

I'm a Woman Insured Through an Employer: Coming Soon - New Health Coverage Options For You

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You may have heard that the health care law – sometimes called Obamacare – has many benefits for women, including women like you who are currently insured through your employer. Starting in October, millions of Americans will be able to enroll in new, affordable insurance, with coverage effective as early as January 1 of next year. Here are some facts about how the health care law helps women like you:

If you have affordable health insurance through your employer, you can keep your existing insurance plan and still receive all the new benefits, better protections, and stronger cost controls in the health care law.

New rules protect you from insurance company abuses

- Health plans are already prohibited from imposing lifetime dollar limits on your coverage and plans renewing or starting in 2014 will no longer be allowed to place any annual dollar limits on coverage.
- You will have direct access to your OB/GYN because health plans cannot require a referral or approval prior to obstetrical or gynecological care.

Women have access to preventive health services with so copays

- All new health plans must cover key preventive health services for women without cost-sharing. Your employer plan may be a new plan if it has changed the benefits it covers or the premiums or cost-sharing it charges since the law was passed.
- These preventive services include mammograms, cervical cancer screenings, diabetes and blood pressure screenings, depression screenings, and vaccinations. Plans must also cover additional preventive services to women including birth control, 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 cannot deny 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, so they'll spend more on your health care. If they spend too little on benefits, they will owe you a refund.
- Insurers have to publicize rate increases and justify increases that regulators consider unreasonable.

New rules will provide more insurance protections and comprehensive coverage

- As of 2014, insurance companies will no longer be able to deny women coverage due to pre-existing conditions, such as having had a C-section, breast or cervical cancer, or treatment for domestic or sexual violence.
- Insurance companies can no longer charge you more for coverage because you are a woman or have a health condition.
- If you work for a small employer, your plan will have to provide a core set of essential health benefits including maternity and newborn care, mental health services and prescription drugs.

If your insurance is not affordable or if you leave your job, you may qualify for financial help to purchase health insurance on the new Health Insurance Marketplaces

- If the coverage you get from your employer is inadequate or too costly—according to certain requirements in the law—you may be able to get help to buy health insurance through the new Marketplace. Your employer should be able to tell you if your plan falls below these thresholds. You can also find assistance at www.healthcare.gov.
- 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 meets their needs and budget.
- Enrollment in Marketplace plans begins in October, and coverage will be effective as early as January 1, 2014. You can apply for coverage online, by mail, or in-person. You can also talk with experts 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 walk through the cost and coverage details of different plans.

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