



What's in Health Reform for Women

Health Reform Ends Discrimination by Gender or for Pre-Existing Conditions

- Before reform, insurers in Virginia were allowed to consider gender when setting premium rates for insurance coverage.
 - As a result of "gender rating," women often are charged more than men for the exact same coverage. Right now, a healthy 22-year-old woman can be charged premiums 150 percent higher than a 22-year-old man.
- Though federal law prohibits employers from charging individual male and female employees different rates for coverage, insurance companies in Virginia are allowed to consider the proportion of women a business employs when determining the group's overall premium. As a result, predominately female workforces can pay significantly more for coverage.
- Health reform imposes strict regulations on insurance carriers, including the elimination of gender rating for individuals and small businesses with up to 100 employees; a requirement that health insurers accept all applicants for coverage regardless of their medical history; and a prohibition on pre-existing condition exclusions. Within a year of enactment, women who have health problems, but who lack access to health insurance, will be able to purchase a plan that protects them from medical bankruptcy.

Health Reform Helps Women Obtain More Affordable Health Insurance

- Health reform extends Medicaid eligibility to people with incomes at or below 133% of the federal poverty level (FPL), providing more low-income women and their families with access to this essential program. Under this expansion, an estimated 111,000 uninsured women in Virginia will be newly eligible for Medicaid coverage.
- Health reform will make coverage more affordable for low and middle-income families by providing health insurance subsidies to those with family incomes between 133 and 400% of the FPL. Approximately 249,000 women in Virginia will be eligible for a health insurance subsidy to help with premiums and out-of-pocket costs.
- Health Reform caps what insurance companies can force women to pay in out-of-pocket expenses, such as co-pays and deductibles, eliminates lifetime limits on how much insurance companies cover if a woman gets sick, and restricts the use of annual limits.
- Health reform requires premium rate reviews to track any arbitrary premium increases and will crack down on excessive insurance overhead by applying standards on how much insurance companies can spend on non-medical costs, such as bureaucracy and advertising. It also will provide premium assistance for those who need it.

Health Reform Will Ensure that Women Have Access to Many of the Benefits They Need

- Health reform will require all new health insurance plans sold to individuals and small businesses—both in- and outside of the Health Insurance Exchange—to cover a broad range of medical services, including maternity care, prescription drugs, and mental health services. In addition, all new health plans will be required to cover preventive care (including women’s health services, such as mammograms) without cost-sharing.
- Young women — who are more likely to be uninsured than women in any other age group — will benefit from a new rule that allows young adults to remain on their parents’ health insurance policy as a dependent until age 26.
- Older women will benefit from a provision that closes the Medicare Part D “donut hole” – which requires seniors to spend a considerable amount out-of-pocket for prescription drugs – and provides discounts on brand-name prescription drugs. In 2007, 64% of the Medicare beneficiaries that were affected by the “donut hole” were women.
- Nursing mothers and their infants will gain from a provision that requires employers with over 50 employees to provide a reasonable break time and location to express breast milk.
- Women – who, on average, use more health care services than men, including primary and preventive care – will benefit from provisions to strengthen the primary care workforce, including incentives and programs that aim to retain and produce more primary care providers.