

Frequently Asked Questions: College Students and Health Insurance

Why do I need insurance if I'm healthy?

A recent report released by the Government Accounting Office revealed that roughly 1.7 million traditional age college students are uninsured in the United States. It's a disturbing statistic, considering that young Americans – while tending to be healthier – are among the group of Americans also more likely to end up in the emergency room.

What will it cost me to be uninsured?

In the short term, you avoid monthly premiums. But, the Government Accounting Office report showed that in 2005, uninsured students amassed between \$120 million and \$255 million in uncompensated, non-injury-related medical expenses. Equally disturbing: recent reports revealing that nearly two-thirds of young uninsured adults don't seek treatment because it is too expensive. In the Chicago metro area, an average emergency room visit with physician costs has been estimated at \$2000 - \$5000.

What kind of Health Insurance is there?

Group Plans – Colleges, Universities, Public Schools, Credit Unions, AARP and other associations offer group health insurance plans. These plans are usually designed to balance affordability with coverage. As a result they may have lower 'caps' (Caps are the maximums they will pay for an illness, regardless of the cost of care) and more limited coverage than the traditional plans mentioned above. They will generally be more affordable than buying similar coverage as an individual. However, it's important to understand the limits of the coverage offered.

Dominican's group plan is offered at www.dominicaninsurance.com

Employer Group Major Medical (also called Comprehensive or Traditional) – these plans are usually offered by employers and the employer and employee share the cost of the insurance. Usually, employers also offer coverage for their employee's family; including children up through age 26 if they are in college full time (the credit hours vary). Every plan varies, but because a large group is enrolled, it can be more affordable, and cover more, with more choice about which doctors and hospitals you can use. If you are studying away from home, out of state or abroad, finding medical providers, (particularly specialists) near your school who are 'in network' and thus more affordable can be difficult or sometimes impossible.

Employers may also offer **HMO Insurance** which is often lower in price. HMO Insurance may also be offered to employee's families. The major difference with HMO insurance is that you would have less (or nothing) to pay at the time of care and that you are required to enroll with your primary doctor who is in charge of all of your care. Not all doctors or hospitals are 'on the panel' of every HMO, so your choices of providers can be limited. The HMO or your doctor will have to approve all but emergency care. When you are in college away from home, you may have to go to special efforts to get access to doctors near school. *Usually employer-sponsored health plans required students to be enrolled full-time to receive coverage as a dependent.* This means that when a student drops below a specified number

of credit hours, they may risk dropping their coverage. You should contact your insurance plan about your coverage before you head to college in another state.

Individual or Private Plans – Individual plans are just that, health insurance purchased for just you. Because you aren't automatically eligible, as you would be as a part of an employee pool, or other group, you will have to apply by submitting a health history and you often will need to have a medical exam to qualify for eligibility. If you are healthy, have good family health history and live where medical costs are low, individual insurance can be a good choice. They usually exclude pre-existing conditions which are illness you have been recently treated for. You should understand the limits and exclusions to these policies, too.

State Group Plans- In most states, including Illinois, children up to 18 years of age, who do not have insurance through their parents and who meet income guidelines are eligible for a state health insurance plan. Currently All Kids in Illinois expires at the age of 18.

Accident and Injury “health” insurance actually only covers accidents and injuries. So, for example, it would cover injuries sustained if you fell down the stairs and broke a leg, but not if you caught pneumonia and became ill.

Travel Insurance and Temporary Insurance- Travel insurance and Temporary Insurance often has limits to its benefits and covers only a specific time period for the policy and a limited time period afterwards. It's affordable and it does cover you when you are away from your usual providers.

Is Health insurance mandatory at Dominican?

No, but you must document your plans to cover unexpected medical expenses on the online waiver form at www.dominicaninsurance.com

Does Dominican offer Health Insurance?

Yes, Dominican offers a school-sponsored plan at www.dominicaninsurance.com

The good news is that eligibility requirements on student health plans are typically less restrictive than on individual plans. At Dominican, a student taking six or more hours will be eligible for coverage. Additionally, some student health plans will allow you to extend your coverage beyond graduation.

The not-so-good news is that there are huge variations in the costs and the benefits of student health plans, which range from policies that protect you from accidents, to major medical. So it's definitely important to check out a policy's benefits and whether there are gaps in your coverage. Again, prospective students need to do their homework.

What about Health Reform?

Passage of health reform legislation ensured that – starting September 23, 2010 – families will be able to keep students on their coverage until the student's 26th birthday. However, there may be additional charges and students may also be dropped from their parents' coverage if they marry. Check with your plan about costs, dates and eligibility.

If a student has been phased out of their parents' coverage and no school-sponsored plan is available (or a good fit for the student), students may be covered by their parents employer's policy if they work full-time. Or, they can purchase their own standard individual health plan from a licensed health insurance provider.

One obvious difference for students considering a private plan will be a required screening in which the applicant answers a series of questions to determine whether they're eligible for coverage. Applicants with a pre-existing condition may be legally denied coverage by a particular insurance provider until 2014, but should bear in mind that criteria varies from provider to provider – so keep shopping.

Depending on the state in which you reside, you may also be eligible for coverage by a state-sponsored risk pool, a program that provides coverage for individuals denied insurance by private insurers because of their health condition.

As always, no matter what type of insurance you choose, be a responsible consumer. Make sure you understand what you are purchasing and that you closely review the benefits and limitations. **You can get more information from the Wellness Center at Dominican University, or at http://www.healthinsurance.org/resources/student_health_insurance.lasso**