



The New Healthcare Law and You

How will health insurance coverage for **women** change?

The Affordable Care Act (ACA) creates new rules about health insurance and healthcare to:

- Reduce the number of uninsured women
- Increase the number of women's health services that all health insurance plans cover
- Limit how much women and their families pay in insurance premiums, co-pays and deductibles

Reducing the number of uninsured

Now:

- Insurers cannot cancel your insurance for any health reason, such as if you become pregnant or get sick. They can cancel your insurance only if you lie to them.
- New insurance plans must cover 100 percent of preventive care costs. This includes mammograms, pap smears, birth control, osteoporosis screening and immunizations.
 - New plans are those that began after March 23, 2010. "Grandfathered" plans are those that existed before March 23, 2010, and have been changed in a big way. A big change could be cutting benefits or increasing your co-pays or deductibles.



- Adult children can stay on their parents' family insurance plan until they turn 26. Insurers have to cover only children, not spouses. But, they must cover pregnancy care if needed.
 - Grandfathered insurance plans only have to cover children who cannot get insurance through their employer.
- If you have a health problem and have been uninsured for six months you can buy insurance through the new pre-existing insurance plan.
 - Ohio residents should go to: www.ohiohighriskpool.com
 - Kentucky and Indiana residents should go to: www.pcip.gov

Beginning in 2014:

- Insurers cannot deny you insurance because of your health
- Everyone will be able to buy individual or family insurance on an exchange. Exchanges will be websites where you can easily compare insurance based on level of coverage and price in order to buy the best insurance for you
- If you are a legal resident and make 134% or less of the Federal Poverty Level (FPL) (\$14,484 for family of one; \$29,726 for a family of four) you can get Medicaid. Women will no longer have to meet extra criteria such as being pregnant or having breast cancer.

How will health insurance coverage for women change? (continued)

Covering more women's healthcare services

Now:

- Insurers cannot limit how much they spend on essential health benefits over your lifetime. Essential benefits are services that all women need to have available to them, such as hospital care, prescription coverage including birth control, lab services, and pregnancy and newborn care.
- New health plans cannot have annual limits on essential health benefits of less than:

	For plan years that start after:
\$1.25 million	Sept. 22, 2011
\$2 million	Sept. 22, 2012
Unlimited	Jan. 1, 2014

- Federal money is available through 2014 to organizations that:
 - Provide support to young women with breast cancer,
 - Increase young women's awareness of breast cancer and the importance of early screening.

Beginning in 2014:

- All new plans must cover at least 60 percent of the cost of essential health benefits.

Limiting costs

Beginning in 2014:

- Insurers cannot charge you higher premiums because you are a woman or based on your health. They can increase premiums only based on:
 - Your age
 - Where you live
 - The size of your family
 - Tobacco use
- You will get help, known as a subsidy, to pay for your insurance premiums if you:
 - Make between 134% and 400% of the FPL (\$14,484-\$43,560 if you are single, \$29,726-\$89,400 if you are in a family of four), and
 - Buy your insurance on an exchange
- The amount of your subsidy will be based on your:
 - Income,
 - Family size, and
 - Where you live

- The less you make, the larger your subsidy will be. But no one getting a subsidy will pay more than 9.5 percent of his or her income on insurance premiums.
- Out-of-pocket expenses (for example, co-pays) for essential health benefits will be capped for everyone. The caps will be lower if you make less than 400% of the FPL.

If you make:	Your spending on essential health benefits is limited to:	
	Individual	Family
>400% of the FPL	\$5,590	\$11,900
300%-400% FPL	\$3,967	\$7,933
200%-300% FPL	\$2,975	\$5,960
100%-200% FPL	\$1,983	\$3,967

- In keeping with longstanding federal law, the ACA prohibits the use of federal funds for abortion services except in the case of rape, incest or for the health of the mother. This means that if a woman gets a federal subsidy, and chooses to have abortion coverage, she will have to pay for her abortion coverage premiums separately.
- States can choose whether to allow insurance that includes abortion coverage to be sold in their exchange. If a state offers insurance that includes abortion coverage, it must also offer insurance that does not include such coverage.



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