HEALTH CARE TRANSITION AND THE COLLEGE YEARS

Going to college can be an exciting step towards independence, and taking care of your own health is a major part of that process. Here are some Frequently Asked Questions about the process of transitioning to adult health care when going to college/university. Please view the Glossary(last page) where we define words you may be unfamiliar with.

FREQUENTLY ASKED QUESTIONS ABOUT... HEALTH INSURANCE

What is health insurance, and why is it important to have?

- No one plans to get sick or hurt, but most people need medical care at some point, and this can be expensive.
- Health insurance reduces some of these costs and may offer many other important benefits, such as free wellness and preventive care doctor visits.
- Going to college is a good time to figure out what insurance coverage you have and which clinic(s) near your college accept your insurance. Always carry your health insurance card or have the information on your phone.

What if I already have health insurance through my parent's policy or Medicaid, will I still need to purchase a student health plan?

- It depends. If you go to college in another state than where you live, your parent's policy or your Medicaid plan may only cover providers in the state where you live.
- Be sure to check your existing coverage to see what is covered in your college/university's state.

If I don't have health insurance, where do I go to pick a plan that is right for me?

- If your school offers a student health plan, that plan is an easy and affordable way to get basic insurance coverage. When reviewing your student health plan, be sure it also covers you when you are not at college such as if you got sick while at home or on vacation.
- If your college does not offer health insurance, you can learn more about health care plans and the process of getting coverage at HealthCare.gov.

Once I have insurance, how or where can I find a list of doctors who are "in-network"?

- Your health insurer will provide a list of health care providers (doctors, nurse practitioners, hospitals, etc.) that they contract with to provide medical care to its members.
- You can find this information on the health insurance company's website or by calling the phone number on the back of your insurance ID card. If you don't use the in-network providers, you will pay more.

To learn more about health insurance coverage and different insurance plans, visit HealthCare.gov or check out the Roadmap to Better Care

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FREQUENTLY ASKED QUESTIONS ABOUT... ACCESSING DIFFERENT KINDS OF CARE

Where can I access health care on campus?

- Find out what services are offered by your college's student health center.
- The student health center is often right on campus and convenient. It is typically staffed with primary and urgent care, mental health, and reproductive health clinicians who can offer needed care as well as referrals to a specialist or other types of care.
- You can also seek care off campus with other providers covered by your insurance company.

What are the differences between the care offered in the student health center vs. emergency department? When should I go to the student health center vs. the emergency department?

- Most student health centers provide the same things as a primary care doctor's office. These include check-ups, immunizations, and treatment for acute conditions and many chronic conditions. They also offer confidential counseling and sexual and reproductive services. It can be helpful to keep a recently updated medical summary that you can ask your doctor for, with your current medications, handy for any new doctors you may see.
- Emergency departments are designed to handle serious or life-threatening emergencies. The emergency department is the right place if you require immediate medical attention, such as an allergic reaction to food or medication, severe asthma attack, chest pain, sudden weakness on one side of your body, seizure, persistent heavy bleeding, unable to keep food or water in your stomach, or a broken bone.

What's the difference between primary and specialty care?

- Primary care involves your primary healthcare provider. You see them for things like acute illnesses (like ear infections), injuries, screenings, or to coordinate care among specialists.
- Specialty care is provided by doctors with training in specific areas of medicine (e.g., dermatology, neurology).
- Typically, a primary care provider will let you know if you may benefit from seeing a specialist. They will provide you with a referral, or a written order to see a specialist for a specific medical service. Referrals are required by most health insurance companies.

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FREQUENTLY ASKED QUESTIONS ABOUT...
ADVOCATING FOR YOUR CARE

How do I access my personal health information on my school's portal? And who else has access to my portal and medical records?

- A patient portal is a secure online website that gives you convenient, 24-hour access to your personal health information from anywhere with an Internet connection. Using a secure username and password, you can view health information, lab results, and other forms.
- Talk to your college health center staff for instructions on how to set up your portal and be sure to keep your login information secure. Information on your portal is confidential and will only be shared with you.
- Parents and guardians do not have access to your portal unless you give them permission to see it.

What do I do at college if I have a disability?

- If you have a disability, contact your school's Disability Center or Office of Accommodations and learn what accommodations are available. You will need to fill out a request for accommodation and have documentation of your need for accommodations, such as an Individualized Educational Plan (IEP) or medical summary/letter from your doctor who previously cared for you. The types of accommodations available to students often include extended time on exams, a notetaker or reader, and accessible housing.
- The process for obtaining accommodations is different than in high school. You will need to be your own advocate in college. You may need to reapply for accommodations each semester or each year. Once the accommodations have been approved, it is up to you to inform your professors about them. Keep in mind that doing so can benefit you when you need some flexibility in coursework or deadlines.

GLOSSARY

Copayment or co-insurance: the amount you have to pay for covered health services (either a dollar amount or a percentage of the total charge) due at your doctor's visit.

Deductible: the amount you pay for care before your insurance kicks in. How it works: If your plan's deductible is $1,000, you will pay for health services until you have spent $1,000, then your insurer will pay for your remaining covered health care services (except co-pays and co-insurance).

EPO (Exclusive Provider Organization): Covers only providers in the plan's network (except in an emergency).

HDHP (High Deductible Health Plan): Has a higher deductible than a typical health plan. That simply means you pay out of pocket for your medical expenses until you reach a certain amount. Then, your plan begins to pay for some or all of the costs. HDHPs have lower premiums. That means you pay less every month for your plan. Plus, you're covered for many preventive services and screenings at no cost without having to meet your deductible. But it's important to balance the monthly cost savings with the potentially high cost of the deductible.

HMO (Health Maintenance Organization): Only covers providers who work for, or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often emphasize prevention and wellness.

Out-Of-Pocket Limit/Maximum: the total amount you have to spend out-of-pocket on health care, through your co-insurance, co-pays, and deductible, when you have health insurance.

POS (Point of Service): You pay less than a PPO, but you have fewer provider options. POS plans require you to get a referral from your primary care doctor in order to see a specialist.

PPO (Preferred Provider Organization): Covers a network of participating providers. You can use doctors and hospitals outside of the network for an additional cost.

Premium: the amount you pay each month to maintain your insurance.