

Helping Students Understand Health Care Reform and Enroll in Health Insurance

JUNE 2013 | BY CHRISTINA POSTOLOWSKI (YOUNG INVINCIBLES) AND ABIGAIL NEWCOMER (CLASP)

Executive Summary

Young adults ages 18 to 34 are uninsured at almost double the rate of older adults. Community colleges, in particular, tend to enroll students who are disproportionately uninsured, including low-income students, part-time students, and minority students. And without health insurance, they risk medical or financial hardship that could prevent them from earning a college degree. Therefore, increasing health insurance coverage must be a part of the college completion agenda.

Starting in 2014, under the Affordable Care Act (ACA)—the new health care reform law known commonly as “Obamacare”—individuals will have new health insurance options, and will be legally required to have coverage. Community college students stand to benefit greatly from the new no and low-cost health insurance options that will be available. These options include: the ability to join a parent’s plan until age 26; expanded Medicaid eligibility; tax credits to help pay for health insurance; improved student health insurance plans; and catastrophic plans that provide emergency coverage at a lower upfront cost.

Community colleges are in a great position to help students connect to coverage. This guide includes information about student health insurance options, how to apply, who can help, and key messages and outreach methods you as a community college administrator, faculty member, or staff member can use to inform your students about their health care options.

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Why should community colleges reach out to students about options for insurance?

Overall, 16 percent of U.S. residents and 27 percent of 18 to 34-year-olds do not have health insurance. Without health insurance, individuals may lack access to necessary medical care and risk high debt—or even bankruptcy—from costly medical bills. In a recent study on college completion, 69 percent of students who did not graduate said that having health insurance would have helped them “a lot” in getting a college degree.ⁱ **Increasing health insurance coverage must be a part of the college completion agenda.**

Starting in 2014, under the Affordable Care Act (ACA)—known commonly as “Obamacare”—individuals will have new health insurance options, including: the ability to join a parent’s plan until age 26ⁱⁱ; expanded Medicaid eligibility in some states; tax credits to help pay for health insurance; improved student health insurance plans; and catastrophic plans that cost less upfront and cover primarily big health care expenses. Individuals will be legally required to have insurance coverage or pay a penalty. This is commonly referred to as the individual mandate. *Unfortunately, nearly 80 percent of uninsured adults are unaware of these new options for health coverage.*ⁱⁱⁱ

Community college students, in particular, will greatly benefit from the new no and low-cost health insurance options available under ACA. Community colleges, in particular, tend to enroll students who are disproportionately uninsured, including: low-income students, part-time students, and Latino, African-American, and Asian-American students.^{iv} While some community colleges offer student health plans, many do not. And although 84 percent of community college students work (60 percent for more than 20 hours a week), many lack access to employer-based insurance coverage.^v

Community colleges have an important role to play in informing their students about new options for health coverage.

This guide will answer the following questions:

- I. What health insurance options are available to students?
- II. How can students apply for coverage?
- III. As a community college faculty member or staff person, how should you reach out to students about health insurance?
- IV. What resources are out there for students?

Helping Students Understand Health Care Reform and Enroll in Health Insurance

I. What health insurance options are available to students?

By January 1, 2014, these new options for health insurance coverage will be available to students:

1. Extended dependent coverage until age 26;
2. Expanded eligibility for Medicaid in some states;
3. Refundable, “up-front” tax credits to buy insurance on the new health insurance marketplace, and subsidies to help pay for out-of-pocket costs;
4. Improved student health insurance plans; and
5. Catastrophic plans.

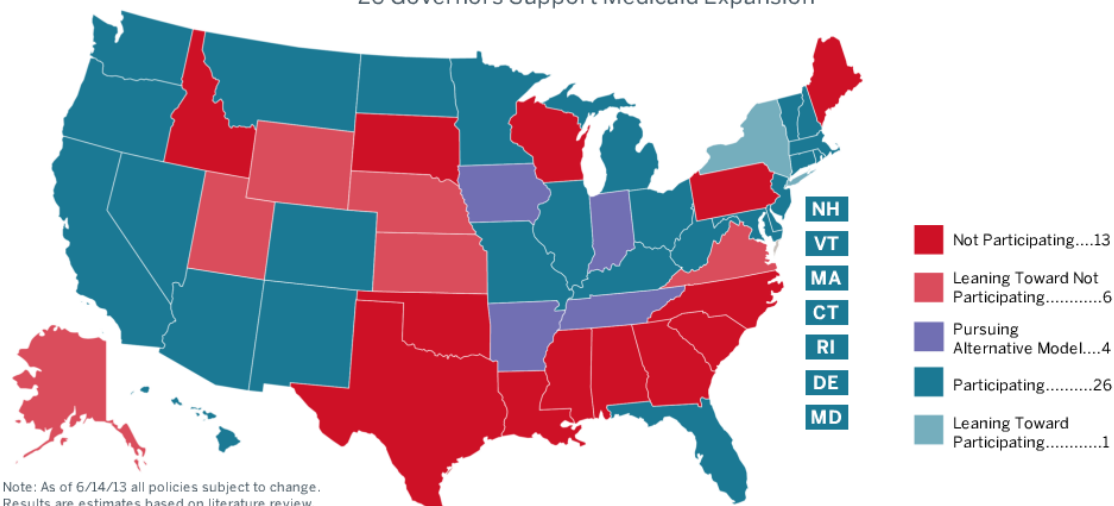
1. DEPENDENT COVERAGE UNTIL AGE 26

Young adults can now stay on a parent’s insurance plan until age 26. Under health care reform, most insurance plans that offer dependent coverage must make that coverage available to children and young adults up to age 26. This applies to all plans sold on the individual market, including family coverage available through the new online health insurance marketplace (i.e., exchange), and most employer-sponsored plans.^{vi} Young adults can join a parent’s plan even if they do not live in the same state as their parent, are not financially dependent on their parent, or are married. Students may often prefer to stay on their parent’s insurance rather than buy their own individual plan, since their parent’s plan may have more benefits or a lower cost.^{vii} Finally, foster youth may also stay on their state Medicaid plan until age 26.^{viii}

2. EXPANDED MEDICAID ELIGIBILITY

Right now, low-income adults without children do not qualify for Medicaid in most states. Starting in 2014, however, all adults at or below 133 percent of the federal poverty level (FPL) – about \$15,000 for a single individual or \$31,000 for a family of four – could qualify for health insurance coverage through Medicaid.^{ix}

Where the States Stand - June 14, 2013
26 Governors Support Medicaid Expansion



Note: As of 6/14/13 all policies subject to change. Results are estimates based on literature review, census data, and Advisory Board research.

Hover for additional sources

Learn more about the Medicaid expansion at advisory.com/MedicaidMap

Individual states will choose whether or not to participate in this expansion of Medicaid eligibility. States typically require the support of both the governor and the state legislature in order to expand Medicaid. You can check the map below to see if your school is in a state that is planning, as of May 25, 2013, to expand Medicaid eligibility.^x

3. PREMIUM TAX CREDITS, COST-SHARING SUBSIDIES, AND THE NEW HEALTH INSURANCE MARKETPLACE^{xi}

Starting October 1, 2013, individuals without insurance coverage will be able to shop for and buy insurance plans using a new online health insurance marketplace.^{xii} Much like shopping for a flight on Expedia or Travelocity, consumers will compare prices and benefits of different health plans. Consumers will have the option to choose from different levels of coverage to fit their health and financial needs: Platinum (highest); Gold; Silver; Bronze; and for those who qualify, catastrophic plans.

Importantly, consumers with incomes between 133 and 400 percent of the FPL – between about \$15,000 and \$46,000 for an individual (or \$31,000 and \$94,000 for a family of four) – will qualify for tax credits to lower their premiums. These tax credits will apply up front to lower an individual's health insurance premium, instead of consumers having to pay out-of-pocket and wait to get reimbursed. The tax credits will be calculated based on the Silver-level plan, but individuals can use the credit to pay for a less expensive Bronze plan (or buy a more comprehensive Gold or Platinum plan). Tax credits cannot be used to purchase catastrophic plans. The credits are also refundable; in other words, a consumer still gets the credit even if he or she does not owe any income tax.

Significantly, individuals are eligible to receive these premium tax credits regardless of whether they have filed tax returns in the past. This will be important to explain to students who in past years have had incomes low enough that they did not have to file tax returns. The tax credits will vary with income and are provided on a sliding scale. The following table provides a few examples of what the premium tax credits may look like for students at different income levels.^{xiii}

TABLE A: ESTIMATE EFFECT OF TAX CREDITS ON MONTHLY INSURANCE PREMIUMS

Student Characteristics	FPL	Monthly Income	Silver Plan Monthly Premium (before credit)	Tax Credit	Silver Plan Actual Monthly Cost (after credit)	Bronze Plan Actual Monthly Cost (after credit)
28-year-old with no children (coverage for individual)	138%	\$1,323	\$273	\$229	\$44	\$0
	250%	\$2,425	\$273	\$78	\$195	\$148
28-year-old with a family of 4 (coverage for entire family)	138% ^{xiv}	\$2,694	\$866	\$776	\$90	\$0
	250%	\$4,970	\$866	\$466	\$400	\$251

As Table A shows, a single and childless 28-year-old who earns less than \$2,425 a month would receive a tax credit of \$90 per month to help pay for health insurance. After the tax credit is applied, she would pay \$193 per month towards her health insurance. While she contributes to the cost of health insurance based on her income, her premium is significantly lower thanks to the tax credit. She would also have the option to purchase a lower-cost Bronze-level plan with the same level of tax credit, bringing the net premium cost down to \$148 per month. Finally, she could choose to purchase a catastrophic plan, though it would provide less coverage and tax credits would not apply.

Another student of the same age earning just over \$1,300 per month would receive a much larger credit and would pay just \$44 per month towards insurance. If she chose to purchase a Bronze plan, she would pay \$0 in monthly premiums. At that price, she should choose the Bronze plan over a catastrophic plan, which would cost more and provide fewer benefits.

Notably, the tax credits only apply to plans purchased on the marketplace – not to premiums paid for employer-sponsored health insurance. This may confuse students, so you should help explain that students can only use the tax credit when buying a plan through the marketplace.

Additionally, individuals who earn up to 250 percent of the federal poverty level and who select the Silver plan are eligible for “cost-sharing subsidies,” which are payments from the federal government to help cover costs beyond the premiums. For those who qualify for cost-sharing subsidies, the government will pay a portion of the out-of-pocket medical costs, including parts of co-pays, co-insurance, and deductibles. This assistance is meant to ensure that moderate-income individuals who enroll in these health plans can actually use them.

There will be three types of health insurance marketplaces, and the type of marketplace in your state will affect where you and your students can go to get information on and enroll in available health plans. In creating the new health insurance

marketplaces, each state was given a choice to: (1) create and run their own marketplace; (2) run a marketplace in partnership with the federal government; or (3) let the federal government establish and operate their state's marketplace. See the appendix for a table that shows the type of marketplace that will exist in each state.

Consumers in states with a state-based marketplace will use a state-run website and call center for the marketplace; links to the state-based marketplace websites can be found at: <http://www.cms.gov/ccio/resources/fact-sheets-and-faqs/state-marketplaces.html>. Consumers in states with the federally facilitated marketplace will go to a national website and call center for plan and enrollment information; the national website will be available here: <http://www.healthcare.gov/marketplace/index.html>. Consumers in states with a state-federal partnership marketplace will use the national website and call center as well.

4. STUDENT HEALTH INSURANCE PLANS (SHIPS)

About 29 percent of two-year public colleges offer SHIPs.^{xv} Under health care reform, SHIPs will have to meet new minimum standards for coverage. If your community college offers a SHIP and it appears to be the best health coverage option for students, encourage them to enroll in it.^{xvi} If your college does not offer a SHIP, ask your leadership to consider whether doing so might benefit your students.

Even if your community college offers a SHIP, in most cases^{xvii} students will still be eligible to buy an individual plan and apply for tax credits on the marketplace. Students may want to compare what health coverage they can purchase on the marketplace with what is included under their school's SHIP in order to decide which plan is best for them. As noted earlier, the only way to get the tax credit is to purchase coverage on the marketplace; premiums for SHIPs do not qualify for the tax credit.

5. CATASTROPHIC PLANS

Individuals are eligible to buy a catastrophic plan if they are a) under age 30; or b) unable to find coverage that costs less than eight percent of their income. These plans have lower premiums—but higher deductibles—than other individual plans. Students should know that catastrophic plans will cover only three doctor's visits and preventive care upfront, after which there is no coverage until the enrollee meets an approximately \$6,000 deductible. Also, enrollees cannot use premium tax credits to buy these plans. In some cases, the catastrophic plan may offer the cheapest upfront cost for coverage.

II. How can students apply for coverage?

Online marketplaces will offer consumers information about their health insurance options and allow them to apply for coverage through an online portal, telephone call center, or traditional paper application. A single application through the marketplace will allow consumers to apply for insurance, premium tax credits, and Medicaid. This same application should be available to those individuals who apply for Medicaid or other insurance through the state health agency. This “no wrong door” approach is meant to ensure that regardless of how an individual applies, he will be directed to the no or low-cost health insurance option available to him.

All applications and other materials will be available in English and Spanish, and the call center will offer application assistance in other languages as well. The online portal and call center are expected to be available starting in the summer of 2013, with open enrollment beginning October 1. *In the meantime, faculty, staff, and students can visit*

<http://www.healthcare.gov/> to learn more about new health insurance options and sign up for email or text updates.

“Navigators” are individuals and organizations connected with the new health insurance marketplaces that will help customers shop for and enroll in insurance. Navigators will provide impartial information to consumers about health insurance and help consumers through the eligibility and enrollment process. Non-Navigator assistance personnel (“assisters”) will offer additional outreach, education, and support to consumers in some marketplaces. A third category of personnel called certified application counselors (“CACs”) will also help individuals enroll in Medicaid, the Children’s Health Insurance Program (CHIP), and insurance plans sold through online marketplaces in every state.

These Navigators, assisters, and CACs will be individuals and entities like community-based non-profit organizations, unions, trade or industry associations, etc. *Community colleges can apply for funding from the federal and state marketplaces to serve as a Navigator or assister as well.* This could be a great way for your school to receive funding for and training on outreach about new health insurance options. Alternatively, your school can partner with a local organization serving as a Navigator, assister, or CAC to conduct outreach and enrollment with students. For more information about how to become an effective Navigator, assister, or CAC, see:

[http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Enrollment Assisters Fact Sheet.pdf](http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Enrollment_Assisters_Fact_Sheet.pdf) or

[http://www.enrollamerica.org/best-practices-institute/webinar-archives/so-you-want-to-be-a-navigator-best-practices-for-navigator-grant-application.](http://www.enrollamerica.org/best-practices-institute/webinar-archives/so-you-want-to-be-a-navigator-best-practices-for-navigator-grant-application)

All application materials and assistance – in person, online, and over the telephone – will be free of charge.

III. How should I reach out to students about health insurance?

This section addresses the following questions:

1. What do I say to students?
2. How do I reach students?
3. What's the outreach plan?

1. WHAT DO I SAY TO STUDENTS?

Although many students may be excited to enroll in health insurance, it is likely you will have difficult conversations about it with some students. The boxes below outline some of the common hesitations students express when encouraged to secure health insurance and potential responses that you, as a community college leader, faculty or staff member can give.

The following are some common statements and questions you may get from students about health insurance, and suggestions for how you can respond.

IF A STUDENT SAYS: "I DON'T NEED HEALTH INSURANCE."

Potential response: Getting covered now will help ensure financial security later.

Large medical bills could lead to debt or even bankruptcy and endanger your financial future.

Potential response: Starting in 2014, you are required to purchase insurance or pay a penalty.

However, students should also know:

- The penalty will be relatively low at the outset, e.g. \$95 for 2014, but will steadily increase, e.g. to \$695 for 2016.^{xviii}
- Individuals who cannot find affordable coverage, which is defined as coverage that costs eight percent or less of the individual's household income, or who meet certain other criteria, will be exempt from paying the penalty.^{xix}

Potential response: You may be healthy now, but you never know when you might get sick or injured.

If you're uninsured, you'll have to pay the full cost of treating that illness or injury out-of-pocket.

Potential response: If you get health insurance, you will have access to preventive services at no additional cost, which can help keep you healthy.

Examples of covered preventive services: immunizations, well-woman visits, contraception, depression screenings, alcohol misuse screenings, and HIV and STI screenings and counseling.^{xx}

Potential response: Health insurance will help you stay physically and financially healthy – so you're able to complete college and achieve your academic and career goals.

IF A STUDENT SAYS: "I CAN'T AFFORD HEALTH INSURANCE."

Potential response: Getting covered will save you money.

For example, the following table shows a sample emergency room bill for a broken arm. Without insurance, you could pay \$8,094 for your broken arm; with insurance, your cost might be \$310 – a \$7,785 difference.^{xxi} See Table B below for a demonstration of the difference in spending.

Potential response: Starting in 2014, there will be new free and low-cost options for health insurance.

These include:

- Medicaid coverage (in some states) for those making less than about \$15,000 for an individual or \$31,000 for a family of four;
- Tax credits that will lower your monthly insurance premium if you are an individual making between about \$15,000 and \$46,000 (or \$31,000 and \$94,000 if you have a family of four) and buy insurance on the marketplace; and
- Catastrophic plans for individuals under age 30 or who cannot find other coverage that costs less than eight percent of their income.

TABLE B: SAMPLE EMERGENCY ROOM BILL – BROKEN ARM

Pharmacy	\$1,507
Medical/surgical supplies	\$213
Sterile supplies	\$213
X-ray (2 views)	\$895
Setting of the broken bone	\$2,876
Anaesthesia	\$883
Emergency room visit	\$161
Blood test	\$132
Recovery room	\$1,214
Total bill – without health insurance	\$8,094
Adjusted bill – after insurer's discounts (insurance companies negotiate lower rates with health care providers)	\$1,755
Your total out-of-pocket cost – with health insurance	\$310

IF A STUDENT SAYS: "I USED TO HAVE HEALTH INSURANCE, BUT IT DIDN'T COVER ANYTHING."

Potential response: With health care reform, all health insurance plans will have to meet certain minimum standards for coverage, including doctor visits, preventive care, prescription drugs, emergency room visits, and maternity services.

Potential response: Consumers will also get ‘more bang for their buck,’ including:

- Preventive services offered with no co-pay or deductible;
- No annual or lifetime limits on coverage; and
- Coverage of 10 “essential health benefits.”

IF A STUDENT SAYS: "I DON'T KNOW HOW TO GET HEALTH INSURANCE."

Potential response: By October 1, 2013, you’ll be able to get information on your health insurance options and apply for coverage through a new online marketplace. See:

<http://www.healthcare.gov/marketplace>.

Through the online marketplace, you’ll be able to find all the information you need about available health insurance plans in one place; and you’ll be able to see what your premium, deductibles, and out-of-pocket costs will be before deciding to buy a plan. You’ll also be able to enroll in Medicaid if you are eligible.

Potential response: You’ll also be able to get help enrolling.

Knowledgeable people will be available:

- Over the phone through a new national call center, and a state call center if your state operates its own marketplace (see the appendix to find states operating their own marketplaces); and
- In person from new health insurance “Navigators,” “assisters,” and “Certified Application Counselors” in your state.^{xxii}

2. HOW DO I REACH STUDENTS?

To ensure that students are ready to apply for coverage when open enrollment in the health insurance marketplace begins on October 1, 2013, it is important for community colleges to provide information on the new health insurance options to students when they enroll in school this summer and fall.

TABLE C: OUTREACH METHODS

<p>Incorporate outreach into existing programming</p>	<p>Look at the ways you currently connect students with resources and information, and consider how you can incorporate outreach about health coverage into existing conversations. Touch points may include: the admissions or enrollment process; student orientation; first year experience, college success and other courses; the financial aid process; and counseling, advising or career services.</p> <p>Your college can decide whether these touch points can also serve as opportunities to provide expertise and assistance to students with the enrollment process, or make referrals to community-based organizations performing those functions.</p>
<p>Group Presentations</p>	<p>Hold information sessions on new health care options for students during orientation or other required student events, or in courses.</p>
<p>Brochures, newsletters and other publications</p>	<p>Distribute brochures to students when they enter campus offices for assistance. These could include the financial aid office, academic or career center, or student health center.</p>
<p>Talking points or fact sheets</p>	<p>Provide faculty and staff with basic information on health care options and where students can go to get additional information.</p>
<p>Tabling</p>	<p>Set up information tables at existing student events, including student orientation and health fairs. Students and staff should be able to access basic, as well as specific, information about student health care options and receive accessible written materials that answer their questions.</p>
<p>Social Media, incl. Facebook, Twitter and Tumblr</p>	<p>Connect with students remotely, using mediums they know and use. Fifty percent of Facebook users are in the 18 to 34 age group and, in a recent survey, one in five Americans reported using social media for health information.</p> <p>For example, schools can post links to health insurance resources or reminders about open enrollment in the marketplace to the school’s Facebook or Twitter accounts.</p>

<p>Mobile Technology</p>	<p>Connect with students through their cell phones. Marketing research shows young adults increasingly access the internet over their phones. Schools can tell students about mobile apps that provide health insurance information to consumers.</p>
<p>Smart phone apps</p>	<p>This smart phone app is aimed at providing healthcare information to young adults: http://younginvincibles.org/promotion/young-invincibles-theres-an-app-for-that/.</p> <ul style="list-style-type: none"> • The “Healthcare FAQ” section helps answer questions about common health insurance terms, how to find healthcare options, and the new healthcare law. • The “Find a Doctor” section helps users find both free and paid healthcare options near them.
<p>Text messages</p>	<p>A recent study found that text messages sent to students over the summer – with information on tasks they needed to complete in order to prepare for college – can increase college enrollment of low-income students in the fall.^{xxiii}</p> <p>Schools can send text messages to students with information on health insurance and reminders about open enrollment through their own text messaging service.</p> <ul style="list-style-type: none"> • Text4Baby is an example of a free text messaging service that provides health information and reminders to pregnant women and new moms: https://text4baby.org/. • Schools can encourage students to sign up for text message alerts on health care reform from HHS at https://signup.healthcare.gov/?x=155&y=21.

3. WHAT’S THE OUTREACH PLAN?

When reaching out to help individuals enroll in health coverage, consider creating an outreach plan and ways to measure your success in enrolling students in coverage. Before getting started, it is a good idea to determine what resources you already have on campus, and the easiest and most effective ways of building on them. The most important things to consider are:

- **Your goals in conducting outreach:** How many students do you aim to reach? Is there a particular group of students you are targeting?
- **Your target population:** Who is likely to be uninsured?
- **The best ways of informing students about new coverage options:** What are regular touch points with students? What current staff could easily inform students? What language are you using – is it accessible?

To make sure your efforts are worth the time and energy, follow-up is essential. It will be useful to track your impact by asking students how they learned about new health coverage options, and whether they were successful in securing coverage.

IV. Additional resources for students and schools

- Information from Enroll America on consumer messaging and state outreach and education plans: <http://www.enrollamerica.org/best-practices-institute/public-education-resources#polling>.^{xxiv}
- Young Invincibles' smart phone app, coverage quiz for students, and state implementation toolkits: <http://younginvincibles.org/issues/health-care/>.
- The U.S. Department of Health and Human Services' Affordable Care Act website and resources: <http://www.healthcare.gov>.
- Checklist to help consumers prepare for open enrollment in the marketplace, beginning October 1: <http://www.healthcare.gov/marketplace/get-ready/consumer-checklist/index.html>.
- Enroll America brief on Navigators and in-person assisters: [http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Enrollment Assisters Fact Sheet.pdf](http://files.www.enrollamerica.org/best-practices-institute/enroll-america-publications/Enrollment_Assisters_Fact_Sheet.pdf).

APPENDIX: TYPES OF MARKETPLACES IN EACH STATE^{xxv}

State-based Marketplace	State-Federal Partnership Marketplace	Federally Facilitated Marketplace
<ol style="list-style-type: none"> 1. California Health Benefit Exchange 2. Colorado Health Benefit Exchange 3. Connecticut Exchange 4. District of Columbia: DC Health Benefit Exchange 5. Hawaii Health Connector 6. Idaho Health Insurance Exchange 7. Kentucky Health Benefit Exchange 8. Maryland Health Benefit Exchange 9. Massachusetts Health Connector 10. Minnesota Health Benefit Exchange 11. Nevada: Silver State Health Insurance Exchange 12. New Mexico Exchange 13. New York Health Benefit Exchange 14. Oregon: Cover Oregon 15. Rhode Island Health Benefit Exchange 16. Utah: Avenue H 17. Vermont Health Connect 18. Washington Health Plan Finder 	<ol style="list-style-type: none"> 1. Arkansas 2. Delaware 3. Illinois 4. Iowa 5. Michigan 6. New Hampshire 7. West Virginia 	<ol style="list-style-type: none"> 1. Alabama 2. Alaska 3. Arizona 4. Florida 5. Georgia 6. Indiana 7. Kansas 8. Louisiana 9. Maine 10. Mississippi 11. Missouri 12. Montana 13. Nebraska 14. North Dakota 15. New Jersey 16. North Carolina 17. Ohio 18. Oklahoma 19. Pennsylvania 20. South Carolina 21. South Dakota 22. Tennessee 23. Texas 24. Virginia 25. Wisconsin 26. Wyoming

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- ⁱ Jean Johnson and Jon Rochkind, *With Their Whole Lives Ahead of Them: Myths and Realities about Why So Many Students Fail to Finish College*, Public Agenda, 2011, <http://www.publicagenda.org/files/theirwholelivesaheadofthem.pdf>.
- ⁱⁱ This provision of the Affordable Care Act has been in effect since 2010.
- ⁱⁱⁱ Michael Perry and Tresa Udem, *Informing Enroll America's Campaign: Findings from a National Survey*, Lake Research Partners, 2012, http://files.www.enrollamerica.org/best-practices-institute/public-education-resources/EA_Final_Report.pdf.
- ^{iv} *Most College Students Are Covered through Employer-Sponsored Plans, and Some Colleges and States Are Taking Steps to Increase Coverage*, U.S. Government Accountability Office, 2008, 11-13, <http://www.gao.gov/new.items/d08389.pdf>.
- ^v Christopher M. Mullin, *Why Access Matters: The Community College Student Body*, American Association of Community Colleges, 2012, 7, http://www.aacc.nche.edu/Publications/Briefs/Documents/PB_AccessMatters_BW.pdf.
- ^{vi} This rule will apply to all employer-based plans starting in 2014; the rule does not apply to Medicare. "Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Businesses and Families," The Center for Consumer Information & Insurance Oversight, Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services, accessed April 30, 2013, http://cciio.cms.gov/resources/files/adult_child_faq.html.
- ^{vii} For more information on the new dependent coverage provision, see: "Young Adults and the Affordable Care Act," HealthCare.gov, U.S. Department of Health & Human Services, accessed April 30, 2013, <http://www.healthcare.gov/law/information-for-you/young-adults.html>.
- ^{viii} *Proposed Rule for the Patient Protection and Affordable Care Act: Medicaid, Children's Health Insurance Programs, and Exchanges: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes for Medicaid and Exchange Eligibility Appeals and Other Provisions Related to Eligibility and Enrollment for Exchanges, Medicaid and CHIP, and Medicaid Premiums and Cost Sharing*, Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services, Federal Register vol. 78, no. 14 (2013), <http://www.gpo.gov/fdsys/pkg/FR-2013-01-22/pdf/2013-00659.pdf>.
- ^{ix} "2013 Poverty Guidelines," Medicaid.gov, U.S. Department of Health & Human Services, accessed April 23, 2013, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2013-Federal-Poverty-level-charts.pdf>.
- ^x Map from: "Where Each State Stands on ACA's Medicaid Expansion," The Advisory Board Company, accessed June 05, 2013, <http://www.advisory.com/Daily-Briefing/2012/11/09/MedicaidMap>.
- ^{xi} Additional information on the new health insurance marketplace can be found at: "Health Insurance Marketplace," HealthCare.gov, U.S. Department of Health & Human Services, accessed May 1, 2013, <http://www.healthcare.gov/marketplace/>.
- ^{xii} Note: marketplaces are also often referred to as "exchanges."
- ^{xiii} Data derived from: "Health Reform Subsidy Calculator," The Henry J. Kaiser Family Foundation, accessed April 17, 2013, <http://healthreform.kff.org/subsidycalculator.aspx>.
- ^{xiv} Dependent children in this family may also qualify for coverage under the Children's Health Insurance Program (CHIP). Forty-six States and the District of Columbia cover children in families with incomes up to or above 200% of the FPL under CHIP, and 24 of these States cover to children at 250% of the FPL or higher. "CHIP Eligibility Standards," Medicaid.gov, CMS, accessed April 30, 2013, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-Eligibility-Standards-.html>.
- ^{xv} *Most College Students Are Covered through Employer-Sponsored Plans*, U.S. Government Accountability Office, 2008, 5, <http://www.gao.gov/new.items/d08389.pdf>.
- ^{xvi} Only three percent of two-year public colleges require all full-time students to have insurance coverage. *Ibid.*, 29.
- ^{xvii} Obtaining an offer of individual insurance coverage does not preclude a student from getting tax credits on the exchange. Almost all student health plans are considered "individual insurance." However, if your school's plan is a self-funded plan, that designation could preclude a student from receiving tax credits.
- ^{xviii} The penalty assessed will vary based on income.

^{xix} Individuals can also apply for an exemption from the penalty based on additional grounds, such as hardship, religious conscience, or membership in an Indian tribe, Individuals with incomes below the income tax filing threshold are also exempt from the penalty. In addition, under proposed regulations by HHS, an individual in a state that chooses not to expand Medicaid to all adults up to 133% of the FPL, who would have qualified for Medicaid if their state expanded coverage, would be exempt from the penalty. For more information on eligibility for exemptions, see: *Proposed Rule, Patient Protection and Affordable Care Act; Exchange Functions: Eligibility for Exemptions; Miscellaneous Minimum Essential Coverage Provisions*, Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services, Federal Register vol. 78, no. 22 (2013), <http://www.gpo.gov/fdsys/pkg/FR-2013-02-01/pdf/2013-02139.pdf>.

^{xx} A complete list of covered preventive services can be found at: “Preventive Services Covered under the Affordable Care Act,” HealthCare.gov, U.S. Department of Health & Human Services, accessed May 1, 2013, <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>.

^{xxi} Gerard Anderson, “Health Care: The Cost With and Without Insurance,” *The Washington Post*, April 7, 2006, <http://www.washingtonpost.com/wp-dyn/content/graphic/2006/04/07/GR2006040700882.html>.

^{xxii} Navigators will help consumers with the health insurance eligibility and enrollment process, but will not be able to tell consumers which health plan to select.

^{xxiii} Beckie Supiano, “Text Messages Can Increase Enrollment of Low-Income Students,” *Inside Higher Ed*, April 12, 2013, <http://chronicle.com/blogs/headcount/text-messages-can-increase-enrollment-of-low-income-students/34411>.

^{xxiv} Enroll America is a nonpartisan, non-profit organization whose mission is to ensure that all Americans are enrolled in health coverage. The full webinar and slides from the presentation can be found at: “So You Want to be a Navigator? Best Practices for Navigator Grant Application,” Enroll America, accessed May 1, 2013, <http://www.enrollamerica.org/best-practices-institute/webinar-archives/so-you-want-to-be-a-navigator-best-practices-for-navigator-grant-application>.

^{xxv} List from: “State Health Insurance Marketplaces,” The Center for Consumer Information & Insurance Oversight, Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services, accessed May 23, 2013, <http://www.cms.gov/cciiio/resources/fact-sheets-and-faqs/state-marketplaces.html>.