

## HEALTH CARE *and you*

# The New Health Care Law: What it Means for Women

**There are many ways which the new health care law benefits women and their families. It provides better access to affordable coverage, ends insurance practices that discriminate because of gender, expands coverage for children, and helps pay for long-term care. By knowing what's in the law you can take advantage of these changes. Some of these start this year. Others will phase in over the next several years.**

### **Provides greater access to affordable health coverage:**

- The new law creates health insurance exchanges for those who can't get coverage through their job. Exchanges will be set up in every state to provide "one stop shopping" so it will be easier to compare plans and prices. If you are eligible for insurance through an exchange and do not purchase it, you will be subject to a penalty. Exchanges start offering insurance in 2014.
- Insurance plans sold in the exchanges must cover a range of benefits, including maternity care, prescription drugs and mental health care. You will be able to pick among four levels of coverage to fit your needs.

- If you have been uninsured for six months and have a pre-existing condition, you may be able to get coverage this year. This coverage – also known as "high risk pools" – should be available in your state in the next few months. It will continue until the exchanges start in 2014.

### **Ends insurance practices that discriminate because of gender:**

- As of 2010, insurance companies can't drop your health coverage if you become sick. Your health insurance is guaranteed, as long as you pay your premiums.
- Beginning in 2014, the law ends the common practice of "gender rating." In other words, an insurer will no longer be able to charge women more than men for the same coverage. This applies to those with individual coverage and to small businesses with up to 100 employees.
- Starting in 2014, insurance companies will no longer be able to deny you coverage because of a pre-existing condition such as breast or cervical cancer, pregnancy, or C-section.

## **Ensures that women receive the benefits they need to stay healthy:**

- Starting in 2010 for new plans, you will not have to pay some of the costs for preventive care. This includes services such as mammograms, immunizations, and screenings for cancer and diabetes.
- Also starting in 2010, health plans can no longer require pre-authorization or referral for OB-GYN care.

## **Improves access to providers that specialize in women's health:**

- The new law provides better access to doctors and nurse practitioners who provide primary care services. This will help improve care for women with chronic health conditions who often require ongoing health care. These provisions start in 2011 and will phase in over time.

## **Expands insurance coverage for children and young adults:**

- Beginning in 2010, your adult son or daughter may be able to be included on your insurance policy until he or she turns 26.
- By July 2010, insurers must cover children under age 19 who have pre-existing conditions.

## **Helps pay for long-term supports and services:**

- A new voluntary long-term care insurance program – called CLASS – will be available to you if you are working. This program will help you pay for some of your future long-term care

services. You will receive a cash benefit if you have a qualifying disability, have paid into the program for at least five years, worked at least three of those initial five years, and meet other eligibility requirements. If your employer participates in the program, you will be enrolled automatically unless you choose to opt out. You will also be able to buy the insurance if your employer doesn't participate, if you are self-employed, or if you have more than one employer. This program is likely to start in 2012 or 2013.

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