

# HEALTHCARE COVERAGE FOR PARENTS AND CAREGIVERS

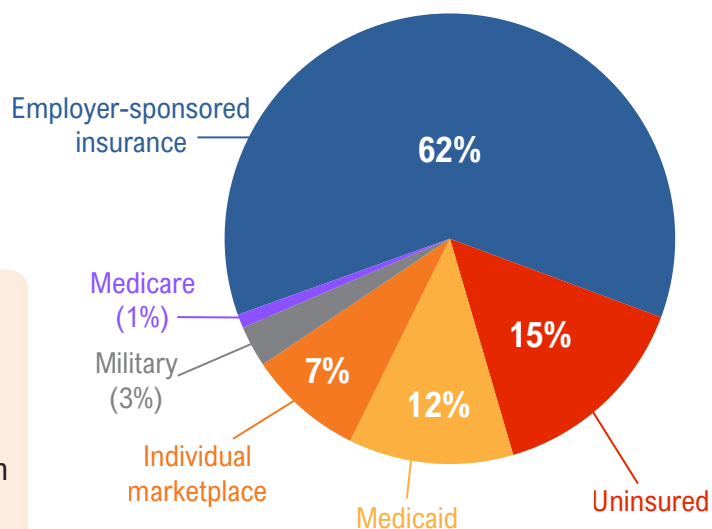
Untreated caregiver physical or behavioral health conditions can result in a traumatic experience for family members, including children and youth. What is more, the cost of healthcare for adults who are uninsured can significantly affect overall household income.

## HOW GEORGIA PARENTS/CAREGIVERS ARE (OR ARE NOT) COVERED <sup>1</sup>

Nearly **1 in 6** adults with child dependents, or 319,700 people, lack health care coverage. <sup>2</sup>

### Who is uninsured in Georgia?

- 24% of Hispanic or Latino adults <sup>3</sup>
- 34% of unemployed adults <sup>4</sup>
- 19% of working adults with incomes less than 138% FPL (\$38,295 for a family of four) <sup>5</sup>



## COVERAGE SUBSIDIES AVAILABLE FOR GEORGIA PARENTS AND CAREGIVERS

See p. 3 for definitions of coverage subsidies



Medicaid for Pregnant Women (also known as Right from the Start Medicaid (RSM)) is also available for pregnant women and new moms who have incomes up to 220% FPL.



## WHAT RECENT FEDERAL CHANGES MEAN FOR GEORGIA FAMILIES

Recently passed federal legislation could jeopardize health coverage for many children and families in Georgia.<sup>6</sup>

Key Change	Impact on Parents/Caregivers	Effective Date
<b>For Public Insurance (Medicaid/Pathways)</b>		
Reduces retroactive coverage from 3 months to 2 months	Increases financial strain on parents/caregivers by leaving them to cover healthcare costs during gaps in coverage – gaps that last an average of four months before Medicaid reenrollment.	1/1/2027
Work requirements: 1. Extends qualifying activity exemptions to parents with children ages 13 and under 2. Gives states the option to verify that Pathways applicants meet work/qualifying activity requirements for up to 3 consecutive months before the month of application	1. More parents/caregivers would not have to provide documentation of work or other qualifying activities to maintain coverage. 2. If Georgia implements this option, this creates additional paperwork and increases the risk of being deemed ineligible or experiencing coverage gaps. Those unable to meet the reporting requirements would lose coverage and also be ineligible for premium tax credits (PTCs) in the marketplace.	1/1/2027
Limits coverage to lawful permanent residents and certain individuals protected under special migration agreements between the U.S. and specific countries.	Parents and caregivers who are lawfully present asylees, refugees, and victims of domestic violence & trafficking are no longer eligible for Medicaid coverage.	10/1/2026
<b>For Private Insurance</b>		
No extension of enhanced premium tax credits (ePTCs).	All eligible parents and caregivers will see an increase in premium costs for healthcare coverage.	1/1/2026
Limits coverage to lawful permanent residents and certain individuals protected under special migration agreements between the U.S. and specific countries.	Parents and caregivers who are lawfully present asylees, refugees, and victims of domestic violence & trafficking are no longer eligible for Marketplace coverage.	1/1/2026
Eliminates Marketplace subsidies for immigrants who are ineligible for Medicaid due to 5-year bar with income less than 100% FPL (\$32,150/family of 4). <sup>7</sup>	Parents and caregivers who are lawfully present immigrants, including lawful permanent residents will no longer be eligible for premium tax credits that help offset the cost of healthcare coverage.	1/1/2027
Requires verification of eligibility for premium tax credits.	Unable to automatically reenroll in Marketplace plans, and failure to verify eligibility information results in ineligibility for PTCs for the next plan year.	1/1/2028
Narrows the open enrollment period to November 1-December 15, 2025 (previously November 1, 2025-January 15, 2026). State-based marketplaces, like Georgia, do have the option to extend to December 31, 2025.	Increases risk of coverage gaps due to missing enrollment deadlines.	Effective date: 12/15/2026 but currently in effect by rule.
Eliminates special enrollment period for individuals with income below 150% of the federal poverty level (\$48,225/family of 4). <sup>8</sup>	Parents and caregivers with income less than 150% of the federal poverty level are no longer able to enroll in Marketplace coverage year-round.	1/1/2026
Eliminates repayment caps on premium tax credits	Parents/caregivers are required to reimburse the government if they underestimated their income when applying for the premium tax credit.	1/1/2026



## DETAILS ON AVAILABLE COVERAGE SUBSIDIES

### Medicaid

Parent/Caretaker Medicaid is for people with child dependents whose incomes are 35% of the federal poverty level, or **\$7,836/year for a family of four**.<sup>9</sup> This is the only way for parents/guardians to receive Medicaid if they are not eligible for Georgia Pathways, pregnant, aged, blind, or disabled. Supplemental Security Income (SSIC) is available for adults with certain disabilities.

### Georgia Pathways

This program provides coverage for people whose incomes are below 100% of the federal poverty level, or **\$32,150/year for a family of four**,<sup>10</sup> and that are ineligible for other types of Medicaid. Individuals are required to report 80 hours per month of qualifying activities.

### Subsidized Coverage on the Individual/Small Group Marketplace

Subsidies are available on healthcare.gov for parents/guardians regardless of household income. Prior to the American Rescue Plan and Inflation Reduction Acts, subsidies were capped at 400% FPL. The average marketplace premium in Georgia is \$493/month.<sup>11</sup>

### Employee-Sponsored Coverage

Fewer than half of private-sector employers in Georgia offer employer-sponsored coverage, but most people who have employer-sponsored coverage make more than 400% FPL, or **\$128,600/year for a family of four**.<sup>12</sup> Fewer than 20% of people who make less than 100% FPL have employer-sponsored coverage.<sup>13</sup>

### Extended Medicaid Coverage for New Moms

In 2022, Georgia extended coverage for new moms under Right from the Start Medicaid for Pregnant Women from six months postpartum to up to 12 months. This extension will improve the health of both mother and baby. Georgia's pregnancy-related death rate is one of the highest in the nation, and **Black women are 2x more likely to die from pregnancy-related complications than White women**.<sup>14</sup>

## RECOMMENDATIONS

- Fund community health workers to assist parents/caregivers with application, renewal, and documentation processes across Medicaid and marketplace plans.
- Develop targeted outreach campaigns to address coverage disparities.
- Ensure affordable marketplace coverage remains accessible for parents/caregivers at all income levels, including promoting permanent extension of enhanced premium tax credits (ePTCs).
- Reduce barriers to coverage, including increasing flexibility in the reporting of work requirements, expanding the definition of qualifying activities, and streamlining compliance tools (e.g., mobile-friendly portals).





# REFERENCES FOR HEALTHCARE COVERAGE FOR PARENTS AND CAREGIVERS

- 1 Kaiser Family Foundation. (2023). State health facts: Health insurance coverage of adults with dependent children. Retrieved May 2025 from <https://www.kff.org/state-health-policy-data/state-indicator/nonelderly-adults-with-dependents/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- 2 Ibid.
- 3 United States Census Bureau, American Community Survey. (2024). Selected characteristics of health insurance coverage in the United States (Data TableID: C270011). Retrieved May 2025 from <https://data.census.gov/table/ACSDT1Y2023.C270011?t=Health+Insurance:Race+and+Ethnicity&g=040XX00US13&d=ACS+1-Year+Estimates+Detailed+Tables>.
- 4 United States Census Bureau, American Community Survey. (2023). Selected characteristics of health insurance coverage in the United States (Data TableID: S2701). Retrieved May 2025 from <https://data.census.gov/table?q=S27&t=Health+Insurance&g=040XX00US13&y=2023>.
- 5 Ibid.
- 6 119<sup>th</sup> Congress (2025-2026). H.R. 1 – One Big Beautiful Bill Act. Retrieved August 2025 from <https://www.congress.gov/bill/119th-congress/house-bill/1/text>.
- 7 Georgia Medicaid. (2024). Financial limits. Retrieved May 2025 from <https://dch.georgia.gov/document/document/2024-financial-limits-revised-31424>.
- 8 Ibid.
- 9 Georgia Medicaid. 2025 Financial Limits. Accessed November 2025 from <https://medicaid.georgia.gov/document/document/2025-financial-limits-revised-5125/download>
- 10 Georgia Medicaid. (2024). Financial limits. Retrieved May 2025 from <https://dch.georgia.gov/document/document/2024-financial-limits-revised-31424>.
- 11 Kaiser Family Foundation. (2025). Marketplace average benchmark premiums. Retrieved November 2025 from <https://www.kff.org/affordable-care-act/state-indicator/marketplace-average-benchmark-premiums/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- 12 Kaiser Family Foundation. (2023). Percent of private sector establishments that offer health insurance to employees. Retrieved May 2025 from <https://www.kff.org/private-insurance/state-indicator/percent-of-firms-offering-coverage/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- 13 U.S. Census Bureau, U.S. Department of Commerce. "Health Insurance Coverage Status and Type by Ratio of Income to Poverty Level in the Past 12 Months by Age." American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B27016, 2023. Retrieved on May 29, 2025 from <https://data.census.gov/table/ACSDT1Y2023.B27016?t=Health+Insurance:Income+and+Poverty&g=040XX00US13&y=2023>.
- 14 Department of Public Health. (2023). 2018-2020 Maternal mortality report. Retrieved November 2023 from <https://dph.georgia.gov/document/document/maternal-mortality-2018-2020-case-review/download>.