Women's Healthcare Coverage

- **If you're a woman, you have different healthcare needs than men.** Women may need access to birth control, or prenatal and maternity care. Women tend to live longer than men and are more likely to need care for chronic conditions and disabilities, which means their care costs can typically be higher than men's. Health insurance can help you pay for the care you need.
- **By law, most health plans must cover certain women's health services** because they are "essential health benefits" – like prenatal and maternity care. Some of these services are "preventive care" and must be free, such as yearly "well-woman" check-ups and certain cancer and osteoporosis screenings.
- **Plans cannot charge women higher premiums than men,** and most plans cannot put a limit on how much they will spend on your medical care over your lifetime. If you are a woman aged 65 or older, you can apply for Medicare, the public health insurance program for older adults.
- **If you are not insured, visit our Resources Section** for more information on where to find free or low-cost health services.

If you're a woman, you have different healthcare needs than men. For example, some women may become pregnant. Women may also be at greater risk for breast cancer and osteoporosis. These different healthcare needs can mean that women have higher healthcare costs than men. Joining a health plan can protect you from the high costs of medical care. You can find a plan through your employer if it offers one, from your state's healthcare Marketplace or from the federal healthcare Marketplace. Marketplaces are one-stop shops where you can buy a private health plan, or apply for government health plans like Medicaid. They were created by the Affordable Care Act (ACA).

Federal law currently requires most health insurance plans to cover the healthcare services that women need. That includes essential health benefits, like pregnancy care. It also includes certain preventive services, like check-ups and cancer screenings. Most health plans must cover preventive services for free. Insurers are not allowed to charge women higher premiums than men for the same health plans. You also can't be denied coverage just because you are sick or have a preexisting medical condition.

Preventive Services

Preventive services help you avoid an illness, or catch it in an early stage before it can cause more harm. Most health insurance plans have to cover certain preventive services for free – including important services just for women.

To get free preventive services, you must go to a provider in your insurance plan's network. A network is made up of doctors, hospitals and other providers that have agreed to accept your insurance plan's payment for your care. For other types of care, even if you see an "in-network provider," you would pay a copay or coinsurance. And you might also pay more to meet your

deductible, the yearly amount you normally pay before your insurer starts paying for your care. But for preventive services, if you stay "in-network" you won't have to pay a copay or coinsurance, and it will be free even if you haven't met your deductible.

One of the most important preventive services is a yearly checkup, or well-woman visit, for women under 65. The visit includes a full exam and a focus on preventive care for women. For example, if you're thinking of getting pregnant, you can talk about preconception health with your doctor. Those are steps you can take to help you have a healthy baby, even before you get pregnant.

Women who may become pregnant can also get free birth control (with some exceptions). If you are pregnant or have a baby, you can get breastfeeding support and counseling. And you can get tested for certain conditions, such as anemia screening and sexually transmitted infections testing.

Other free preventive services include:
- Breast cancer mammogram screening every one to two years for women over 40
- Cervical cancer screening for sexually active women
- Osteoporosis screening for women at risk and over age 60
- Domestic and interpersonal violence screening and counseling

Your health plan may also cover other preventive services, beyond those required by law. Talk to your doctor or health plan about the preventive services that may be good for your health.

Pregnancy and Childbirth

If you're pregnant, you need care when your baby is delivered. You also need what doctors call "prenatal care" throughout your pregnancy. Prenatal care is important to having a healthy baby. Prenatal care and childbirth services are both essential health benefits that most health plans are required to cover, by law.

If you are pregnant but don't have insurance, you can join a plan after you have your baby. Having a baby qualifies you for a special enrollment period. This means that you can join one of the private health plans offered through the Health Insurance Marketplace. You can enroll up to 60 days later – your coverage will still start on the day your baby was born.

You may be able to get help paying for your plan, depending on your family's income. If you can't afford a health plan, Medicaid and Child Health Plus are public health insurance programs for people who have a low income, and their children. Medicaid and Child Health Plus also cover maternity care and childbirth. If you make too much to qualify for Medicaid, but not enough to afford a private plan, you may be eligible for New York State's low-cost Essential Plan. You may also be eligible for tax credits and cost sharing assistance to help you pay for coverage.

Health plans can't deny you coverage just because you are pregnant.

Chronic Conditions

Women typically live longer than men. Women also are more likely to have certain chronic conditions and disabilities, like autoimmune diseases, osteoarthritis and stroke. Care for these and other chronic health problems, like high blood pressure or high cholesterol, is important for all older adults. Treating these conditions over the course of a woman's lifetime can be especially costly.

Under federal law, health plans cannot put a limit on how much they will spend on your medical care over your lifetime. They also cannot charge women higher premiums than men for the same coverage.

If you are a woman aged 65 or older, you may be eligible for [Medicare](#), the public health insurance program for older adults. (Younger people with disabilities or end-stage kidney disease may also get Medicare.) Medicare covers a number of preventive services for women for free. [Click here for a complete list](#).

Your Action Plan: Take Care of Yourself as a Woman

If you're an immigrant, here are key steps to follow to get health insurance coverage and care:

- If you're not insured, try to get insured by signing up for a Marketplace plan. The plan will help you pay for your healthcare.
- If you can't afford health coverage, see if you and your family [are eligible for Medicaid or Child Health Plus](#), or for help paying for a Marketplace plan.
- If you are insured, take advantage of free preventive services, especially those for [women](#).
- If you're pregnant, make sure to get regular prenatal care. Most health plans have to cover those services.
- If you're 65 or older, use [Medicare](#) to cover treatment of chronic conditions and to cover free preventive services. You should sign up for Medicare three months before your 65th birthday.