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A Scan of Your Health Plan Options

Reform is changing the landscape for grad students shopping for insurance

BY MICHAEL MORELLA

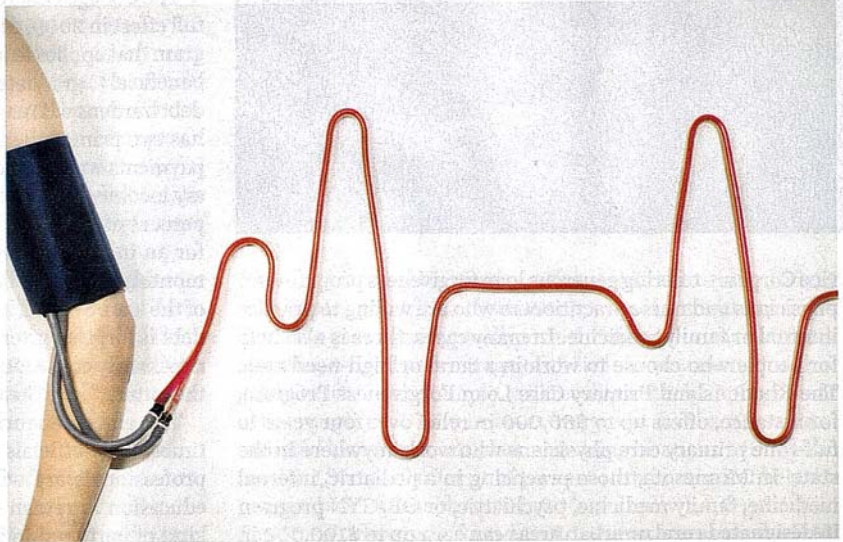
Getting in may be tough, but getting covered just got easier. Last year's Patient Protection and Affordable Care Act permits young adults under age 26 to stay on their parents' health plans even if they're no longer dependents. (In some states that ceiling is higher: age 30 in New York, for example, and 31 in New Jersey.) The new rule gives many grad students one more choice as they decide on health insurance. Here's some expert advice to help you weigh your choices:

Stick with your folks. Staying on a parent's plan is apt to provide the most comprehensive coverage at the lowest overall cost (since the employer pitches in on the premium), assuming you're still in-network while away at school or the plan offers out-of-network benefits. Employer-backed insurance is the "gold standard," says Bryan Liang, executive director of the Institute of Health Law Studies at California Western School of Law in San Diego. But most schools won't honor parent plans at the on-campus facilities where students typically seek care, he notes, preferring to have them buy the school's own coverage. And those whose parents are on Medicare don't get the perk. If you aren't sure whether a school health center accepts outside coverage, ask.

Choose the school plan. The majority of schools offer a university-sponsored health plan for full-time grad students or those taking a certain number of credit hours. These plans often have appealingly low premiums and provide for treatment through a campus health center or nearby clinic, but details and out-of-pocket costs can vary widely. A 2008 report from the Government Accountability Office found that the average annual premium was about \$850; this academic year, the basic plan at New York University ran \$1,360. Some plans exclude certain prescription drugs or injuries suffered during intramural sporting events or internships. Others might have low caps on coverage for things like surgery and ambulance fees. Compare the annual total coverage limits, Liang advises, and watch out for high deductibles and high or nonexistent caps on yearly out-of-pocket expenses. Meantime, some of the college plans' shortcomings should be fixed by healthcare

reform. In February, the Department of Health and Human Services announced proposed rules to bring student plans under some of the same mandates as other plans starting in 2012. These include full coverage for preventive care and annual benefit limits of at least \$100,000.

Buy an individual plan. These policies can be hard to get, as insurers can deny you for pre-existing conditions until 2014. But because of the "portability" of such plans (and the fact that your coverage can't be canceled once you've qualified), they are well worth exploring, says Phil Lebherz, founder and executive director of the Foundation for Health Coverage Education,



Most schools won't honor parent plans at campus health facilities

based in San Jose, Calif., which provides information about insurance options and eligibility at www.coverageforall.org. To explore what's available where you'll be going to school, including rates and benefit information, check out the federal government's website, www.healthcare.gov.

The options don't end there: Graduate students who work might be offered an employer-sponsored plan, or married students could find coverage under their spouse's health plan. Students might even qualify for Medicaid coverage if their income is below a certain level. Research is the only way to ensure you'll be covered, says Aaron Smith, cofounder and executive director of Young Invincibles, a Washington, D.C.-based group advocating for public policies favorable to young adults. The plan for handling any needed medical care, he says, is an important piece of the financial decision about which school to attend and how to afford it. ●