Health Reform is Making a Difference in Women’s Lives

July 2012

Here’s How...

The Affordable Care Act (ACA) is the greatest advance for women’s health in a generation. It’s already improving the lives of millions of women and families, and will get even better with time. Here’s how:

- **Millions of Americans can now receive preventive services without copays—and soon this will include contraception.** New private insurance plans must cover recommended preventive services without co-pays for care including mammograms, pap tests, flu shots, bone-density tests and colonoscopies—and, starting in August 2012, contraception. Plus, thanks to the ACA, women covered by traditional Medicare no longer face cost-sharing for many of these services and can receive free comprehensive yearly wellness visits that include personalized plans for staying healthy.

- **Children with pre-existing conditions are now protected.** Your children under the age of 19 can no longer be denied insurance coverage because of a pre-existing condition.

- **Adult children are now protected.** Your adult children can now stay on your insurance policy until age 26. Whether or not they are in college, have a job, or are living with you, you can keep them covered if they can’t get coverage on their own.

- **You no longer have to worry about lifetime caps on your coverage.** Health plans can no longer impose lifetime caps that allow them to cut off your benefits when you need them most. This will protect millions of us who use a lot of services because we have serious illnesses or chronic conditions like cancer, heart disease or diabetes.

- **If you are having trouble getting your own coverage because of a pre-existing condition, you have a new option.** There’s a new temporary high risk insurance program for people who have been turned down from other sources of coverage. This program serves as a bridge to 2014 when all insurance companies will be prohibited from turning you away because of a pre-existing condition.

- **You will get more value for your health care dollars.** New rules now require insurers to spend at least 80 percent of premiums on providing health care rather than on administrative expenses or marketing.
You no longer have to worry about your insurance policy being cancelled retroactively. If you develop a serious illness that costs a lot, insurers are now prohibited from manufacturing a reason to drop your coverage.

Millions are saving money on prescription drugs. If you are a Medicare beneficiary, you are now getting a discount on both brand-name and generic drugs when you reach the “donut hole”—the point when you have to cover the full costs of drugs on your own. By the end of the decade, the donut hole will be completely eliminated.

You no longer need a referral to see an OB/GYN. Your insurance company can no longer require you to get pre-authorization or a referral before you get OB/GYN care.

You will have better access to the services you need when you need them. New health care improvements—like electronic health records and patient-centered medical homes—will make care better coordinated and more responsive to patient needs. This will be a critical improvement for the millions of women who have chronic conditions like diabetes or congestive heart failure, or who are caregivers for family members.

You’ll have access to better information to assess health plans and make more informed decisions. By September of 2012, it will be much easier to shop for health coverage because all private health plans will be required to provide uniform, clear summaries of their benefits.

And It’s Only Getting Better. Even More Improvements Are Right Around the Corner

In 2014 there will be even more changes that improve your health coverage and make it more affordable.

You won’t have to pay more for insurance just because you are a woman. Insurers will have to stop the discriminatory practice of charging women higher premiums than men.

Pre-existing conditions will no longer keep you from getting coverage. Insurers will be prohibited from denying you coverage simply because you have, or had, a pre-existing condition like arthritis, heart disease or breast cancer.

All new health plans will cover maternity care. If you purchase your insurance in the individual market or get coverage through new small employer plans, you will be guaranteed access to an array of essential benefits across ten categories—one of which is maternity and newborn care. Today, very few health plans sold on the individual market don’t cover maternity care.

No more arbitrary caps on coverage. In addition to the current ban on lifetime caps, insurers will no longer be allowed to put annual caps on your coverage. If you develop a serious illness you won’t have to worry about having your coverage cut off simply because your health care bills exceed an arbitrary limit.

You will have a better way to shop for health insurance. Through new health insurance marketplaces, you and your family will have unprecedented access to clear
information about your coverage choices so you can compare insurance plans based on the things that matter most to you.

- **Millions of us will get tax credits to help defray the cost of insurance coverage.** Tax credits will make it more affordable for women and families who earn between 100 and 400 percent of the federal poverty level to get health insurance in the individual market. (That means help for individuals who earn up to $44,680 annually, or a family of four that earns up to $92,000.)

- **Millions more low income women could become eligible for Medicaid coverage.** States can expand eligibility for Medicaid to 133 percent of the federal poverty level. That means a women without children earning up to $14,856 annually would qualify for coverage.