The Affordable Care Act Helps Women

For too long, too many hard working Americans paid the price for policies that handed free rein to insurance companies and put barriers between patients and their doctors. The Affordable Care Act gives hard-working families the security they deserve. The new health care law forces insurance companies to play by the rules, prohibiting them from dropping your coverage if you get sick, billing you into bankruptcy because of an annual or lifetime limit, or, soon, discriminating against anyone with a pre-existing condition. And it includes substantial new benefits for women.

Prior to the passage of the law women could be discriminated against in the insurance marketplace and often went without the care they needed. Before reform:

- Women could be charged more for insurance, simply because of their gender. A 22-year-old woman could be charged 150% the premium that a 22-year-old man paid, and pregnancy was defined by insurance companies as a pre-existing condition.
- 38% of women – 7.3 million – who tried to buy coverage on the individual market over a recent three-year period were either rejected altogether, charged a higher premium, or were sold policies that excluded certain benefits because of a pre-existing condition, like cancer or having been pregnant.
- 42 states allow insurance companies on the individual market to charge women more for health care, solely on the basis of their gender.
- Twenty-one million women and girls went without health insurance in 2008.

Under the new health care law, Americans will have the security of knowing that they don't have to worry about losing coverage if they're laid off or change jobs. And insurance companies now have to cover your preventive care like mammograms and other cancer screenings. The new law also makes a significant investment in State and community-based efforts that promote public health, prevent disease and protect against public health emergencies.

Health reform is already making a difference by:

Covering Preventive Services with No Deductible or Co-pay
Under the new health care law, all Americans joining a new health care plan must be able to receive preventive services--such as mammograms, bone density scans, cervical cancer screenings, contraception, wellness visits, and vaccinations for your child--with no out-of-pocket costs such as co-pays or deductibles. These measures are already helping 54 million Americans, including more than 20.4 million women, detect problems early on by covering preventive services without additional cost sharing.

Removing Limits on Health Benefits
The law bans insurance companies from imposing a cap on the amount of care they cover. That means if you develop breast cancer of another serious disease, your coverage will continue even if your treatments are expensive, and you won't be facing bankruptcy because your benefits run out. Already, 105 million Americans, including more than 39.5 million women, are free from worrying about lifetime limits on coverage thanks to the new health care law. The new law also restricts the use of annual limits and bans them completely in 2014.

Protecting and Strengthening Medicare
The Affordable Care Act strengthens and protects Medicare for seniors who have earned and paid for the guaranteed coverage it provides. Under the new law, seniors can receive recommended preventive services such as flu shots, diabetes screenings, as well as a new Annual Wellness Visit, free of charge. So far, more than 32.5 million seniors, including more than 19 million women, have already received one or more free preventive services, including the new Annual Wellness Visit. The new law also provides relief for people in the Medicare prescription drug coverage gap or donut hole – the ones with the highest prescription drug costs. As a first step, in 2010, nearly four million people in the donut hole received a $250 check to help with their costs. In 2011, 3.6 million people with Medicare, including nearly 2 million women, received a 50 percent discount worth a total of $2.1 billion, or an average of $604 per person, on their brand name prescription drugs when they hit the donut hole. Seniors will see additional savings on covered brand-name and generic drugs while in the coverage gap until the gap is closed in 2020.

Scrutinizing Unreasonable Premium Increases
In every State and for the first time ever, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. And an increasing number of States have more power to block unreasonable premium increases from taking effect.

Providing Better Value for Your Premium Dollar Through The 80/20 Rule
Under the new health care law, insurance companies must provide consumers greater value by spending generally at least 80% of premium dollars on health care and quality improvements instead of overhead, executive salaries or marketing. If they don't, they must provide consumers a rebate or reduce premiums.

Creating New Coverage Options for Women with Pre-existing Conditions
Under the new law, insurance companies are already banned from denying coverage to children because of a pre-existing condition. When the law is fully implemented, insurance companies will no longer be able to deny coverage to Americans due to pre-existing conditions, such as cancer and having been pregnant. Starting in 2014, health insurers will be prohibited from charging you more because you are a woman. Today, the Pre-Existing Condition Insurance Plan in every State offers an option to people who have been locked out of the insurance market

because of a pre-existing condition like cancer or heart disease. Already, 50,000 Americans who were uninsured due to a pre-existing condition have accessed affordable coverage through the Pre-Existing Condition Insurance Plan.

Providing New Coverage for Young Adults
Insurance companies are now required to allow parents to keep their children up to age 26 on their insurance plans. This means that over 2.5 million young adults have gained coverage because of the new health care law.