

Lafayette OGS- Guide to health insurance applications for international students  
Updated Dec 2023- Shubham and Andrew

Questions? [Lafayetteogs@gmail.com](mailto:Lafayetteogs@gmail.com)

As an international student at UL Lafayette, you are automatically enrolled in a university provided health insurance plan. US health insurance plans allow you to access certain healthcare services at reduced cost, in return for a monthly subscription fee, called a “premium”. The healthcare services covered (e.g. emergency services, preventative care, surgery, gender affirming, etc) and the amount that they will reduce the price is different for every health insurance plan, and do not fit everyone’s needs.

As students in the US making an objectively low salary, you are eligible for federal support to cover the monthly premiums of alternative healthcare plans under the Affordable Care Act (ACA). This guide is to help you navigate the ACA application and link you to support resources to that will help you understand your coverage options and choose a plan that best suits you needs.insurance plans.

You are only eligible to enroll in these programs from Nov 1-Dec 15 each year, so do the application early in winter break.

HealthCare.gov

Get Coverage   Keep or Update Your Plan   See Topics ▼   Get Answers

# Last chance for Jan 1 coverage – enroll by Dec 15

First time applying here?   Already have a Marketplace plan?

Start application

Log in to review plans

To begin, go to [www.healthcare.gov](http://www.healthcare.gov) and click start an application. This will ask you for some personal information and make an ACA account. Answer with you US information (e.g. where you live in Lafayette, etc)

Importantly, this is a federal program. **If you have trouble understanding the pages in english**, you are entitled to free translation services. Some written translations are available at the bottom of the home page.

[Get Coverage](#)

[Keep or Update Your Plan](#)

[See Topics](#) ▾

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# Check out 2024 health insurance plans & prices before you renew

Compare your coverage options. New plans and prices may work better for you.

[Log in now](#)

You can preview alternative plans before you go through the application process or cancel your university plan  
On the Keep or Update Your Plan page, click on "Search now"



Did you get a 2024 re-enrollment letter?

[Learn more](#)



Renewal questions?

[Get info](#)



See health plans & prices

[Search now](#)



Income/life change?

[Update now](#)



Act by Dec 15

[Get dates](#)

# Preview 2024 plans & prices

Answer a few questions to see plans and prices available in your area. Or, skip the questions and see full priced plans.

After providing your zip code (probably 70501) you will be brought to this page. Click start to see some of the important information for the application.

## 1 Enter your ZIP code

You'll see plans available in the ZIP code you enter. If you change the ZIP code you'll restart your search.

✓ Completed  
[Restart](#)

## 2 Tell us about you & your household

Answer questions about your current plan, household, and income to see more accurate prices and estimated savings.

Start

- Your current plan
- Your household
- Your household income
- View estimated savings

## 3 View health & dental plans

### Optional

- Estimate your total yearly costs
- See if doctors, facilities, & drugs are covered

Step 2 of 3: Tell us about you & your household [View steps](#)

## Who's in your household?

Your household includes you, your spouse if you're married, and everyone you'll claim as a dependent on your tax return. Include them all, even if they don't need coverage.

- Just you
- You and other people

Continue

Skip this, you weren't enrolled this year

Step 2 of 3: Tell us about you & your household [View steps](#)

## Are you enrolled in a 2023 Marketplace health plan?

Enter your 14-character Plan ID and we'll highlight your 2023 plan when you compare plans. If you don't know your Plan ID, select Skip.

Plan ID


Continue

Skip

If you are married or do you live with a dependent, report them here. These are only **people you file taxes with**, so unmarried couples and roommates will apply individually.

## Tell us about you

### Age

 Please enter a valid age under 125 years old.

### Sex

 Male Female

### Select any of these that apply to you.

Optional

 Eligible for health coverage through a job, Medicare, Medicaid, or CHIP Legal parent or guardian of a child under 19  
(claimed as a tax dependent) Pregnant  
Don't include a baby as a dependent until it's born. Tobacco user  
Used tobacco products 4 or more times per week on average during the past 6 months (not including ceremonial uses) None of these

[Continue](#)

[Skip](#)

Fill in this sheet as appropriate, but don't consider your university plan as a job (so if you don't smoke, aren't a parent and aren't pregnant, you will fill in the 'None of these' box

## What do you think your household income will be in 2024?

Expected 2024 income

[See how to estimate your 2024 income](#)

\$ 21,000

**Continue**

This will be used to estimate how much the government will provide to cover monthly premiums.

For the preview, fill in 21,000. Our actual stipend is so low that it breaks the program but this will give you a starting point

Step 2 of 3: Tell us about you & your household [View steps](#)

## Estimated savings overview

May be eligible for a **premium tax credit**:

You (age: 31)

Based on the income and household information you provided, your household may qualify for an estimated premium tax credit of:

**\$572 per month**

This is an estimate.

A premium tax credit is the amount you can use to lower your monthly premium each month. It's not the premium itself. When you view plans, the premium will be reduced by this amount.

You'll get your exact premium tax credit amount when you complete an application.

[View plans](#)

This is how much the government will refund you for the monthly premium (subscription cost) of a healthcare plan. You can pick any plan, but if you select one that costs less than your refund, you won't receive that money.

Filters [Add Filters](#) Plan type Health Plans

33 plans (no filters added) [No saved plans](#)

UnitedHealthcare  
[UHC Bronze Copay Focus \\$0 Indiv Med Ded \(\\$0 Virtual Urgent Care, \\$0 Insulin, No Referrals\)](#)  
 Bronze | EPO | Plan ID: 69842LA0240024 | Rating: New plan - Not rated

<b>Premium</b> \$0.00 /month <small>Including a \$560 tax credit was \$475.48</small>	<b>Estimated total yearly cost</b> <a href="#">Add yearly cost</a>	<b>Deductible</b> \$4,500 <small>Individual total Health: \$0 Drug: \$4,500</small>	<b>Out-of-pocket maximum</b> \$9,450 <small>Individual total</small>
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**You pay**

Primary care	\$40 per visit from day 1
Specialist care	\$150 per visit from day 1
Urgent care	\$100 per visit from day 1
Emergency room	\$2500
Outpatient mental health	\$100 per visit from day 1
Generic drugs	\$25

[View plan details](#) for full list of benefits, limits, and exclusions.

This is what the preview page looks like. ACA will show you the plans you are eligible for and will include the tax credit (refund) into the cost of the monthly premium. There are a lot of other terms (deductible, out-of-pocket maximum, co-pay), which you can hover over to see definitions for.

Group No: ST0312SH  
 Policy No: WI2324LASHIP51

Dear International Students and Scholars:  
 We are pleased to provide you with this summary of the Student Health Plan for University of Louisiana at Lafayette. This plan is fully compliant with the Affordable Care Act.

**Who is Eligible to Enroll?**  
 All registered F-1 non-immigrant graduate, undergraduate, Intensive English Program (IEP) students taking 1 or more credit hours and J-1 exchange visitors are eligible to enroll in this plan. Dependents of eligible students are **NOT** eligible to enroll.

**How Do I Enroll?**  
 All registered F-1 non-immigrant graduate, undergraduate, and Intensive English Program (IEP) students are automatically enrolled in this insurance plan at registration, and premium is added to your tuition and fees, unless you waive coverage.

J-1 exchange visitors may enroll on a voluntary basis by enrollment period deadline dates.

**How Do I Waive Coverage?**  
 F-1 non-immigrant graduate, undergraduate, and Intensive English Program (IEP) students can waive coverage by providing proof of other comparable medical insurance coverage.

Go to website [www.wellfleetstudent.com](http://www.wellfleetstudent.com) and complete the online waiver form by the waiver period deadline dates below.

Waiver/Enrollment Period Deadline Dates	
Fall	September 18, 2023
Spring	February 9, 2024
Summer	June 29, 2024

	Cost & Periods of Coverage		
	Fall 8/18/23 to 1/8/24	Spring 1/9/24 to 5/28/24	Summer 5/29/24 to 8/17/24
Student	\$851	\$834	\$501

The above rates include an administrative fee. Dependent rates are in addition to student rate.

HEALTH INSURANCE BENEFIT SUMMARY FOR COVERED MEDICAL EXPENSES*		
UNLESS OTHERWISE SPECIFIED BELOW THE MEDICAL PLAN DEDUCTIBLE (IF APPLICABLE) WILL ALWAYS APPLY.		
BENEFIT	IN-NETWORK	OUT OF NETWORK
Policy Year	\$0 Individual	\$0 Individual
Deductible		
Out-of-Pocket Maximum	\$1,500 Individual	\$6,000 Individual
Coinsurance	100% of NC**	80% of U&C**
Student Health Center	100% of U&C for Covered Medical Services	
Preventive Care	100% of NC (no cost sharing)	80% of U&C
Hospital Room & Board (Inpatient)	100% of NC	80% of U&C
Surgery (Inpatient or Outpatient)	100% of NC	80% of U&C
Physician Office Visits OR Consultant/Specialist	\$15 copay per visit then plan pays 100% of NC	80% of U&C
Emergency Services Expense (copay waived if admitted)	\$100 copay per visit then plan pays 100% of NC	Paid the same as In-Network, provider subject to U&C
Urgent Care Centers	\$25 copay per visit then plan pays 100% of NC	\$50 copay per visit then plan pays 80% of U&C
Imaging Services & Laboratory Procedures (Outpatient)	100% of NC	80% of U&C
Outpatient Prescription Drugs (Copay per drug; copay per 30-day supply)	<b>Generic:</b> \$15 copay <b>Preferred Brand:</b> \$30 copay <b>Non-Preferred Brand:</b> \$50 copay <b>Specialty:</b> \$50 copay then the plan pays 100% of NC	Not Covered
Mental Health & Substance Use Disorder (Outpatient)	100% of NC	80% of U&C

\*\*NC= Negotiated Charge for Covered Medical Expenses  
 \*\*U&C=Usual and Customary for Covered Medical Expenses  
 \*This is only a brief description of the coverages available under Certificate form LA SHIP CERT (2023). The Certificate will contain the reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this

This is the brief summary of coverage from Wellfleet (the plan International students are automatically enrolled in). You can view the detailed coverage [document at this link](#). The document also has helpful explanations of important terms.

As always, you are entitled to translated versions of these documents upon request. Contact information for these services are at the end of the documents.

You should carefully compare healthcare.gov plans to your current plan before changing enrollment. Enrollment [assistors are available at this link](#)



If you find a plan that is more appropriate for you, you can now go through the formal ACA application process

**\*Before you fully enroll, you must un-enroll from the University wellfleet plan. \***

[Follow this link](#) to see how to un-enroll from the wellfleet plan

 An official website of the United States government [Here's how you know](#) 

HealthCare.gov

[Español](#)

## Log in

Don't have an account? [Create account](#)

### Username

Your email address may be your username.

[Forgot your username?](#)

### Password

[Show](#)

[Forgot your password?](#)

[Log in](#)

### Using a public or shared computer?

Keep your information secure. Log out and close all windows when you're done.

Shubham has kindly provided screen-shots of his application process. You can reach him with questions at [lafayetteogs@gmail.com](mailto:lafayetteogs@gmail.com)



Shubham Yadav

# You've almost finished your 2024 application

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**You've almost finished your application, but you need to take a few more steps to get coverage for 2024:**

1. Finish making updates.
2. Submit your application.
3. View your "Eligibility Results."
4. Enroll in a plan by **December 15** to ensure you have coverage for January 1, even if you want to keep the same plan. January 15 is the last day to enroll in coverage or change plans for 2024.

**FINISH MY APPLICATION**

When you finish making and account and log in, this is the welcome page. Click 'Finish my application'

# Your Marketplace application

## Fill out this application to check for 2 things

- If you or others in your household can enroll in coverage.
- If your household can save money on coverage costs.

## There are 4 main sections in the application

### SECTION 1 Application setup



- Checking for cost savings
- Contact information
- Who needs coverage

### SECTION 2 Personal & household information



- Information about filing taxes
- Social Security Numbers
- Household income

### SECTION 3 Current coverage & life changes



- Current health coverage
- Recent life changes, like moving or getting married

### SECTION 4 Submit your application



- Review your application
- Agree to statements
- Sign & submit

[Learn more about what information you may be asked to provide.](#)

## After you submit your application

You'll get your eligibility results after submitting your application.

If you're eligible to enroll, you can compare plans and choose the coverage that fits your needs.

### **i** A note about your Information

We've saved your information from your previous application and entered it here.

Review it carefully, and update your information if needed.

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## Savings setup

Your application is set up to check your household's eligibility for savings. You can continue, or change your answer below.

[Learn more about the types of savings we can check for.](#)

**Check for all savings options. (Recommended)**

You'll see your results after you fill out and submit your application. If you're eligible to enroll, you can apply these savings to the plan you select.

**Continue without checking for savings options.**

You'll still fill out and submit your application. If you're eligible to enroll, you'll pay the full price of your health insurance premiums on the plan you select.

**Help me decide.**

You'll answer a couple of questions to see if your household is likely to qualify for savings.

**Continue**

Application ID: 5168337936

# Tell us about yourself

Do you need coverage for yourself?

Yes

No

**First name**

Shubham Vijay Kumar

**Middle name**

Optional

**Last name**

Yadav

**Suffix**

Optional

Select suffix



**Date of birth**

For example: 3/4/2018

Month Day Year

**Sex**

[Learn more about why we're asking.](#)

Female

Male

**Save & continue**

Application ID: 5168337936

## Contact information

### Email address

### Phone number

### Extension

Optional

### Phone type

- Mobile
- Home
- Work

[Add a second phone number](#)

**Save & continue**

Application ID: 5168337936

Use a domestic phone number and an email address you check regularly

## Home address

Use your address in the state where you're applying for coverage. It can't be a PO box.

**Street address**

**Street address 2**

Optional

**City**

**State**

**ZIP code**

Use your current US address. You will be able to update it if you move midway through the year

I don't have a home address.

**Save & continue**

Application ID: 5168337936

## Who needs health coverage?

[Learn more about who not to include.](#)

### Needs coverage

[Learn more about editing or removing someone.](#)

✓ Shubham Vijay Kumar

[Edit](#)

[Add a person who needs coverage](#)

[Save & continue](#)

Application ID: 5168337936

If you are married or have a dependent, report them here. These are only people you file taxes with, so unmarried couples and roommates will apply individually.



## Other household members

In the next sections, we may ask about people in the household who don't need coverage.



### **Why do I need to enter information about people who don't need coverage?**

We can best determine which savings and programs the household is eligible for when you tell us about everyone we ask about, even the people who don't need health coverage.

## **What information will I enter?**

We may ask about people who don't need coverage, but who are married to, will file taxes with, or live with someone who needs coverage.

For these people, you'll enter birth dates and Social Security Numbers to confirm who's in the household.

You'll also enter income and employer information to see if the household is eligible for cost savings.

**Continue**

Application ID: 5168337936

## Tax relationships

Now, tell us about the household's federal income tax returns. We'll use this information to see who's eligible for savings, like premium tax credits.

### Shubham Vijay Kumar's tax relationships

**Will Shubham Vijay Kumar file a 2024 federal income tax return?**

[Learn more about tax filing.](#)

Yes

No

**Will Shubham Vijay Kumar claim any dependents on their 2024 federal tax return?**

[Learn more about dependents.](#)

Yes

No

**Will someone else claim Shubham Vijay Kumar as a dependent on their 2024 federal tax return?**

Yes

No

**Save & continue**

Application ID: 5168337936

## Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

**Did Shubham Vijay Kumar have Louisiana Medicaid Program or Louisiana Children's Health Insurance Program (LaCHIP) that recently ended or will end soon?**

Select Yes if one applies:

- Shubham Vijay Kumar's coverage ended between 3/31/2023 and today
- Shubham Vijay Kumar's coverage is going to end between today and 2/4/2024

Yes

No

**Save & continue**

Application ID: 5168337936

These are alternative federal health coverage options for very low income applicants, you would know if you were enrolled.

# Shubham Vijay Kumar's income for this month (December 2023)

Enter each type of income Shubham Vijay Kumar gets this month. If Shubham Vijay Kumar won't get income this month, but gets it during other months in 2024, report that on the next page.

## **i** Make sure Income Information Is accurate

The income information below was filled in from Shubham Vijay Kumar's previous application. If income has changed, make sure to update it.

Now you can search through the options to find the plan that seems right for you. This process should be almost identical to the preview steps.

Once you pick a plan, you will be asked how much of the monthly premium you want covered each month. Any amount that defer to the end of the year will be paid to you when you file taxes. For example, Andrew pays \$10 dollars every month, even though all the premium costs could be covered. This means he receives \$120 from the government at the end of the year as long as his income estimate was accurate.

## Current coverage

### Is Shubham Vijay Kumar currently enrolled in health coverage?

Select "Yes" only if they'll still have the same coverage they have now on or after 2/4/2024.

[Learn more about types of health coverage and how to answer, even if a person is enrolled through the Marketplace.](#)

- Yes
- No

**Save & continue**

Application ID: 5168337936

### Learn more about coverage types

Close

#### Marketplace coverage

If a person currently has coverage through the Marketplace, select their name.

#### Other types of health coverage

Select a person's name if they're enrolled in any of these other types of health coverage, **only if** their coverage won't end on or before 2/4/2024.

- Louisiana Medicaid Program
- Louisiana Children's Health Insurance Program (LaCHIP)
- Medicare
- TRICARE
- Veterans Affairs (VA) health care program
- Peace Corps
- COBRA
- Retiree health benefits
- Coverage through a job
- Other full or limited benefit coverage

International students are automatically enrolled in the university program, so **you should un-enroll from that plan before** you choose to enroll in a plan through the ACA. More information about the University plan and unenrolling at the end of this document

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## Review your application

### Review your savings set up

**Savings set up**

[Edit](#)

Check for savings options

---

### Review your contact information

**Full name**

[Edit](#)

Shubham [REDACTED]

---

**Mailing address**

[Edit](#)

[REDACTED]

---

**Email address**

[Edit](#)

[REDACTED]@gmail.com

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**Phone number(s)**

[Edit](#)


Mobile: [REDACTED]

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# Eligibility results

Results based on your application (ID 5168337936) submitted on 12/06/2023. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

## Eligibility overview

Shubham Vijay Kumar Yadav  Eligible

To buy a Marketplace plan

For a premium tax credit of up to \$503 each month for your tax household

For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

## Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

## Continue to enrollment

You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can click Continue to Enrollment to keep the same plan, if you have one and it's available) and enroll.

[CONTINUE TO ENROLLMENT](#)

You should receive an eligibility notice almost immediately. In it you will see how much money the government will provide for monthly premiums. This is based on your income (higher income means less support).

After you review the notice, click Continue to Enrollment to health insurance options. This process will look almost identical to the preview on pages 2-8

# You're almost done

You must pay your first premium by your plan's start date for coverage to start.

[Read these important reminders](#) if you've already paid or want to pay later.

## Health plan for Shubham Vijay Kumar Yadav

HMO Louisiana

Blue Connect 90/60 [REDACTED]

[REDACTED]

To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2024. (Contact plan if you're in a Special Enrollment Period.)

**Your plan will contact you in the next few days with details about how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call 1-800-392-4087.**

**\$0.00**

Amount due

Once you find your preferred plan you will ask to enroll and healthcare.gov will ask how much of your premium credit you want to use each month. If you choose not to use it all, you will be able to recoup the costs when you file taxes. This is advisable if you think you are likely to end the year with a higher income than you reported.

After this, you will manage all further coverage using the website of the company you choose for insurance (blue cross, etc.)

If you've already paid or want to pay later, **continue to read some important reminders about your coverage.**

[Read important reminders](#)

[Help us improve the Marketplace application.](#)

**Note:** Always ask for ACA to cover at least \$1 of your monthly costs, even if you want to receive most of the support at the end of the year. There is a paperwork error that occurs if you choose to defer all support until the end of the year.