

OFF CAMPUS

Understanding the complexities of DU's student health insurance

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"Three months. That's how long it took me to get reimbursed for just 20 percent of my medical expenses under Dhaka University's student health insurance policy," shares Abu Sayad, a student of Printing and Publication Studies at Dhaka University (DU) who has been dealing with ongoing health issues.

His experience reflects the larger struggles many students face navigating a slow, insufficient, and often frustrating insurance system.

DU has introduced a healthcare insurance scheme for its regular students, providing coverage for those up to 28 years old in various listed hospitals for an annual premium of BDT 330. Students can access a maximum insurance benefit of BDT 80,000 per year for hospital admissions, including BDT 16,000 per day for cabin or ward rent, medical services, and doctors' fees.

For outdoor treatment, the university provides an annual total of BDT 11,000 per student, divided into BDT 4,000 for doctor's consultation fees, BDT 3,500 for medicines, and BDT 3,500 for tests and medical examinations. To avail of the insurance, students must submit various documents, including a doctor's prescription, test reports, pharmacy receipts for prescribed medications, hospital discharge bills, and other relevant paperwork to their respective departments/institutions within 45 days of receiving treatment.

Md Wasif Haider, a student of Printing and Publication Studies at DU, who had to wait four months to receive the insurance cheque, said, "We have to submit the medical documents within 45 days of receiving the treatment. Otherwise, we cannot apply for the insurance. But when it comes to getting the insurance cheque, it's a waiting game."

While the premium fee of BDT 330 may seem like a small amount compared to their overall tuition fees, the collective sum paid by all students is significant. Given the rising costs of healthcare, this amount seems inadequate. "As someone with a seizure disorder, I am constantly undergoing treatment. The insurance coverage is insufficient, and the long wait discourages me from using it," explains Abu Sayad.

This prolonged waiting period demotivates students from applying for insurance at all. For those who only need a one-time reimbursement, the hassle doesn't seem worth it. For students like Abu Sayad, who need constant medical consultations, the extended waiting time undermines the entire purpose of the insurance.

Nadira Anjum, a student of the Institute of Health Economics, DU, recounts her experience, "I had dengue fever, followed by some other health complications, and I applied for insurance coverage for both conditions. While I was reimbursed for both, I had to wait four months to receive the insurance cheque. Although I am satisfied with the reimbursement amount, I believe the waiting period was too long."

As for Md Din Islam, a student of the Finance Department, it took around a month and a half to get the reimbursement. This demonstrates that the timeframe for reimbursement is not as concrete.

When asked about this extended waiting period, Dr Syed Abdul Hamid, Professor at the Institute of Health Economics, who led the pilot project for DU's student health insurance scheme, said, "Initially, students were required to submit all necessary documents to the university authority for insurance claims. However, over time, delays became common due to procedural changes. To address this, the insurance company developed a system allowing students to submit documents directly. Unfortunately, the system cannot be fully implemented yet due to out-of-date student information in university records."

Another significant issue is the lack of transparency in the verification process for medical reports and the cooperation from the insurance company. After a student



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submits all necessary documents to the department or institute, the authorities compile a file and forward it to the insurance company for verification.

However, in the case of Abu Sayad, he submitted his electroencephalogram (EEG) report along with the other required documents. However, the insurance did not cover the cost of the EEG test. "I tried reaching out to the authorities, from my department to the DU Registrar Building, but received no answers. The insurance representative gave me another contact number, but despite multiple attempts, I never received clarification or a response," Sayad recounts.

A similar experience is shared by Shihab Uddin, a student of the Finance Department, "When I applied for insurance the second time, they provided me only 30 percent of my claim and rejected one of my documents as fake, which is authentic," he states.

Once a student submits the necessary documents for verification, there is no clear channel of communication with the insurance company. There is no way to resolve queries or seek clarification on rejected claims. On this, Dr Syed Abdul Hamid reflects, "Claims are sometimes denied due to documentation issues. Both the insurance company and university authorities need to prioritise this area. There should be a clear process for follow-up or resubmission, which is currently lacking."

The problems don't end with the delays. The insurance company issues a cheque on an account-to-account basis. For students without bank accounts, this creates difficulties in accessing their funds. "When I went to the bank to withdraw my money, they told me I needed an account," explains Asraful.

"But my existing account had dues, which would have taken half of what I received from the insurance. In the end, I didn't withdraw the cash. It would have been much easier and time-saving if the cheque had been issued on an account-to-cash basis," he adds. Even if students have accounts, they often face issues like pending dues or limited services, making it harder to access their funds. This inefficiency further disincentivises students from using the insurance system.

Previously, the insurance coverage was limited to general medical concerns and did not include treatments for conditions like asthma, allergies, mental health issues, skin conditions, or eyesight issues — which are common among students.

Hasibul Islam, a student of the Institute of Social Welfare

at DU, shares, "I had to consult a doctor for an eyesight problem. I was prescribed some medications, eye drops, and a new prescription for my glasses. When I checked the insurance plan to see if it would cover these costs, I found out that it doesn't include eye treatment."

However, in the new term, they have introduced coverage for tests for eye checkups, medication, and thyroid-related issues (non-obesity).

The insurance scheme is not familiar to many students. They often think the process is too complex and avoid claiming the insurance altogether. Md Lokman Hekim, a student of Women and Gender Studies at DU, says, "We deposit the insurance fee each year, but most of us do not have enough information on how to claim the insurance. I did not know anything about this. I heard from one of my friends, and then I applied for the insurance."

The DU health insurance scheme was introduced by the Institute of Health Economics. Nadira says, "I understand the insurance plan well, but many students don't. If students were more aware of the benefits, I believe more of them would take advantage of it. We've launched awareness campaigns in the past from our department, and we have plans to continue these efforts in the future as well."

Currently, the insurance system running in DU is mainly a reimbursement model. Prof. Syed Abdul Hamid has emphasised that the university should work to introduce a cashless system to the insurance policy. He believes that it will be beneficial for the students. He says, "Introducing cashless services at affiliated hospitals could help resolve many reimbursement issues. The university needs to align more closely with this approach to improve efficiency."

The current DU student health insurance is inadequate, especially for students with chronic conditions or ongoing treatment needs. Delays in reimbursement, insufficient coverage, and poor communication discourage students from using the system. Digitising the claims process would improve efficiency, reduce wait times, and enhance communication. Expanding coverage to include mental health support and chronic illnesses, as well as increasing reimbursement limits, would better address students' health needs. Reforming the policy is essential for providing true health security to students. It appears that the beneficiaries of the insurance system, the students, are victims of the system itself.

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