers have mainly emphasized on health insurance. A few studies have been conducted on the performance of the health insurance for students at HEIs, but worthwhile research relating to the measurement of the overall
performance and evaluation of the health insurance system at HEIs is required to be conducted. The researcher could not hook on a research study which showed a comparison of knowledge among insured and uninsured students at HEI & a comparative study of effect of the awareness on insured students at HEIs. Thus, there exists a research gap and this study titled, “A comparative study and evaluation of health insurance for students in HEIs” is an attempt to fill this gap.

3.10. **Research studies in financing healthcare**: Insurance penetration and insurance density are the two widely used parameters for the assessment of the potential and performance of the insurance sector in India. This lack of increase in a penetration level has been a cause of concern and discussion at all levels of the country starting with the Finance. Non–life insurance density was 2.4 USD in 2001 & 10 USD in 2011 & penetration was 0.56% in 2001 & 0.70% in 2011.150 Designing customized schemes and controlling out-of-pocket expenses are examples of efforts to make health care affordable, accessible and better quality.

3.11. The above findings may possibly be reflected with respect to awareness about health insurance among the student community at HEIs. To develop a viable health insurance scheme, it is important to understand student’s perceptions and develop a package that is acceptable, accessible, available, & affordable to community sections of the society. The researcher reviewed studies carried out at the National and International level in the insurance sector concerned to the student community at the higher educational institute. Due to the dearth of research conducted in health insurance for students at HEI, need to take efforts and understand the requirement of the student community to create awareness about health insurance policy, process and benefit are necessary.

3.12. In 2010, more than half of the regional governments had to tolerate over 40% of the total health care spending, with Japan covering the highest proportion (83%). The other main funding source was out-of-pocket expenses, which ranged from a low of 14% (Thailand) to 61% (India) of total health care spending. Private prepaid plans contributed less than 10% of the total health care expenditure for all the markets covered in this study, with the exception of Taiwan which came in at 19%.151 It continues to be one of the most rapidly growing sectors in the Indian insurance
industry with gross written premiums for health insurance increased by 16 per cent from INR 13,212 crore in 2011-12 to INR 15,341 crore in 2012-13. The health insurance premium has registered a compounded annual growth rate (CAGR) of 32 per cent for the past eight financial years. This shows the need for research in health insurance sector to be planned so that management of the healthcare delivery for all with respect to availability and accessibility to health care is achieved.