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Health Insurance Options When You're In School

Below is a breakdown of some common options for coverage to get you started on enrolling in health insurance.

Your Parent's Plan

The new health reform law ensures that you can stay on your parent's insurance until you turn 26. Have your parents ask their employer or insurer about the process for re-enrolling and about the plan's "dependent coverage" policy. Some states require coverage of young adults past the age of 26 in certain cases. Check out the **"How To Join Your Parent's Insurance Plan"** flyer for more details.

Your Employer's Plan

If you are working while in school, ask if your job comes with health insurance. Your eligibility may depend on how many hours you work. If you are eligible for your employer's insurance plan, make sure you read the fine print and watch out for these important elements:

- » **If your job offers a health plan**, you may not be able to stay on your parent's plan.
- » **Many jobs will force you to wait a month or two** before you can join their health insurance plan. Make sure you're covered in the meantime. (Starting in 2014, the health care law prohibits employers from making workers wait any longer than 90 days for their coverage to start.)
- » **Talk to your hiring supervisor** or human resources department about the benefits offered.

Enroll in Your School's Student Health Insurance Plan

Some schools offer a student plan, some require that you enroll, and some offer no plan at all. If you have the option of enrolling in a plan through your school, consider the costs and benefits of enrolling in the school's plan.

- » **Read the rules about benefits, preventive care, co-pays, deductibles, and prescription drug coverage** for the plan carefully, and compare the plan with any other options you may have (like a parent's plan).
- » **Check to see if some campus health services are included in a student health fee** even if you don't enroll in the campus health insurance plan.
- » **If you are enrolled in a non-school plan**, verify that you will have coverage at campus medical facilities.

Buying Your Own Plan

If you can't get coverage through your job, your parent's job, or your school, you may need to buy a health plan on your own. A great place to start looking is Healthcare.gov. It can tell you about the prices and benefits for plans in the state where you live. You can also search for plans through an insurance broker or on websites like ehealthinsurance.com. In 2014, all states will have online "exchanges" through which to buy coverage. A few things to look for:

Health Insurance Options When You're In School (continued)

- » **Read the fine print!** Some plans (plans with high deductibles) may only cover you if something catastrophic happens, and some may not cover your condition or medication.
- » **If you have a pre-existing condition**, you may have a tough time finding insurance that accepts you. That practice is outlawed under the new health care law starting in 2014 (and is outlawed now for people under the age of 19).

Pre-Existing Condition Insurance Plan

If you have a pre-existing condition, you may be able to join a Pre-Existing Condition Insurance Plan, an option provided through the new health care law.

- » **Go to www.pcip.gov to find a plan.** You must meet the following requirements:
 - Be a U.S. citizen;
 - Have been uninsured for at least 6 months; and
 - Have been diagnosed with a health condition or have had a problem getting insurance due to a pre-existing condition.

Your state may have other coverage options for people with pre-existing conditions. Talk to your state's insurance department to see what's available.

Medicaid and Other State Insurance Plans

- » **If you can't afford to buy insurance on your own**, you may be eligible for free or low-cost insurance through your state, particularly if you are a parent or are pregnant. For example, in **Georgia**, a young adult with one child earning less than **\$612.92 per month** can qualify for Medicaid coverage. Pregnant women earning less than **\$2451.67 per month** can generally qualify as well.
- » **Even if you do not have a child** or are not pregnant, you should still check to see if you qualify, as a few states provide coverage to adults without dependent children. Some states also allow families who make too much to qualify for Medicaid or the Children's Health Insurance Program (CHIP) to purchase coverage through these programs by paying a small premium. In addition, your state may have other coverage programs that you may qualify for.
- » **If you aren't sure whether or not you are eligible**, it is best to apply rather than trying to guess, because the income rules for these programs can be complicated. Go to <http://1.usa.gov/gpQlIK> to learn the nitty-gritty details about **Georgia-specific** requirements and programs.

Local Clinics, Community Health Centers, and Hospitals

If you can't afford insurance, your school may offer some basic services at no charge through the student health center. There may also be clinics, community health centers or hospitals in your area that provide free or low-cost care. These facilities can serve as a backstop until you can afford full coverage. Check with your school's student health department to see what they offer, or visit http://findahealthcenter.hrsa.gov/Search_HCC.aspx to see what local clinics are in your community.

Have questions? Email us at Questions@YoungInvincibles.org



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How to Join Your Parent's Insurance Plan

I'm under 26. Can I join my parent's plan?

- » **Although nearly all young adults up to the age of 26 can now join their parent's insurance, there are a few exceptions you need to know:**
 - If you are eligible for your own insurance through an employer, you may not be eligible to join a parent's job-based plan. You should check with your parent's employer.
 - Your parent's plan must already offer coverage for dependent children.
 - The extension is not being enforced for "retiree-only" plans, so be sure to find out what kind of plan your parent has.
 - Some states provide for dependent coverage beyond the 26th birthday for certain types of plans. However, young adults who are 26 or older may have different eligibility qualifications.

When can I join?

- » **If you don't have health insurance right now**, you may have to wait until your parent's plan renews. Normally insurance plans renew each year, allowing people a chance to sign up or permitting current enrollees to add dependents to their coverage. Many plans have "open-enrollment" period in November or December before the New Year, and start coverage on January 1. If you do not sign up by then, you normally have to wait until the next year, unless you experience a "qualifying event" that allows you to enroll sooner.
- » **If your student health plan (or other group or public coverage) is ending**, you should sign up for your parent's insurance in less than 30 days after you lose coverage. Losing insurance is known as a "qualifying event" that allows you to join a parent's job-based plan right away. So hurry up!
 - If you're trying to decide whether to stay on your parent's plan or enroll in a school plan, check out our **"What Do I Need To Know About My Student Health Insurance Plan?"** flyer.

What do I need to do next?

- » **Have your parent contact his or her insurance plan administrator** to ask about getting you covered. If your parent has insurance through a job, the best person to talk to is normally in the company's Human Resources department.
- » **You or your parent will need to fill out forms** with your contact information and, possibly, health information. If you qualify, you will receive a health insurance card in the mail with information about your plan. If you are not accepted, but think that you meet all of the eligibility requirements listed above, send us an email at questions@younginvincibles.org and we'll do our best to help you out.

What Do I Need To Know About My Student Health Insurance Plan?

Picking a college was tough. Choosing the right health care coverage in college is just as important and can be just as tricky. Here are some helpful hints.

What are my options?

- » **Many colleges require you to have health insurance, and you have some options for how you get it. More than half of colleges offer a Student Health Insurance Plan (“SHIP”). Many students purchase these plans, but there are other alternatives that may be available like:**
 - Staying on your parent’s coverage
 - Getting your own coverage (through an employer or individual plan), or
 - Public programs like Medicaid.

Should I enroll in my SHIP if given the option? Note: Some schools may require you to actively opt-out (“waive out”) of SHIP by filling out a form.

- » **First, check to see if a SHIP is available to you.** Some schools require students to purchase their school’s SHIP; others don’t offer a plan at all.
- » **The quality of student health plans can vary.** Take a look at the details of your SHIP. Read the rules about benefits, limits and caps, pre-existing conditions, preventive care, prescription drug coverage, deductibles, co-pays and co-insurance.
- » **Compare the coverage and price** to the coverage and price of any alternative options.
- » **Check to see if your alternative options** have in-network doctors in your school’s area. Often times, only your SHIP is accepted on a campus health center.
 - **Consider your parent’s plan:** See if there would be out-of-network charges to go to local doctors with a parent’s plan if your parent lives far from your school. Are you willing to pay these charges if you need to see a doctor right away? Are you willing to wait to go to the doctor until you’re home?
 - **Review any health care that your school may give all students, regardless of whether they buy the SHIP.** This care is often covered by separate health fees charged automatically to all students. Your school may offer enough services at the student health center to satisfy your everyday health needs, which would allow you to stay on your parent’s plan and get care for larger issues when you go home.
- » **Which coverage option is the better bargain? Which has the most coverage? Which better fits your medical needs? Decide what insurance option lines up with your priorities.**



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What Do I Need To Know About My Student Health Insurance Plan?

(continued)

What if I am on Medicaid or another government insurance program?

- » **Medicaid qualifies as coverage at most schools that require students to have health insurance.** Check with your school's health insurance administrator or staff to be sure, and make sure that you have access to doctors who accept Medicaid nearby.

How will the new health care law change my SHIP?

Starting in Fall 2012 (for the 2012 - 2013 school year), new rules on SHIPs will take effect and will greatly improve benefits for students. These improvements will be finalized soon and will likely include:

- » **No discrimination against students under the age of 19 based on pre-existing conditions;**
- » **80 percent of your premium dollars must go to medical care,** rather than insurance company profits or administration;
- » **The elimination of lifetime benefit caps, the phasing out of annual benefit caps;** and
- » **Free preventive care.**

By 2014, these benefits will expand to include:

- » **No discrimination against people of all ages based on pre-existing conditions;** and
- » **Greatly expanded coverage** for all types of treatments and services that included in the "essential benefits package."



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The New Health Care Law And You

The Patient Protection and Affordable Care Act (“ACA”) was passed in March 2010. Here are some highlights of what it means for students:

Benefits Available Now

- » **Dependent Coverage Up to 26:** You can stay covered on a parent’s insurance plan until you turn 26.
- » **New Health Care Rights and Protections:** New plans must provide free preventive care without co-pays or coinsurance, including many screenings, immunizations. Birth control will also be provided free of charge in new plans starting after August 1, 2012. Plans cannot stop covering you if you have high medical costs over the course of your lifetime, and plans must spend at least 80 percent of your premium dollars on care.
- » **Coverage for Uninsured Young Adults with Pre-existing Conditions:** “Pre-existing Condition Insurance Plans” may now be an option for the 16 percent of young adults aged 18-24 with a pre-existing condition. To qualify you must be uninsured for at least 6 months. Starting in 2014 (and starting now for those under 19), insurers cannot refuse to cover you if you are sick.

Benefits Coming Soon...

- » **Starting in the 2012 - 2013 school year,** most of the protections guaranteed for individual plans under the health care law will apply to college health plans (See **“What Do I Need To Know About My Student Health Insurance Plan”**)

Benefits Available after 2014

- » **Health Insurance Exchanges that Offer More Options:** Imagine Orbitz or Expedia for health insurance. Exchanges are statewide, online marketplaces to help people find and buy the best health plan at the best price. These marketplaces start operating in 2014 and will boost competition for your dollar.
- » **Help with Premiums:** Millions of Americans will be able to get tax credits in 2014 to help pay for the cost of buying insurance. You will qualify if 1) you don’t have an affordable offer of job-based coverage, and 2) you earn less than about \$44,000 a year (or more if you have dependents).
- » **Medicaid Expansion:** Medicaid, a state and federal coverage program for low-income Americans, will expand in 2014 to cover everyone earning less than about \$15,000 a year (or more for people with dependents). This could provide coverage to about 8 million currently uninsured young adults. In many states, Medicaid coverage is currently limited to those with children, but this requirement will be eliminated in 2014. Until then, check the Medicaid rules in your state to see if you qualify and download the **“Health Insurance Options When You’re In School”** flyer.
- » **Individual Responsibility:** Starting in 2014, every American will have the personal responsibility to purchase insurance, although there will be exemptions if insurance is too expensive. While it does mean that you will have to take action and get covered, it also means that everyone chips in, so you don’t have to pay for those who don’t buy insurance but get care anyway. Employers will also be required to do their share to provide coverage to workers.

Have questions? Email us at Questions@YoungInvincibles.org

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What Do You Need to Know If You Have a Pre-Existing Condition?

Millions of young adults have a pre-existing condition, such as asthma, type 2 diabetes, or high blood pressure. Even many student health insurance plans that will cover you as a student, may not cover care for your pre-existing medical conditions. The federal health care law bans this practice for all people starting in 2014 (and bans it now for people under the age of 19). Here are some options if you have a pre-existing condition and need insurance now.

Student Health Insurance

Before you look elsewhere for insurance, check whether the student health insurance plan at your school includes coverage of your pre-existing conditions. Call the plan administrator at your school to find out. If the plan covers you, check out the flyer “[What Do I Need To Know About My Student Health Insurance Plan?](#)” If not, read on for other options.

Pre-Existing Condition Insurance Plan

The new health care law created Pre-existing Condition Insurance Plans that can provide coverage for those with pre-existing conditions. They're not cheap, but they beat trying to manage your health care costs with no coverage. These plans will not charge you higher rates based on your health – you pay the same prices that other people would pay for this coverage.

- » **Go to www.pcip.gov to find a plan.** You must meet the following requirements:
 - Be a U.S. citizen;
 - Have been uninsured for at least 6 months; and
 - Have been diagnosed with a health condition or have had a problem getting insurance due to a pre-existing condition.
- » **Your state may have other coverage options** for people with pre-existing conditions. Ask your state insurance department if your state has a “high-risk pool” or another similar option for people with pre-existing conditions. (See the next page for how to contact your state insurance department.)

An Employer-Sponsored Plan (Your Own or Your Parent's)

There are more protections for people with pre-existing conditions in employer-sponsored plans than there are in individual plans. If you are not already covered, check with your parent's employer to see if you can enroll, what the plan covers and the process for joining.

WARNING: Don't go without health coverage for more than 63 days between when your current plan ends and school begins. Some employers may impose a pre-existing condition waiting period of up to 12 months if you were uninsured for 63 days or more prior to gaining coverage. (Note: this practice will be prohibited in 2014.)

What Do You Need To Know If You Have a Pre-Existing Condition? (continued)

Mental Health

Young people, in particular, have high rates of mental illness such as depression, anxiety disorders or schizophrenia. If you have a chronic mental illness, there are some important things to be aware of as you purchase insurance:

- » **Mental health parity:** The federal “mental health parity” law, which passed in 2008, created new protections for people with mental health coverage through a large employer (this may include your parent’s plan). Restrictions in those plans cannot be any stricter for mental health coverage than they are for physical health coverage. The plans are also prohibited from charging greater cost-sharing amounts or having separate deductibles for mental health care. In 2014, these protections will expand to individual market and small employers plans as well.
- » **Non-Monetary Benefit Restrictions:** Plans can still impose non-monetary restrictions, such as caps on the number of mental health visits or days in a hospital allowed. Check to see if a plan has those restrictions.
 - Note, however, that the minimum annual limit will grow more slowly for student health plans, meaning during the 2011-2012 school year, many will have low annual limits that could impact mental health coverage.
- » **Benefit restrictions:** Under reform, new individual plans and most employer plans must cover up to \$750,000 worth of care this year, and more in later years, meaning that more of your mental health needs may now be covered.
- » **Pre-existing condition discrimination:** Until 2014, you may face higher premiums or a denial of coverage due to your mental health condition. If you do, check to see if you qualify for a Pre-Existing Condition Insurance Plan or if your state has a “high-risk pool” or other option for people who can’t get coverage.

Have questions? These folks have the answers:

- Visit www.dol.gov/ebsa, or call 1-866-444-EBSA (3272) to contact the U.S. Department of Labor
- Visit www.naic.org/state_web_map.htm to find your State Insurance Department
- www.healthcare.gov provides links to state consumer assistance programs and other resources
- Email Questions@YoungInvincibles.org if you need any further help.



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Insurance Terms to Know When Buying a Plan

Figuring out what exactly an insurance plan covers can be like taking a foreign language class when you've missed the first week. Without a basic insurance vocabulary it can be daunting to read through a plan. Below are some basics.

Finding the Right Coverage

- » **Types of benefits:** A healthy young adult should look for a plan that covers preventive/primary care visits, prescription drugs, hospitalization, and ER visits. Young women should also think about reproductive health needs. Be careful about catastrophic plans that only cover you in the worst cases: if you have a health condition, you need better benefits.
- » **Benefit limits/caps/maximums:** Many health plans only cover medical care up to a certain amount; for example, some may only cover a certain number of visits to a doctor each year. Pay attention to these benefit caps before buying a plan. Under the new health care law, insurers can no longer cap how much they will pay for your care over your lifetime. And annual dollar limits on coverage are gradually phased out by 2014.
- » **Pre-existing condition waiting periods or exclusions:** If you have a medical condition before applying for insurance, insurers may not cover your pre-existing condition for a period of time—or at all. In 2014, insurance carriers will no longer be able to discriminate like this.

Calculating Costs

Some terms to know when calculating the costs of insurance and care:

- » **Waiver:** Often times, schools that mandate insurance coverage will require you to submit proof of alternate comparable insurance in order to waive school coverage. If you choose to take a plan outside of school, make sure to waive your school coverage in time so that you are not charged for two plans.
- » **\$200 Premium:** This means you pay \$200 each month to maintain insurance. The premium is typically broken down into monthly payments, but you might also find info about total premiums for a year.
- » **\$1,000 Deductible:** This means you pay \$1,000 for medical care yourself before insurance kicks in.
- » **80%/20% Co-insurance:** This means that when you receive care, insurance company pays 80% of the cost and you pay the other 20%.
- » **\$15 Co-pay:** This means you will have to pay a flat fee of \$15 for a service, such as a doctor's visit or a prescription.
- » **\$5,000 Out-of-pocket Maximum:** You won't pay more than \$5,000 yourself for medical care in a year (when your deductible, coinsurance and/or co-pays are combined; does not count premiums).

If you see providers that aren't "in-network," your cost and deductible may be higher. Some plans have higher out-of-pocket costs but lower premiums. Look at the whole plan and combined costs. Think about how much you will have to pay if you get really sick or injured.

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TIPS FOR YOUNG WOMEN

If you are a young woman, there are a few extra things you should be aware of when you purchase insurance and seek care:

Prevention

- » **The health reform law requires new health plans to provide certain services and screenings without requiring a co-pay or coinsurance. These include:**
 - At least one “well-woman” preventive care visit annually
 - Cervical cancer screenings (pap smears)
 - HPV vaccinations for women under 27
 - Screening and counseling for STIs, including HIV

Free Prescription Birth Control

- » **The U.S. government recently proposed a rule that qualifies prescription birth control as preventive care, and therefore require insurers to provide it without co-pays or deductibles to consumers in new health plans. The rule is still under consideration and would take effect on August 1, 2012. To get updates on this issue, email Questions@YoungInvincibles.org.**
 - If you need to access prescription birth control before the new regulations kick in, you can visit <http://bedsider.org/widgets/cost> to look for places to get free or low-cost access to contraceptives and to learn about the various methods available. You should also check to see if you’re eligible for family planning services under Medicaid.

Discrimination

- » **Starting in 2014, insurance companies won’t be able to use gender or health status to determine premium costs or whether to offer coverage.**
 - If you can’t get covered right now because of a pre-existing condition, check out our **“What Do You Need To Know If You Have A Pre-Existing Condition”** flyer.
 - Because of the new law, if you are under 19, insurance companies already can’t deny you coverage for a pre-existing condition.
 - Download the **“Health Insurance Options When You’re In School”** flyer to learn your options if your coverage is too expensive because an insurance company is discriminating against you.

Pregnancy

- » **If you think you may become pregnant sometime soon, check your plan carefully for the type of benefits it provides for prenatal care and actual hospital stays when giving birth.**
 - Plans purchased by individuals or families sometimes don’t cover women who are pregnant, calling pregnancy a “pre-existing condition.” (Job-based plans can’t do this, however.) Given the cost of pregnancy - delivery averages from \$6,000 to \$8,000 - and the cost of caring for a baby, it is important to have insurance beforehand.
 - If you can’t afford insurance and are pregnant, you may qualify for coverage through the Medicaid program. See the flyer **“Health Insurance Options When You’re In School”**.

Young Adults and Cancer

Cancer is a scary word. We've all been affected by it one way or another, but many of us forget that it can and does happen to young adults too -- cancer doesn't discriminate. In fact, cancer incidence is growing fastest in teenagers and young adults, when compared to children, baby boomers and seniors. The reasons are still up for debate, but it is a growing reality.

Get Covered

- » **Cancer is one of those catastrophic scenarios** that remind us why getting health insurance is so important. Check out our other flyers like "**How to Join Your Parent's Insurance Plan,**" "**Should I Buy a Student Health Insurance Plan?,**" or "**What Do You Need To Know If You Have a Pre-Existing Condition**" to help you figure out what your coverage options are if you are battling cancer, have in the past, or are worried that you will in the future.

Reduce Your Risk

- » **Diet and exercise are only a part** of reducing your risk for certain cancers. Here are your top 5 dos and don'ts:
 1. Don't smoke or tan.
 2. Limit alcohol and caffeine consumption.
 3. Avoid sodas and artificial sweeteners.
 4. Know your skin. If something looks suspicious, visit SpotASpot.org or see a dermatologist.
 5. Conduct routine breast and testicular self-exams and get an annual Pap smear, which will be free under any new plan as part the health care law (see "**Tips for Young Women**").

The Types of Cancer That Young Adults Get

- » **Unlike older Americans who** typically get Lung, Colorectal, Prostate and Breast cancers, the top cancers in teens and young adults are Melanoma, Testicular Cancer, Thyroid Cancer, Lymphoma and Sarcoma.

Challenge Your Doctor and Get Second Opinions

- » **Many doctors are not trained to identify cancer** in young adults, and sometimes fail to seriously consider early symptoms. Be prepared to stand up for yourself, demand to be taken seriously and, if they tell you "it's probably nothing, come back in 6 months," ask another doctor for a second opinion!

Support Young Adult Cancer Awareness

- » **70,000 young adults are diagnosed** with cancer each year, or one every 8 minutes. Get involved. Take action and stand up for your own generation's cancer rights within the health care system. Visit <http://StupidCancerArmy.com> today and help young adults fight cancer and win.



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SPREAD THE WORD

YOUR CLASSMATES should know how important it is to get covered and stay healthy while in school. Have friends heading off to college? Make sure they know too!

Tell Your Friends

- Talk to your friends, family, neighbors, and classmates about the benefits of getting covered while in school.
- Invite your friends to join Young Invincibles on Facebook, and remind them to get covered: www.Facebook.com/together.invincible
- Pass out flyers in your dorm.

Share the Toolkit

- Email it to friends, family, and student organizations. Ask your school and student government to distribute the Toolkit to the student body.
- Tell your friends to text “Toolkit” to 69866 to have it sent to them.

Other Ways to Share

- Email us your health care story at stories@YoungInvincibles.org about why it's important to get health insurance as a student.
- Send an e-card to your friends and share the site with them. Have them take our health care quiz!
- Organize a health care education event on campus. Email members@YoungInvincibles.org if you want to learn more.

Contact these folks if you have more questions:

- US Department of Labor: www.dol.gov/esba or 866.444.3272
- Visit www.naic.org/state_web_map.htm for your state's insurance department's contact information
- Visit www.healthcare.gov for links to state consumer assistance programs and other resources



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Why Get Covered?

We get it. You're young and have a lot on your plate. Getting health insurance may not always be at the top of your list, but it is essential. Bad things happen, and no one is invincible without health insurance.

Reason 1: In Case You Get Hit By A Bus

If you are injured or get sick, quality medical care can save and improve your life. Medical care makes a huge difference in how quickly you get back to the things that matter to you after an accident or illness. Health insurance can also help you avoid health concerns before they become major problems by providing low-cost or free preventive care and check-ups with your doctor.

Reason 2: To Protect Your Wallet

Getting covered can also save your wallet. You don't want to be bankrupted by bills from an accident or an unexpected medical problem. If you need a prescription drug, regular check ups, or ongoing care, those costs can also add up.

Could you afford to pay these?

- Hospitalization for Asthma - \$12,496
- Fractured Rib - \$12,000
- Torn ACL - \$9,220
- Hospitalization for Diabetes - \$24,843

Reason 3: Because Now It's More Affordable

The new health care law allows you to join your parent's plan until you turn 26. That is often the best value option for families, so, if possible, sign up for your parent's coverage. Joining your own employer's health plan is another good option for those lucky enough to find a job in this economy. The next best alternative is to buy a plan on the individual market. Purchasing coverage upfront is a lot less expensive than an unexpected hospital bill for \$10,000.

Reason 4: For Your Family

Knowing you have coverage will let your parents breathe a sigh of relief. And, if you're starting a family, staying healthy matters more than ever. Prenatal care plus a hospital birth typically costs \$9,562 without insurance.

Reason 5: It's The Right Thing To Do

Getting covered is about taking personal responsibility for your health and financial well-being. It's about being an independent adult and protecting yourself. If you have the option, you should take advantage of it.