

Thanks to the health care law...

...the days of women being treated like pre-existing conditions are numbered. Currently, insurance companies can deny coverage to survivors of domestic violence and to mothers who have had Caesarean section simply by calling these "pre-existing conditions." But thanks to the new health care law, also known as the Affordable Care Act, this unfair practice is on the way OUT. So are others. The lives of millions of women and their families are improving. Find out how.



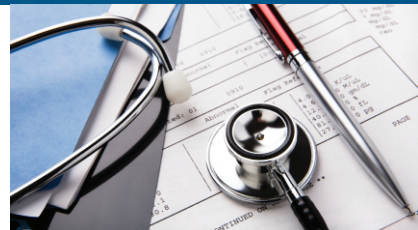
What the Health Care Law Means for Women



www.nwlc.org



www.npalliance.org



Women now have greater protections against insurance company abuses.

No More Recissions: Insurance companies are prohibited from dropping people's coverage if they become sick.

No More Lifetime Limits: Insurance companies are prohibited from imposing lifetime limits on coverage.

No More Annual Caps: Insurance companies are prohibited from limiting the amount of money they will pay for benefits during one year. During 2012, annual limits cannot be lower than \$1.2 million and are completely prohibited by 2014.

No More Doctor's Note to Visit the Ob-Gyn:

Insurance companies are prohibited from requiring women to get approval for care for obstetrical and gynecological care. The new health care law allows women to have "direct access" to this type of health care.

This is just the beginning. In 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 having received medical treatment for domestic or sexual violence.
- Insurers must end the practice of charging women more for coverage than they charge men.
- Insurance companies must include maternity coverage in their health plans.

Women have improved access to affordable preventive care.

All new health plans are required to cover key preventive health services for women at no cost, such as co-payments or deductibles.

Many plans already provide preventive care to women and girls, with no additional costs, including:

- Mammograms every 1-2 years for women over 40
- Cervical cancer screening
- A wide range of prenatal screenings and tests
- Diabetes and blood pressure screening and counseling
- Depression screening for adolescents and adults
- Smoking and alcohol cessation programs for adults

Additional women's preventive services will be covered at no cost by many plans starting on August 1, 2012:

- Contraception (all FDA-approved)
- Well woman visits
- Lactation consultation and supplies
- Screening and counseling for interpersonal and domestic violence
- Screening for gestational diabetes
- DNA co-testing for HPV
- Counseling regarding sexually transmitted infections including HIV
- Screening for HIV

It is now easier for children and young adults to get and keep health insurance.

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

Senior women have more affordable access to the services they need.

- Medicare now covers more preventive benefits such as no-cost annual checkups and mammograms.
- The Medicare Part D "donut hole" is already shrinking and will close by 2020, ending the coverage gap that seniors face in their prescription drug coverage.

Making health care more affordable starting in 2014.

- Up to 10.5 million uninsured women will gain health coverage from expanded Medicaid eligibility.
- Over 7 million women who lack affordable insurance through an employer will be eligible for subsidies.
- A new competitive health marketplace will be available for women and their families to compare and shop for new health plans.