



The Pre-Existing Condition Insurance Plan (PCIP) in Georgia: *Implications for Consumers & Policymakers*

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What is the PCIP?

The Pre-Existing Condition Plan (PCIP) is a new health insurance option for uninsured Georgians who have been denied insurance because of a pre-existing condition. The PCIP, authorized by the Affordable Care Act, is intended to provide coverage for consumers who are locked out of the insurance market due to a pre-existing condition. To be eligible, applicants to the PCIP must be uninsured for at least six months and have a documented pre-existing condition. As of August 1st of this year, 914 Georgians had signed up for coverage through the PCIP.

How can the PCIP Benefit Georgia Consumers?

The PCIP insurance plan covers a range of benefits, including the applicant's pre-existing condition, and does not base eligibility for the program on income or any other factors aside from having been uninsured for 6 months, having a documented pre-existing condition, and meeting U.S. citizenship requirements. Premiums for the plan are based on a standard population and vary only by age. Below are the monthly premiums for Georgia consumers, by age, for the three plan options. There are also deductibles and co-pays associated with the plans. More details on plan design are available at: <https://www.pcip.gov/StatePlans.html>

<u>Age</u>	<u>Standard Option</u>	<u>Extended Option</u>	<u>HSA Option</u>
0 to 18	\$147	\$198	\$153
19 to 34	\$220	\$296	\$229
35 to 44	\$264	\$356	\$274
45 to 54	\$338	\$455	\$351
55+	\$470	\$633	\$488



How Can Georgia Consumers Apply for the PCIP?

Georgia consumers can apply online, via phone, or through the mail. The following website walks you through the process: <https://www.pcip.gov/Apply.html>. In addition to the application, an applicant can provide a letter from a physician, physician assistant or nurse practitioner, dated within the past 12 months, stating that the applicant has or has had the specific medical condition, disability or illness, rather than providing proof of a denial of coverage from a private insurer. Either a physician's note or a documented insurance denial is required to establish eligibility. Children under age 19 can also be eligible if they have an offer of coverage from the last 12 months for which the premium for the standard option plan is at least twice as much as the PCIP premium.

What are the Policy Implications in Georgia of the PCIP?

As of August 1st of this year, 914 Georgia consumers gained coverage through the PCIP. The premiums are subsidized entirely with federal dollars and no state funds are associated with the program. In fact, the Governor's FY 2012 budget proposal realizes savings of \$680,263 from the movement of previously uninsured hemophilia patients who had been accessing life-saving drugs through a state program into the PCIP, where those drugs are now covered. To ensure as many Georgians as possible benefit from the PCIP, additional outreach and education about the program is needed. More information to share with your patients, consumers, and volunteers is available at: <http://www.healthcare.gov/law/provisions/preexisting/states/ga.html>



*For more information, contact Amanda Ptashkin, Outreach and Advocacy
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