

## Mark Your Calendar: 2015 Health Insurance Enrollment for Women

November 2014

The health care law—sometimes called Obamacare—makes health coverage more affordable and easier to obtain for millions of American women by making important reforms in the health insurance market that make coverage more accessible, easier to understand, and more comprehensive. In 2014, more than 4.3 million women enrolled in coverage through the Health Insurance Marketplaces. As of November 15, 2014, women can compare their 2015 health insurance options and, depending on their circumstances, renew with their current plan, enroll in a new plan, or apply for Marketplace coverage for the first time. These plans will be effective as early as January 1, 2015.

### Women can shop for coverage through Health Insurance Marketplaces

- This November, affordable insurance options will be available through Health Insurance Marketplaces, which operate in every state. The Marketplace allows individuals to comparison shop to find the insurance plan that best meets their needs and budget. In many cases, women will find more plans to choose from compared to last year.
- Women who are currently uninsured, women who currently purchase coverage in the individual insurance market, and women who purchased coverage last year through the Marketplace will be able to buy or renew their coverage through the 2015 Marketplace. Women who already hold health insurance through the Marketplace should update their personal information and compare their health plan options – they may find policies with better coverage, lower premiums or different provider networks compared to last year.
- Enrollment in health insurance through the Marketplace begins November 15, and coverage will be effective as early as January 1, 2015. 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 continue to 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.
- Plans cannot 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 financial help

- Millions of people will get financial help to buy a health insurance plan. In fact, in 2014 85 percent of Marketplace enrollees received help with their health insurance premiums. 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 \$16,000 for an individual, or \$32,000 for a family of four, through this public health insurance. Even if a state chooses not to expand Medicaid coverage, many uninsured women are eligible for coverage under traditional Medicaid rules.
- 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 Health Insurance Marketplaces or what coverage is available, visit: [www.healthcare.gov](http://www.healthcare.gov).

\* Insurance companies do have some flexibility in implementing this new requirement, like being able to charge a co-payment for a brand name drug if a generic equivalent exists.

- 1 Patient Protection and Affordable Care Act, 42 U.S.C. § 300gg-13 (2010).
- 2 KP Campbell, Nat'l Bus. Group on Health, *Contraceptive Use Evidence-Statement: Counseling and Preventive Intervention*, in A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage (KP Campbell et al. ed., 2006).
- 3 When the FEHBP contraceptive coverage requirement was implemented, the Office of Personnel Management (OPM), which administers the program, arranged with the health carriers to adjust the 1999 premiums in 2000 to reflect any increased insurance costs due to the addition of contraceptive coverage. But OPM found that no such adjustment was necessary, and reported that "there was no cost increase due to contraceptive coverage." Letter from Janice R. Lachance, Dir., U.S. Office of Pers. Mgmt. (Jan. 16, 2001) (on file with NWLC).
- 4 See Kaiser Family Found., *Employer Health Benefits 2013 Annual Survey: Grandfathered Health Plans*, at 196, available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/08/8465-employerhealth-benefits-20132.pdf>.
- 5 Student Health Insurance Coverage, 45 C.F.R. § 147.145 (2012).
- 6 While for most university health plans the student contracts directly with the health insurance company for insurance, a very small number of universities provide self-funded health plans to students. Such self-funded student plans are not considered individual health insurance and are not covered by the preventive services rule.
- 7 Kaiser Family Found. & Guttmacher Inst., *Medicaid's Role in Family Planning* (2007), available at [http://www.kff.org/womenshealth/upload/7064\\_03.pdf](http://www.kff.org/womenshealth/upload/7064_03.pdf).
- 8 The Supreme Court held in its decision on the Affordable Care Act that states need not participate in the expansion of Medicaid as a condition of continuing to receive their current Medicaid funding. *Nat'l Fed'n of Indep. Bus. et al. v. Sebelius*, 567 U.S. \_\_\_, 132 S. Ct. 2566 (2012).