

FACT SHEET

Coming Soon: New Health Coverage for Women

September 2013

The health care law—sometimes called Obamacare—will make health coverage more affordable and easier to obtain for millions of American women. The law makes important reforms in the health insurance market that make coverage more accessible, easier to understand, and more comprehensive. Women who are uninsured or purchasing coverage in the individual market will have new options for affordable, quality health insurance. As of October 1, 2013, women can identify their health insurance options and apply for new coverage, which will be effective as early as January 1, 2014.

Many women will find coverage through new Health Insurance Marketplaces

- Starting in October, there will be new, affordable insurance options available through Health Insurance Marketplaces, which will operate in every state. The Marketplace will allow individuals to comparison shop to find the insurance plan that best meets their needs and budget.
- Women who are currently uninsured and those who currently purchase coverage themselves in the individual insurance market will be able to buy coverage through the Marketplace. Women who already hold health insurance may find policies with better coverage or lower premiums through the Marketplace.
- Enrollment in health insurance through the Marketplace begins in October, and coverage will be effective as early as January 1, 2014. Women can apply for coverage online, by mail, or in-person. Women will be able to talk with experts (sometimes called “navigators” or “assisters”) in-person at local organizations, by phone, or online. Trained staff will also answer questions about the financial help women and their families may be eligible for, and can women walk through the cost and coverage details of different plans.

Important health services will be covered

- All plans will cover essential health services, including maternity care, hospitalization, emergency room visits, prescription drugs, behavioral health, and preventive care.
- Plans must cover certain preventive services with no out-of-pocket costs for enrollees. These services include well-woman visits, birth control, mammograms, cervical cancer screenings, and screening for diabetes, hypertension, and depression.
- New plans won't be allowed to reject applicants or charge them a higher premium because they're a woman or because of their medical history.
- Applicants cannot be denied coverage because of a pre-existing condition.

Many women will qualify for more affordable health insurance

- Millions of people will get financial help to buy a health insurance plan. Depending on their income, women and their families may get help with their health insurance premiums, while others may qualify for free or low-cost health insurance. And, all insurance plans will have to show their costs and what they cover in simple, easy-to-understand language. If a woman's employer coverage does not cover enough benefits or is too costly, she may be eligible to buy subsidized coverage in the new Marketplace.

More women will be eligible for Medicaid

- States can accept federal funding to cover more people through their Medicaid programs. States that choose this option can cover everyone with incomes around \$15,200 for an individual, or \$31,200 for a family of four, through this public health insurance. Even if a state chooses not to expand Medicaid coverage, many women are eligible to enroll in Medicaid now.
- Medicaid coverage must include a standard package of services, including doctor visits, hospitalizations, prescription drugs, and many important women's health services.
- Individuals with Medicaid coverage can access services with minimal out-of-pocket costs.

For more information on how to use the new Health Insurance Marketplaces or what coverage is available, visit: www.healthcare.gov.