



# COVER GEORGIA

## GEORGIA'S HEALTH CARE WAIVER PLANS WHAT YOU NEED TO KNOW

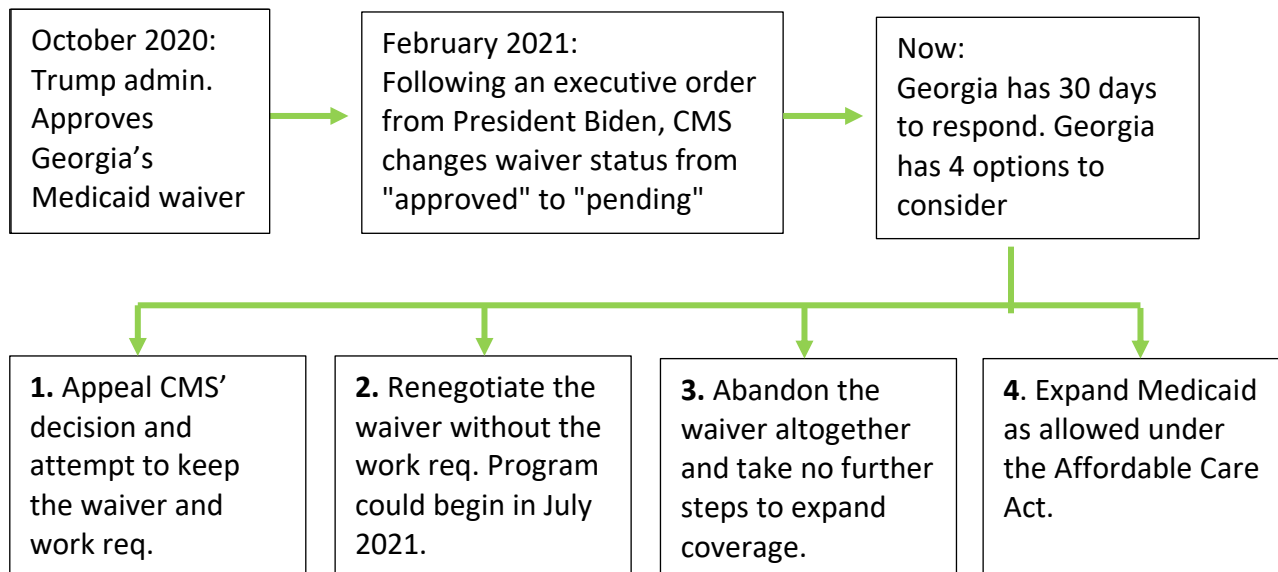
### Medicaid waiver plan (aka 1115 waiver or “Georgia Pathways”)

Instead of taking the best deal available and expanding Medicaid to cover all low-income Georgians, Gov. Kemp and other state leaders have pursued a complicated plan that makes it hard for low-income Georgians to get covered and stay covered. The Governor’s plan would:

- **Leaves 9 out of 10 low-income Georgians uninsured**
- Allow adults with incomes below the poverty line (about \$12,000 a year for an individual or \$26,000 for a family of four) to enroll in Medicaid
- Impose “work requirements” that have been deemed illegal by two federal courts. Georgians could only enroll in coverage if they can prove they are working or doing other government-approved activities at least 80 hours per month.
- Require enrollees to pay premiums to the state. If they fail to pay premiums for 3 months, they would be kicked off of coverage. (Traditionally, Medicaid members are not required to pay premiums because of their low incomes.)
- Take away transportation to and from health appointments for the Georgians who gain coverage through this program
- Require Georgia to pay 33% of the program costs (Georgia would pay 10% of costs under a Medicaid expansion)

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## Changes to Private Insurance (aka 1332 waiver or the “Georgia Access Model”)

The Governor’s private insurance waiver turns back the clock for Georgia consumers while camouflaging the damage with lower premiums for some Georgians. The plan blocks Georgia consumers from using the ACA Marketplace (healthcare.gov) but does not replace it with any new health insurance shopping options. The plan makes it harder for people to shop for health coverage and increases the risk to consumers of being uninsured or underinsured. The Governor’s plan is split into two phases.

Phase I (called “Reinsurance”) would:

- A “reinsurance” program would help to lower premiums by 10% across the state, and by larger amounts in rural areas. A reinsurance program would benefit middle- and higher income Georgia consumers.
- Set to begin in January 2022.

Phase II (called “Georgia Access”) would:

- Blocks consumers from the ACA’s health insurance exchange (known as “healthcare.gov”). 8 out of 10 Georgia marketplace enrollees use the ACA exchange to shop for comprehensive coverage and get financial help
- Does NOT replace healthcare.gov or add any new ways to shop for & enroll in coverage
- Requires Georgians to buy health insurance directly from insurance companies, brokers, or agents
- Puts the onus on Georgia consumers to navigate many different websites and insurer marketing tactics to understand their health coverage options
- Increases the risk that consumers end up uninsured or in plans that do not cover essential health benefits (like prescriptions, mental health & substance use services, & maternity care). Populations most at risk include: rural Georgians, Black and brown Georgians, people with pre-existing conditions, people who do not speak English as a first language, and people with disabilities
- Set to begin in fall 2022, as consumers shop for their 2023 health plans

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