



What Youth Need to know about Health Insurance

1. I'm young and healthy. Why do I need health insurance?

If you don't have health insurance, you are less likely to go in for preventive check-ups, which will avoid expensive hospital bills down the road. Plus, if you're a victim of an unexpected injury or illness, health insurance guarantees that you won't have to pay massive medical bills out of pocket. There are now affordable health insurance options in Utah through www.healthcare.gov.

2. I'm a young adult and I need health insurance. What are my coverage options?

You may qualify for a comprehensive plan or a catastrophic plan. Comprehensive plans include essential health benefits that may include yearly check-ups and preventive services, ambulatory patient services, emergency services, hospitalization, maternity/newborn care, mental health and substance abuse services, prescription drugs, rehabilitative services, lab services, and pediatric services. To learn about comprehensive coverage, [click here](#).

Catastrophic plans usually have lower monthly premiums than a comprehensive plan, and they cover your costs only after you've used a lot of care. These plans basically protect you only from worst-case scenarios like serious accidents or illnesses. To learn more about catastrophic plans, [click here](#).

A number of other options may be available to you.

- Depending on your monthly income, you may qualify for a subsidy – in other words, you'll receive a discount on your monthly premium. And most people who apply are eligible for lower costs! [Click here to estimate your monthly premium](#).
- If your parents have health insurance that offers dependent coverage, you can join (or stay on) their health insurance policy as a dependent and remain covered until your 26th birthday. [Click here to get more information](#).

- Also, if you are a student, you may be able to enroll in student health offered through your college or university.
- Medicaid, the Children's Health Insurance Plan, and the Primary Care Network are government programs that provide coverage to individuals with limited incomes, children, and some people with disabilities. [Click here to get more information](#).

3. Do I have to live in my parents' home to be covered as a dependent under their policy?

If you're under 26 years old, you can join, remain, or return to a parent's plan even if you're married, attending school, financially independent, not living with your parents or eligible to enroll in your employer's plan. For more information, [click here](#).

4. Do my parents have to claim me as a tax dependent for me to be on their health plan to age 26?

No. You do not need to be a tax dependent of your parents to continue to be covered as a dependent on their health plan. For more information about coverage for young adults [click here](#).

5. What is the penalty if I do not have health insurance coverage?

If you don't have coverage in 2015, you'll pay the higher of these two amounts:

- 2% of your yearly household income
- \$325 per person for the year (\$162.50 per child under 18). The maximum penalty per family is \$975

The penalty increases every year. In 2016 its 2.5% of income or \$695 per person. After that it's adjusted for inflation. For more information on exemptions from the penalty, [click here](#).



6. Will I have to do something on my federal income tax return to show that I had coverage or an exemption?

The individual mandate goes into effect in 2014. You will not have to account for coverage or exemptions or to make any payments until you file your 2014 federal income tax return in 2015. Information will be made available later about how the income tax return will take account of coverage and exemptions. Insurers will be required to provide everyone that they cover each year with information that will help them demonstrate they had coverage beginning with the 2015 tax year. For more information [click here](#).

7. If my income is so low that I am not required to file a federal income tax return, do I need to do anything special to claim an exemption from the individual mandate?

No. If you are not required to file a federal income tax return for a year because your gross income is below your return filing threshold, you are automatically exempt from the shared responsibility provision for that year and do not need to take any further action to secure an exemption. If you are not required to file a tax return for a year but file one anyway, you will be able to claim the exemption on your tax return. For more information [click here](#).

Glossary

Monthly Premium – The fixed amount that you pay each month for your insurance plan. If you miss payments or pay late, your coverage could be cancelled.

Co-Pay – A fixed fee paid directly to the provider when you get medical care (for example, \$10 for a primary care visit).

Coinurance – A percentage you pay for most medical care even after you meet your deductible (for example some insurance companies pay 80% of the bill so you pay the other 20% until you reach your out-of-pocket maximum).

Dependent Coverage – Insurance coverage for family members of the policyholder, such as spouses, children, or partners.

Individual Mandate (a.k.a. “the penalty” or “individual shared responsibility payment”) – If you can afford health insurance coverage but choose not to buy it, you must pay an annual fee unless you qualify for a specific exemption.

Deductible – The amount of money you must spend each year on your medical care before your insurance plan starts paying.

Medicaid – This program is run jointly by federal and state governments, providing free or low-cost health coverage to millions of Americans, including low-income people, the elderly, and people with disabilities.

Navigators – These organizations play a vital role in helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the marketplace. They are impartial third parties with no ties to insurance companies that are funded through state and federal grant programs and receive a comprehensive training.

Network – The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Pocket Maximum – The most you pay during a policy year. At this point, your health insurance pays 100% of covered services. This maximum does not include your monthly premium.

Utah Resources

Utah residents can apply for health insurance at www.healthcare.gov. Navigator and Certified Application Counselor organizations can answer your questions about health insurance and help you apply for health insurance. They are impartial third parties offering free service. You can find the nearest navigator or certified application counselor at www.takecareutah.org.

