

FACT SHEET

I'm an Uninsured Woman with a Pre-Existing Condition: 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 uninsured with a pre-existing condition. 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:

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 turn you down because of your medical history, exclude certain care or make you wait until it is covered.
- New plans can't charge you a higher premium because you're a woman or because of your medical history.

You can find coverage through the new Health Insurance Marketplaces

- Starting in October, there will be new, affordable insurance options available for people without health insurance through Health Insurance Marketplaces, which will operate in every state. The Marketplace will allow you to comparison shop to find the insurance plan that meets your 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 will be able to talk with experts in-person at local organizations, by phone, or online. Trained staff will also answer questions about the financial help that you and your family may be eligible for, and can walk you through the cost and coverage details of different plans.
- And, all insurance plans will have to show their costs and what they cover in simple, easy-to-understand language.

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 you. These services include well-woman visits, birth control, mammograms, cervical cancer screenings, and screening for diabetes, hypertension, and depression.

- New plans cannot reject you or charge you a higher premium because you're a woman or because of your medical history. And, you can't be denied coverage because of a pre-existing condition.

You may qualify for more affordable health insurance

- Millions of people will get financial help to buy a health insurance plan. Depending on your income, you may get help paying for your health insurance premiums.
- If you are under 30 you can choose a policy with higher cost-sharing than other plans available in the Marketplace. This type of plan may have lower premiums.

You may 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 below approximately \$15,200 for an individual, or \$31,200 for a family of four, through this public health insurance.
- 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.