Standards for Student Health Insurance/Benefits Programs

The American College Health Association has instituted these standards to guide colleges and universities in the establishment of an appropriate, credible student health insurance/benefits program.

Standard I.
As a condition of enrollment, the college or university requires students to provide evidence that they have health insurance coverage.

Standard II.
The college or university recognizes that students rely upon its student health insurance/benefit program for their primary source of health insurance protection.

An appropriate scope of coverage is provided, including, but not limited to: (a) appropriate coverage for preventive health services; (b) coverage for catastrophic illness or injury; (c) appropriate coverage for mental health care; (d) minimization of pre-existing condition exclusions/waiting periods; and (e) coverage for dependents of covered students including children, spouses, and domestic partners.

The program encourages utilization of campus health and counseling services, where doing so provides cost effective and high quality care for students.

Standard III.
The college or university acknowledges it has a fiduciary responsibility to manage student health insurance/benefits programs in the best interests of students covered by the programs.

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

Standard V.
Student consumers and health service staff are involved with the selection, monitoring, and evaluation of the student health insurance/benefits program.

Standard VI.
The student health insurance/benefits program is reviewed annually to ensure the program: (a) meets the needs of covered individuals; (b) provides desired benefits at the least possible cost; and (c) returns as much of the premium or fund contributions as possible to covered individuals in the form of benefits.

Standard VII.
Commercial insurance carriers, agents, brokers, and all others providing services to the student health insurance/benefits program are required to provide a full description of estimated claims, reserve estimates, administrative expenses, and all other fees. The student health insurance/benefits program is audited periodically and the results are provided to appropriate university or college officials and student consumers. Each year, a summary financial report for the program is published and made available to student consumers and campus officials responsible for management of the student insurance/benefits program.

Standard VIII.
The selection of vendors for the student health insurance/benefits program adheres to institutional and/or applicable governmental requirements relative to competitive vendor selection processes.
Standard IX.
Agents, brokers, consultants, and program managers do not have relationships that could be construed to be a real or potential conflict of interest. Agreements with consultants or brokers are fully disclosed and clearly define the services to be performed and the compensation to be received.

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