

The Supreme Court Decision on the Affordable Care Act: Frequently Asked Questions

After the historic Supreme Court decision upholding the Affordable Care Act, you probably have questions about how the decision impacts you and your family. Hopefully this the FAQ will help you better understand the ways in which the ACA, and the Supreme Court's decision to uphold it, will help women and their families obtain affordable, comprehensive health care.

Will I still be able to access affordable coverage?

Yes. If your employer offers affordable coverage, you will be able to keep that. If you do not already have access to affordable coverage, the ACA will help. Starting in 2014, if your income is below 400% of the FPL (\$89,400 for a family of four) you will be eligible for subsidies to help you purchase comprehensive coverage through new exchanges, easy to use insurance marketplaces where you can compare plans and purchase coverage. In many states, people below 133% will be eligible for Medicaid coverage.

Can I still access preventive services without cost sharing?

Yes. The new health care law requires all new health insurance plans to cover certain preventive health services without cost-sharing. This means that, for the preventive health care services included, you will not be charged a co-payment for the services and the costs of the services will not be applied to your deductible. Right now important services such as mammograms and colon cancer screenings are already covered and starting in August, plans will have to cover even more services for women, such as the full range of FDA approved contraceptives. By 2014, the vast majority of plans will have to comply with this requirement. For more information, see our FAQ on [preventive health services](#).

Will contraception be available without a copayment?

Yes. Under the Affordable Care Act, health insurance companies must offer contraceptive coverage with no co-pay. Like the other preventive services, this provision applies to all new (non-grandfathered) health plans. The Administration did create a narrow exception for religious institutions like churches, synagogues and mosques and has also proposed an accommodation for some additional entities that refuse to cover contraception for religious reasons. The accommodation guarantees that women get the coverage they need by having the insurer (rather than the employer) provide coverage for the contraception. The exact language for the accommodation has not been finalized.

My child has a pre-existing condition. Will insurance companies be able to deny him/her coverage?

No. Right now, insurance companies cannot turn children with pre-existing conditions, such as diabetes or asthma, down for coverage and the court decision doesn't change this. This means kids who need care the most are still able to get coverage.

Are insurance companies allowed to deny me coverage because I have a pre-existing condition?

No. The Court decision ensures that, starting in 2014, insurers will no longer be able to turn down adults for coverage because they have pre-existing conditions. This is especially important for women who were often denied coverage because of a prior C-section, breast or ovarian cancer, or even a history of domestic violence or sexual assault.

Can insurance companies still charge me more for insurance because I'm a woman?

No. The Supreme Court's decision means that by no later than 2014, insurance companies will have to stop the discriminatory practice known as gender rating, or charging women more for coverage simply because of their gender. For more information about gender rating, check out our recent report, [Turning to Fairness](#).

Are all of the insurance reforms, like an end to rescissions and lifetime limits, still intact?

Yes. The Supreme Court decision means that all of these important protections are still in place. Insurance companies are no longer allowed to drop your coverage when you get sick or cap the amount of coverage you receive annually or over your lifetime. This means your coverage won't run out when you need it the most.

I put my adult dependent child on my insurance coverage. Will he/she still be able to stay on until they turn 26?

Yes. Dependent children can now stay on their parent's insurance until they turn 26. Previously, many of these young adults lost coverage when they turned 18 or graduated from college. This provision of the law has already provided coverage to over 3 million young adults.

Are there still protections in place that make sure my coverage stays affordable?

Yes. Any insurer who wants to raise rates more than 10% is required to publicly disclose the rate increase and provide justification for it and there is already evidence that this review process is helping to keep premiums down. Additionally, the law includes a provision that ensures insurance companies are spending your premium dollars on health care instead of on profits, salaries, and administrative expenses. The new MLR rule requires insurance companies to spend at least 80 cents of every premium dollar on actual health care costs.

Do insurance plans still have to cover maternity coverage?

Yes. Right now, only 12% of individual market insurance plans cover maternity coverage, but starting in 2014, all plans sold inside the health insurance exchanges and all new plans sold outside of the exchanges will be required to cover a specific set of services known as the Essential Health Benefits. These benefits include maternity and newborn care as well as ambulatory patient services; emergency services; hospitalization; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services (including contraception), and chronic disease management; and pediatric services, including oral and vision care.

Will I need to get a referral to see an OBGYN?

No. One provision of the ACA that is especially important to women is direct access to gynecological care. Insurance companies must allow women to see participating OBGYNs without a referral or prior authorizations. This provision is already in place and is not changed by the Court's decision.

Will my state still expand access to Medicaid for everyone under 133% of the poverty line?

It depends. The Supreme Court said that states may choose whether to expand Medicaid to all non-elderly people under 133% of the poverty line. States can still expand their Medicaid program -- and if they do expand Medicaid eligibility, the federal government will pay most of the cost for these new enrollees (100% until 2016, gradually declining to 90% for 2020 and beyond) but if they choose not to, the federal government cannot take away any of the state's current funding. Most experts agree that the Medicaid eligibility expansion is good for state budgets in the long term and most states will have strong incentives to expand their programs.

For more information please visit: <http://www.nwlc.org>.