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Health Insurance Advice for Women: eHealthInsurance Answers Frequently Asked Questions

New eHealthInsurance Survey Shows 61.9% of New Individual Health Insurance Shoppers Are Women

eHealthInsurance (**NASDAQ**: EHTH), the leading online source of **health insurance** for individuals, families and small businesses, today released a list of answers to questions frequently asked by women who call its customer care center. The customer care center includes a call center staffed with licensed **insurance agents**.

In a newly **released consumer survey** conducted by eHealth's customer care center, 61.9 percent of survey respondents were women. Purchasing **individual health insurance** policies, especially for the first time, can be a more complex task for women than men due to the availability of plans that offer maternity coverage and other important benefits specific to women.

Given women's specific needs, eHealthInsurance has provided six key questions women should consider when researching and purchasing their own health insurance plan:

1. Are maternity benefits covered? Private health insurance plans don't automatically cover maternity benefits -- they are often "riders" on the main policy. eHealth's 2008 report, The Cost And Benefits Of Individual And Family Health Insurance Plans, showed that nearly half of all **policy holders** were women (46.3%) and one-quarter (24.2%) of all policy holders had maternity coverage. Maternity coverage is a mandated benefit in some states, but not all of them. If you don't need maternity coverage (for those not planning to get pregnant) you can save money buying coverage that doesn't include it.
Note: If you don't have maternity coverage, any claims related to prenatal care, delivery and postnatal services are not covered benefits. If you're planning to have children, or if there's even a chance you might get pregnant, your plan should include maternity benefits that cover you from preconception through postpartum.

2. What do I do if I can't find a plan that offers maternity coverage? In some states, you may not be able to find plans that offer maternity coverage. If you can't find maternity coverage in your area, connect with a licensed agent in eHealth's call center, or reach out to the **Foundation for Health Coverage Education** at **www.coverageforall.org** where you can find public programs in your state that may help you get the maternity care you need. You should also contact the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which may be able to provide you with additional assistance.
Note: Some health insurance plans offer maternity benefits as a "rider" but, in many cases, a maternity rider won't cover a considerable portion of your costs for a hospital delivery or alternative delivery options such as delivering from home. Speak to your doctor about your delivery choices. If you purchase any supplemental maternity coverage, be sure it covers the delivery option you've selected. It's also a good idea to go to an obstetrician and see if they're willing to pre-negotiate a rate with you.

3. How much preventative care is covered? Preventive care is especially important for women, and individual plans offer a range of options for doctor visits, lab/x-ray and other services. Routine mammograms and pap tests are two of the most important tests to help detect diseases early on. The type of plan you select is ultimately a personal choice, but if you want to see your personal physician and OB/GYN every year then you should look into plans with a co-pay option for preventive care visits. Co-pays typically range from $20 to $35 per visit.
Note: The vast majority of individual plans include preventive care coverage, but you may be able to save money on premiums by

selecting a plan without them. If you're shopping for insurance at eHealthInsurance.com be sure to review a plan's preventive care benefits by selecting the "Preventive Care Coverage" section of a plan summary.

4. Can I keep my doctor and the specialists I like? If you're happy with your current doctor you need to make sure he or she is in the network of the insurance carrier you choose. That will allow you to continue to see your doctor. You want to avoid paying out-of-network rates if at all possible.
Note: Many HMOs and some PPOs require a referral from a primary care physician in order to see an OB/GYN. If you visit your OB/GYN frequently, you may prefer a plan without this requirement. If you're shopping at eHealthInsurance.com be sure to use our "Doctor Finder" feature, which allows you to key in your physician's name and view the plans that include him or her in their network.

5. What are my best options if I need prescription drug coverage? You may be able to find low-cost prescription drug programs at certain retailers, or other locations in your area. These plans typically cover the costs of generic drugs. In the individual health insurance market you'll typically have the option to buy a health **insurance policy** that includes prescription drug coverage, or select a policy that does not. If you find a low-cost prescription drug program then you may be able to save money by selecting a health insurance plan that does not cover prescription drugs.
Note: If you elect to purchase a low-cost prescription plan through a retailer, you won't always have access to the newest and most advanced drugs available. If you don't care about getting the newest drug treatments, you may be okay to pass on prescription drug coverage in your health insurance plan. Just be sure that any drugs you're already taking are included in the plan you choose.

6. Will my baby be covered on an individual health insurance policy after it's born? The majority of health insurance plans that offer maternity coverage will allow you to add your newborn to an individual policy and convert it to a family plan. If the newborn is added to the individual policy within 30 days of birth, the plan typically won't require any medical underwriting. But after 30 days, the newborn is subject to underwriting and may be declined coverage, in most cases.
Note: Some plans are "Individual Only" plans, which don't allow newborns to be added to the policy. If you have an "Individual Only" plan you'd need to purchase a separate policy for your newborn and the child would be subject to an underwriting review.

About eHealth
eHealth, Inc. (NASDAQ: EHTH) is the parent company of eHealthInsurance, the nation's leading online source of health insurance for individuals, families and small businesses. Through the company's website, **http://www.eHealthInsurance.com**, consumers can get quotes from leading health insurance carriers, compare plans side by side, and apply for and purchase health insurance. eHealthInsurance offers thousands of health plans underwritten by more than 180 of the nation's leading health insurance companies. eHealthInsurance is licensed to sell health insurance in all 50 states and the District of Columbia. Through its eCommerce On-Demand solution (eOD), **www.ehealth.com/eOD**, eHealth is also a leading provider of on-demand e-commerce software services. eHealth's eOD platform provides a suite of hosted solutions that enable health plan providers and resellers to market and distribute products online. eHealth's eCommerce On-Demand solution is currently available to health plan providers in all 50 states and the District of Columbia. eHealthInsurance and eHealth are registered trademarks of eHealthInsurance Services