



What Health Reform Will Do for Women and Families

This fact sheet lists major provisions included in the Senate health reform bill and accompanying reconciliation legislation now slated for a vote in Congress. *Updated March 19, 2010*

What women and families will get right away (in 2010, within six months of enactment)

1. Insurance companies will be prohibited from canceling our policies if we get sick.
2. Insurance companies will no longer be able to set lifetime limits or “unreasonable” annual limits on the amount of medical care they will cover under our existing policies.
3. We will be able to keep our dependent children on our family policies until their 26th birthdays, unless they get coverage through their employers.
4. People on Medicare Part D whose prescription drug expenses are high enough to put them into the non-reimbursed “donut hole” this year will be eligible for a \$250 rebate this year. (The donut hole will be closed completely over time.)
5. All new insurance plans will be required to cover preventive health care and screenings (such as pap smears and mammograms) without charging co-payments to the patients.
6. Small businesses and non-profits (25 or fewer workers) with low-wage workers (under \$50,000) will be eligible for tax credits to help them buy health coverage for employees.
7. Children with pre-existing conditions cannot be denied coverage.
8. Adults with pre-existing conditions will have new, more affordable coverage options through a “high-risk” pool to be established within 90 days of enactment of the bill.
9. Early retirees will be able to get more affordable health coverage until they are old enough to qualify for Medicare. This will be done through creation of a “reinsurance pool.”
10. People shopping for health insurance coverage will be able to better compare plans and their costs because of a requirement for standard policy documents and establishment of a website identifying coverage options in each state.

What we will get next year (2011)

10. People on Medicare will each get a free annual wellness visit and will no longer have co-pays for preventive care.

11. Insurance companies will have to begin reporting how much of our premiums they are using on medical care and then provide rebates to us if they are spending too much of our money on executive salaries and advertising or are just taking the money out in profits.

What we will get after that (2012 though 2014)

Between now and 2014, federal and state governments will be working with health insurance companies to create major improvements that will go into effect in 2014, including:

Coverage options:

12. An estimated 16 million more people will qualify for Medicaid coverage, when income eligibility is increased to 133% of the federal poverty limit (\$29,327 for a family of four). Increases in payments to doctors who take Medicaid will make it easier for those on Medicaid to get treatment.
13. Uninsured individuals and families who don't qualify for Medicaid because they earn too much can shop for coverage in new insurance "exchanges" that will be set up. Plans will be available at four different price and coverage levels. People with incomes up to 400% of the federal poverty limit (\$88,400 for a family of four) will be able to get federal subsidies to help them afford coverage.
14. Small businesses with up to 100 workers will also be able to shop in the new insurance exchanges for affordable coverage for their employees.
15. Employers will be encouraged to offer health insurance to their workers, and those who don't will pay a \$2,000 fine for each employee who goes to the insurance exchange and buys their own individual coverage using federal subsidies.
16. Anyone who has an insurance policy she/he likes (whether through an employer or individual purchase) can simply keep that plan.

Protections from unfair insurance company practices

17. Insurance companies will not be allowed to deny us coverage for pre-existing conditions, such as cancer and diabetes.
18. Insurance companies will not be allowed to charge women more than men for the same policy (a practice known as gender rating)
19. Insurance companies will be limited to charging older people no more than three times more than young adults.
20. There will be an annual cap on the out-of-pocket medical expenses we have to pay.

What would our responsibilities be?

Under this legislation, most of us would be required to have health insurance by the end of 2014. If we do not get insurance we would face a penalty. In 2014, the penalty would be \$95 a year or 1 percent of household's income; in 2015, \$325 or 2 percent of income; in 2016, \$695 or 2.5 percent of income. There would be exemptions from this requirement for American Indians, people with religious objections to medical care, people who can show a financial hardship and households with very low incomes.