

HOW THE HEALTH CARE LAW BENEFITS WOMEN

- Bans insurance companies from dropping women when they get sick or become pregnant.
- Bans insurance companies from requiring women to obtain a pre-authorization or referral for access to ob-gyn care.
- Improves the care of millions of older women with chronic conditions, by providing incentives under Medicare for more coordinated care.
- For women in new private plans, provides free coverage of important, lifesaving preventive services, such as mammograms and colonoscopies. 20 million women have already received one or more free preventive services.
- Beginning this summer, provides that this free coverage will also include more comprehensive women's preventive services, including contraception, in new plans.
- Ensures being a woman will no longer be treated as a "pre-existing condition," with insurance companies banned from denying coverage for "pre-existing conditions," beginning in 2014. Currently, many women are denied coverage or charged more for such "pre-existing conditions" as breast or cervical cancer, pregnancy, having had a C-section, or having been a victim of domestic violence.
- Ends the common practice of "gender rating," charging women substantially higher premiums than men for the same coverage, beginning in 2014. According to one study, the women on the individual market pay up to 48% more in premium costs than men.
- **Provides greater access to affordable health coverage for women,** with the establishment of new Health Insurance Exchanges for the millions who do not have health insurance through an employer, beginning in 2014. Currently, less than half of America's women can obtain affordable insurance through a job.