Meet Kate
Kate is 30 years old and expecting her first child. She is self-employed and her husband's insurance doesn't extend to family members, so she enrolled in an insurance plan on HealthCare.gov.

Before the Affordable Care Act (ACA)
- 11 states required maternity benefits in individual health plans
- 13% of individual health plans covered maternity benefits

The ACA requires
- individual and small group plans to cover Essential Health Benefits (EHB), including maternity care. The ACA also limits out-of-pocket spending for EHB services, including maternity care.

With ACA patient protections

<table>
<thead>
<tr>
<th>With ACA patient protections</th>
<th>Annual premiums</th>
<th>Total cost of birth</th>
<th>Kate's share</th>
<th>Maximum amount Kate would pay if there were complications during birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>With ACA patient protections</td>
<td>$2,952</td>
<td>$7,540</td>
<td>$4,100</td>
<td>$7,150</td>
</tr>
</tbody>
</table>

If maternity care is not included in EHB
- $4,452
  - 25-70% higher premiums for a plan with maternity benefits than for a plan without maternity benefits
- $7,540
  - Same cost of birth
- $4,100
  - Kate's share would likely be the same

If maternity care is not covered
- Annual premiums are $120 less compared with the ACA
- $2,832
- Total cost of birth
- $15,000
- Kate must pay the TOTAL COST
- $15,000
- UNLIMITED

If Congress gives states flexibility to remove maternity care from EHB, women and families may not be able to get the care they need for healthy pregnancies and healthy children.

Analysis by Avalere Health

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