

Wisconsin Women Win
with Health Care Reform!

Wisconsin Women & Health Care Reform

Fall 2013

Health Care Reform is a Women's Health Issue

- Women visit the doctor more often
- Women are less able to pay for health care
- Women are less likely to get insurance from their job because they work part-time or provide unpaid care to family members
- Women are more likely to lose their insurance due to changes in marital status or budget cuts
- It is especially hard for certain women to get health care, such as women of color, young women, and rural women

Uninsured Women...

- Often have less access to care;
- Get lower quality care;
- Have poorer health outcomes; and
- More likely than women who have insurance to skip care, leave prescriptions unfilled, or delay preventive services such as mammograms and Pap tests.

Did You Know?

- **52%** of women report delaying medical care because of cost
- **30%** of all women have a pre-existing condition
- **77%** of people view health insurance as necessary and would not give it up
- **13 million** women will gain health insurance by 2016 thanks to the ACA

What is the ACA?

- Stands for “Affordable Care Act” -- otherwise known as the health care law or “Obamacare”
- Health insurance reform that became law on March 23, 2010
- Highlights of the ACA:
 - You can get lower costs every month
 - You may be eligible for a free premium plan, or a new kind of tax credit that lowers your monthly premiums
 - You can see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll
 - You can make apples-to-apples comparisons of costs and coverage between health insurance plans

Before Health Care Reform...

- Most insurers charged women more for coverage based on gender
- Most insurers denied or limited coverage to those with pre-existing conditions
- Most insurers could raise premiums without any explanation
- Most insurers spent much of your premium dollars on administration and profits
- There were also notable gaps in Medicare coverage

Making a Difference

Thanks to the ACA:

- **3.1 million** young adults have gained insurance through their parents' plans
- **105 million** Americans have had lifetime limits removed from their insurance coverage
- **6.1 million** people with Medicare received \$5.7 billion in prescription drug discounts through 2012
- **\$2.1 billion** was returned to consumers in 2011 because their health plans did not spend at least 80% of premium dollars on care or quality improvements

Why Wisconsin Women Win with the ACA

- ✓ Pre-existing condition protection
- ✓ Consumer protections
- ✓ Covered preventive care
- ✓ Affordable, accessible care

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Pre-existing Condition Protection

- Under the ACA, those living with pre-existing conditions are free from discrimination and can get the health coverage they need and deserve
- By 2014, women will no longer be denied coverage because:
 - they are pregnant
 - had a c-section
 - have cancer, or
 - have survived partner violence or sexual assault
- Already, children cannot be denied insurance because of pre-existing conditions.

Consumer Protections

- Insurance companies will no longer be able to charge women more for the same coverage as men
- After 2014, insurance companies will not be allowed to put a yearly or lifetime limit on the amount of care you may receive
- Insurance companies are required to spend 80-85% of premium dollars on medical care and health care quality improvement, rather than administrative costs
- Young adults can stay on their parents' insurance plan until age 26

Covered Preventive Care

- Under the ACA, many preventive care services are offered with no-financial barriers (no co-payments, no coinsurance and no deductibles in ALL insurance plans)
- Women's preventive services includes:
 - full range of FDA-approved contraception methods and contraceptive counseling*
 - well-woman visits
 - screening for gestational diabetes
 - human papillomavirus (HPV) DNA testing for women > 30 years
 - sexually-transmitted infection counseling
 - HIV screening and counseling;
 - breastfeeding support, supplies, and counseling
 - domestic violence screening and counseling

****Problems getting your contraceptives at no-cost?
Call 1-866-PILL-4-US or email pill4us@nwlc.org***

Essential Health Benefits

The ACA ensures health plans offered in the individual and small group markets, both inside and outside of the Marketplace, offer a comprehensive package of items and services, known as essential health benefits.

10 Categories of Essential Health Benefits in the ACA:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory service
9. Preventive and wellness services and chronic disease management
10. Pediatric Services, including oral and vision care

Affordable, Accessible Care

- The new health insurance Marketplace will provide a one-stop shop for comparing and accessing private health insurance as well as Medicaid, tax credits, and other public programs you may be eligible to receive
- No more hurdles to getting OB/GYN care with no “prior authorization” or “referrals” necessary

No Wrong Door

If Your Employer Offers You Affordable Health Care Coverage...

Door #1:

Employer Sponsored Health Insurance (ESI)



Thanks to new provisions in the ACA, ESI will also be subject to new provisions including the end of gender rating, end of annual limits and lifetime limits and premium rate reviews.

If You Need to Purchase Health Care Coverage On Your Own or for/with your Small Business...

Door #2:

State Health Insurance Exchange



All plans to include essential health benefits package.

Tiered plans make for easy comparison of costs, benefits, and coverage.

May be eligible for tax credits and subsidies to purchase coverage through the Exchange.

If You Need Health Care Coverage But Can't Afford to Purchase a Private Plan in the State Exchange...

Door #3:

State Health Care Programs



Covers individuals and families with low enough incomes to make participating in the Exchange or buying private insurance cost prohibitive – includes, Medicaid, and BadgerCare.

Health & Financial Security

- Health insurance is important to help you stay healthy and pay for the medical care you will need if you get sick, have an accident or become pregnant.
- It's important to get health care coverage so:
 - You will be able to protect yourself from huge medical bills if you have an accident
 - You can get regular checkups at your doctor's office or clinic and problems can be spotted early and treated before they become much worse.
 - You have the ability to get a reliable type of birth control you can afford

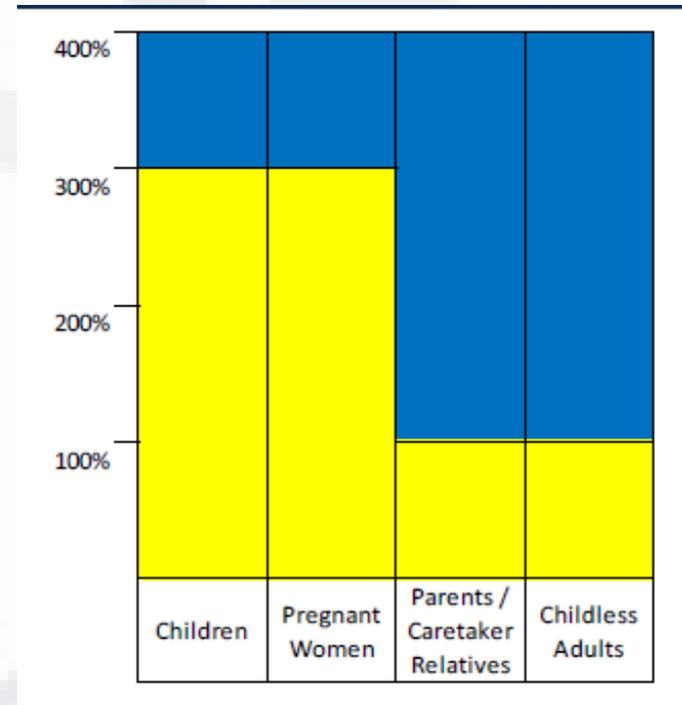
Employer Sponsored Insurance

- If you have job-based health insurance you like, you can keep it
- The ACA provides important new rights, strong consumer protections and key benefits that apply to most job-based insurance plans:
 - Requires insurance companies to cover people with pre-existing health conditions
 - Helps you understand the coverage you're getting
 - Holds insurance companies accountable for rate increases
 - Makes it illegal for health insurance companies to arbitrarily cancel your health insurance just because you get sick
 - Protects your choice of doctors
 - Covers young adults under 26
 - Provides free preventive care
 - Ends lifetime and yearly dollar limits on coverage of essential health benefits
 - Guarantees your right to appeal
- You may be able to change to Marketplace coverage if you want to but your employer does not need to make a contribution to your premiums
 - To be eligible for the Marketplace, your employer plan must not exceed the 9.5% cutoff point or have less than 60% benefits covered

Medicaid (BadgerCare) Coverage

- Adults & Childless Adults in Wisconsin at or below 100%FPL are eligible for Medicaid
 - \$11,490/year for individual & \$23,550/year for family of 4
- If over 100%FPL, you can purchase coverage in the Marketplace
- For more information, visit: <http://www.dhs.wisconsin.gov/badgercareplus/>

Standard Plan
Qualified Health Plans in Marketplace
Eligible for Premium Tax Credits up to 400% FPL
Eligible for Reduced Cost Sharing up to 250% FPL



The ACA & Medicare

- **Your Medicare coverage is protected.**
 - You don't have to replace your Medicare coverage with Marketplace coverage.
 - No matter how you get Medicare, you'll still have the same benefits and security you have now - you won't have to make any changes.
- **You get more preventive services, for less.**
 - Medicare now covers certain preventive services, like mammograms or colonoscopies, without charging you for the Part B coinsurance or deductible.
 - You also can get a free yearly "Wellness" visit.
- **You can save money on brand-name drugs.**
 - If you're in the donut hole, you'll also get a 50% discount when buying Part D-covered brand-name prescription drugs.
 - The discount is applied automatically at the counter of your pharmacy—you don't have to do anything to get it.
 - The donut hole will be closed completely by 2020.
- **Your doctor gets more support.**
 - With new initiatives to support care coordination, your doctor may get additional resources to make sure that your treatments are consistent.
- **The ACA ensures the protection of Medicare for years to come.**
 - The life of the Medicare Trust fund will be extended to at least 2029—a 12-year extension due to reductions in waste, fraud and abuse, and Medicare costs, which will provide you with future savings on your premiums and coinsurance.

Health Insurance Marketplace

- Also known as the health insurance "exchange"
- The Marketplace is a new way to find health coverage that fits your budget and meets your needs
 - Subsidies available based on income.
 - Chose private insurance based on price, quality, coverage (precious metal tiers).
- With one application, you can see all your options and enroll
- With the Marketplace you may be able to get lower costs on monthly premiums or out-of-pocket costs, or get free or low-cost coverage
- Open enrollment starts October 1, 2013
 - Plans and prices will be available then
 - Coverage starts as soon as January
- For more information, visit: www.healthcare.gov

SHOP Marketplace

- The Small Business Health Options Program (SHOP) is a new program that simplifies the process of buying health insurance for small businesses.
- For 2014, the SHOP Marketplace is open to employers with 50 or fewer full-time-equivalent employees (FTEs).
- The advantages of using SHOP include:
 - You control the coverage you offer and how much you pay toward employee premiums.
 - You can compare health plans online on an apples-to-apples basis, which helps you make a decision that's right for your business.
- You may qualify for a small business health care tax credit worth up to 50% of your premium costs. You can still deduct from your taxes the rest of your premium costs not covered by the tax credit.
 - Beginning 2014 the tax credit is available only for plans purchased through SHOP.

Marketplace Affordability

- Savings depends on income and family size
 - In general, people at the following income levels will qualify to save in 2014.
 - Up to \$45,960 for individuals
 - Up to \$62,040 for a family of 2
 - Up to \$78,120 for a family of 3
 - Up to \$94,200 for a family of 4
 - Up to \$110,280 for a family of 5
 - Up to \$126,360 for a family of 6
 - Up to \$142,440 for a family of 7
 - Up to \$158,520 for a family of 8
 - You may also be able to get lower-out-of-pocket costs depending on your income and family size.
- Until October 1, get a rough estimate of costs and savings by using the KFF calculator at: <http://kff.org/interactive/subsidy-calculator/>
- Calculator estimates that a 40 year old with family of four, making \$60,000 would:
 - Have a premium of \$12,130 for the year
 - With a tax credit of \$7,193
 - Leaving the family with \$4,937 to pay (\$411/month)

Common Enrollment Questions

How can I enroll?

- Starting October 1, 2013, you will be able to sign up online, by phone or using a paper application (mail or fax)

When does the new health coverage begin?

- Coverage through the Marketplace begins on January 1, 2014, as long as you have enrolled by December 15, 2013. After that, coverage will begin the first of each month as long as you have enrolled by the 15th of the previous month.

Who is eligible for insurance through the Health Insurance Marketplaces?

- You must live in the U.S. and you must be a U.S. citizen or national, or lawfully present
- Even if you don't qualify because you are not a U.S. citizen, other members of your family might be eligible for coverage.
- There is no penalty for applying, and your information will not be used for any purpose other than determining if you and your family members qualify for health coverage.

How much will it cost to enroll?

- It doesn't cost anything to apply and learn what coverage options you qualify for, what they will cost, and what financial help you can receive.
- Once you know your options, you can decide what health insurance plan is best for you and your budget.

How much financial help can I get with the cost of coverage?

- If you enroll through a plan through the Marketplace, you may be eligible for financial assistance.
- The amount of money you would have to pay each month depends on your income.
- The same application that will be used to determine what coverage options you qualify for will also tell you how much financial help you can get.

Marketplace Application Checklist

Use this checklist to help you gather what you need to apply for coverage.

- Social Security Numbers
- Employer and income information for every member of your household who needs coverage (for example, from pay stubs or W-2 forms—Wage and Tax Statements)
- Policy numbers for any current health insurance plans covering members of your household
- A completed Employer Coverage Tool for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.) Found at:

<http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-checklist.pdf>

Marketplace Enrollment Help

- In Wisconsin there will be people trained and certified to help you understand your health coverage options and enroll in a plan. They will be known by different names:
 - Navigators
 - Application assistors
 - Certified application counselors
 - Insurance agents and brokers can also help you with your application and choices.
- When open enrollment starts October 1, 2013, the Marketplace Help Center will assist you in finding the kind of help that works for you.
- **Online:** HealthCare.gov has new resources, videos, and checklists—and live web chat available 24/7 in English and Spanish—to help individuals, families and small businesses prepare for the Marketplace.
- **By Phone:** 1-800-318-2596 is a new toll free call center to speak with a trained customer service representative 24 /7.
 - Representatives will be available in English and Spanish, and there will be a language line to assist callers in over 150 additional languages.

Top 5 Things You Need to Know

1. Wisconsin women win with the ACA
2. Starting in 2014, everyone is required to have health coverage either
 - through your employer,
 - Medicare,
 - state health programs (Medicaid), or
 - through the Marketplace
3. Help is available
 - Healthcare.gov with online chat
 - 1-800-318-2596
4. Open enrollment into the Marketplace begins October 1, 2013 and runs through March 31, 2014
5. We're counting on you to help spread the word!

Helpful Resources



- HealthCare.Gov
- Get Covered America

- www.getcoveredamerica.org



- Raising Women's Voices

- www.raisingwomensvoices.net



- Raising Wisconsin Women's Voices Blog

- rwww.wordpress.com/



- KFF Subsidy Calculator

- kff.org/interactive/subsidy-calculator/