



I'm a Woman Who Buys My Own Insurance: What Does the Health Care Law Mean for Me?

The health care law has many benefits for women, including women like you who purchase health insurance directly from an insurer. Here are some of the ways that the new law will help:

NOW: New Rules Will Protect You from Insurance Company Abuses

- Insurers are no longer allowed to drop your coverage if you get sick.
- Health plans are prohibited from imposing lifetime dollar limits on your coverage and, by 2014, plans will no longer be allowed to place any annual dollar limits on coverage.
- You have direct access to your ob/gyn because health plans are not allowed to require a referral or approval prior to obstetrical or gynecological care.

Women Have Access to Preventive Health Services with No Copays

- All new health plans are required to cover key preventive health services for women at no cost. Your employer plan may be a new plan if the benefits or cost changed since the law was passed.
- Some of the services plans already have to provide with no cost sharing are mammograms, cervical cancer screenings, diabetes and blood pressure screenings, depression screenings and vaccinations.
- In August 2012, health plans will have to provide additional preventive services to women including contraceptive coverage, well woman visits, lactation counseling and supplies, and screening for gestational diabetes.

Children Have New Coverage Options and Protections

- Young adults can remain on their parents' health insurance policy as a dependent until age 26.
- Health plans are prohibited from denying coverage to children ages 0-19 with "pre-existing conditions" such as asthma and diabetes.

Insurers Are Required to Spend More of Your Premium Dollars on Medical Care

- The health care law limits the percentage of your premium dollars that insurance companies can spend on profits, overhead, or marketing—this means they'll spend more on your health care. You will receive a rebate if your health plan does not spend enough on actual health care.
- Insurers have to publicize rate increases and justify those deemed to be unreasonable.

IN 2014: You May Find New, More Affordable Coverage Options through Insurance Exchanges

- In January 2014, new, easy-to-use Health Insurance Exchanges will start operating in every state. The Exchanges are voluntary and will allow you to comparison shop to find the best insurance plan to meet your needs including choosing the doctor you want.
- If you lose or choose not to renew your current coverage, the Exchanges will provide you with many new individual plan options.

- If you earn less than about \$45,000 for an individual and \$76,000 for a family of 3 and don't have access to affordable job-based coverage, you may be eligible for tax credits to help afford health plans through the Exchanges.
- By 2014, all states must open up their Medicaid programs—public health insurance for low-income people—to everyone with incomes around \$15,000 for an individual and \$25,000 for a family of 3. Medicaid has minimal out-of-pocket costs and covers many important women's health services.

If You Choose a New Health Insurance Plan, You Will Be Protected By New Rules

- New standards will help you find coverage for the services you need. New individual plans will be required to cover a set of essential health services, including maternity care and prescription drugs.
- Insurers will no longer be able to deny you coverage because of your medical history, exclude certain care, or charge you more because of your gender or health status. There are also limits on the amount that premiums can vary due to age.

For more information on how you and other women you know will benefit from the new health care law, visit the National Women's Law Center website: www.nwlc.org/IWillNotBeDenied.