

I'm an Uninsured Woman with a Pre-Existing Condition: What Does the Health Care Law Mean for Me?

The health care law has many benefits for women, including women like you who have <u>a pre-existing</u> <u>condition and are uninsured</u>. Here are some of the ways that the new law will help:

NOW: You May Be Able to Get Coverage on Your Parent's Plan

Young adults can now remain on their parents' health insurance policy as a dependent until age 26.
 Employers don't have to enroll young adults who have an offer of employer based coverage, but many are. (To find out if you can enroll at the next open enrollment, ask your parent to ask their employer or health plan.)

You May Be Able to Get Coverage through a Pre-Existing Condition Insurance Plan

• If you have been uninsured for 6 months or more and have a pre-existing condition, you may be eligible for a pre-existing condition insurance plan. These plans provide coverage until new coverage options become available in 2014. (For more information visit: www.healthcare.gov)

BY 2014: NEW, MORE AFFORDABLE, HIGH QUALITY OPTIONS WILL BECOME AVAILABLE

You Can't Be Denied Coverage or Charged More Because of Your Pre-Existing Condition

- Beginning in January 2014, health insurance plans can no longer deny coverage because of your medical history, exclude certain care or make you wait until it is covered. The health care law already prevents insurers from imposing these exclusions on children.
- New plans won't be allowed to charge you a higher premium because you're a woman or because of your medical history.

You May Find Coverage through New 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.
- All plans offered on the Exchange will be required to cover a set of essential health services, including maternity care and prescription drugs. They'll also cover certain preventive with no copays, including contraceptive coverage, well woman visits, mammograms, cervical cancer screenings, and screening for diabetes, hypertension and depression.
- Health plans won't be able to limit what they spend on your health care each year or over your lifetime.

You May Be Eligible for Medicaid or Subsidized Private Insurance

- By 2014, all states must open up their Medicaid programs—public health insurance for low-income people—to everyone with incomes below about \$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.
- In addition, people with incomes below about \$45,000 for an individual and \$76,000 for a family of 3) that don't have access to affordable job-based coverage will be eligible for tax credits to help them buy plans sold through the Exchanges.

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.