Health Insurance for College Students

Is it Really Necessary?

The Affordable Care Act requires all persons filing taxes to have health insurance, or they will be subject to a penalty. In 2015, the penalty is the higher of either 2% of your yearly household income or $325.00 per person.

As a UWRF student, you are able to receive some health care services from Vibrant Health Family Clinic in River Falls through contracted services from Student Health and Counseling Services. These basic health care services are at no cost to the student. However, students may have healthcare needs that are different from the contracted services, in which case the student is responsible for these charges. A list of contracted services is available in the Student Health Services brochure and on the Student Health and Counseling Services website [http://www.uwrf.edu/studenthealthandcounseling/](http://www.uwrf.edu/studenthealthandcounseling/).

UW System and UWRF no longer offer a health insurance plan for domestic students.

What are the Options?

- Stay on your family's insurance plan.
  Young adults are able to stay on their family's insurance until the age of 26. Students should know if their plan has a preferred provider list and how to access that list. They should be aware of their plan's out of network coverage for routine care as well as emergency services and hospitalizations if they are leaving their coverage area.

- Enroll in coverage through the Marketplace.
  While enrollment in plans from the Marketplace only are available November 1 - January 31, special consideration is given to individuals with qualifying life events such as changes in healthcare coverage. General plan information is available at [https://www.healthcare.gov/see-plans/](https://www.healthcare.gov/see-plans/). To see if you qualify for lower premiums or tax credits, you must submit an application at [http://www.healthcare.gov](http://www.healthcare.gov).

- Students may qualify for Medical Assistance, and information about this varies by state. For example, persons from Wisconsin, go to [https://access.wisconsin.gov/](https://access.wisconsin.gov/) and persons from Minnesota go to [https://www.mnsure.org/](https://www.mnsure.org/).

- Purchase coverage through a private plan.
  If a student does not qualify for a life event exception to purchase coverage through the Marketplace, they can get a private plan through major health care companies. These plans are often available for only up to one year, i.e. providing coverage until a person is able to reapply through the Marketplace for long term coverage.
Please note: Vibrant Health Family Clinics does bill insurance, however there are a few insurances which are not accepted at the clinic. These include but are not limited to: Minnesota Care and Security Health HMO. If you have an insurance plan that is not covered by Vibrant Health Family Clinics it may be better to change insurance plans or find another clinic in the area that does accept your insurance rather than incurring the cost of services not covered by the Student Health Services contracted services. A list of health insurance plans the clinic does participate in can be found on their website at:
http://www.vibranthealthclinics.com/your-visit/insurance-information/

How to Choose a Plan

There are many factors to take into consideration when choosing a health insurance plan.

♦ Do you have any chronic conditions that require regular health care?

♦ Do you need specific medications?

♦ Would you rather pay less per month and more if you need care, or more per month and less if you need care?

Some healthy students feel all they need is a catastrophic type plan in the event they may need emergency care since Vibrant Health Family Clinics in River Falls will be able to provide many primary care services at no costs. However, if they see a specialist, have an x-ray, have a wart removed, etc., having a more comprehensive plan should give the students the peace of mind knowing the cost will be more affordable.

As you begin to wade through plans, here are some terms that will be important to understand.

♦ **Premium**: The amount you will pay each month to the insurance company simply to have coverage

♦ **Copay**: The specific dollar amount you may be required to pay up front for a specific type of service such as prescription or doctor’s visit

♦ **Deductible**: The amount you need to pay before your health insurance will start paying medical claims. Monthly premiums and copays do not count towards the deductible.

♦ **Coinsurance**: The amount you are responsible for once the insurance begins paying for medical claims, usually after the deductible has been met.

♦ **Out of Pocket Maximum**: The amount that you will be required to pay toward your claims in a single year. Once you have paid this amount, usually through copays, deductibles and coinsurance, the insurance company will fully cover the bills from all medical services rendered that year. The monthly premium does not count toward the out of pocket maximum.