

Affordable Care Act/Ryan White Program Town Hall Meetings Frequently Asked Questions/Answers (FAQs)

Question 1: If someone does not pay his monthly premium, what will happen?

Answer 1: If someone does not pay the premium amount he/she is responsible for paying when it is due, that individual will be removed from that insurance plan and will not be able to reenroll for insurance until the next open enrollment period.

Question 2: How do the Marketplace, Medicaid, and Ryan White determine “household income”?

Answer 2: Household income is calculated as the applicant’s income and income of everyone the applicant claimed as a dependent on his/her income tax return.

Question 3: Is a client in a civil union, does household income include the income of the civil union partner?

Answer 3: The federal government does not recognize civil unions, so the income of a civil partner will not be included in household income. Once Illinois recognizes same-sex marriages, then same-sex spouse’s income will count towards the household income.

Question 4: If a person who is not HIV positive selects a plan through the Marketplace and is diagnosed as HIV positive afterward only to find that the insurance plan he had selected is not recognized as an “approved” plan by the Illinois ADAP/Ryan White program, is the HIV diagnosis considered a “special condition” that would allow the client to select another plan?

Answer 4: We do not yet have a complete list of what ACA considers to be “special conditions”. Typically, special conditions are life-changing events such as marriage, divorce, children, moving to another state, loss of job, etc.

Question 5: If a person who became HIV positive after he has selected a Marketplace insurance plan, finds out that the plan he had selected is not recognized as an “approved” plan by the Illinois ADAP/Ryan White program, **and** the determination is made that the HIV diagnosis is not considered by the ACA to be a “special condition” that would allow the client to enroll in another plan, will Ryan White/ADAP be able to provide the client with services until the next enrollment period?

Answer 5: Jeffrey Maras has posed this scenario and asked this question of the Health Resources and Services Administration (HRSA), the federal funding source of the Ryan White program, and is waiting for a response.

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Question 6: Is someone newly eligible for Medicaid able to instead opt to enroll in an insurance plan via the Marketplace?

Answer 6: In that situation, the person cannot opt to enroll in a Marketplace insurance plan as there is better creditable coverage through Medicaid; however, they may select a plan outside the marketplace, but the person will not be eligible for federal subsidies to assist with premium payments.

Question 7: After the initial ACA enrollment period, when is the next Marketplace open enrollment period?

Answer 7: The next ACA open enrollment period will coincide with the same enrollment period as Medicare, which is October 15, 2014 –December 7, 2014.

Question 8: Is Medicaid an inferior health plan?

Answer 8: No, Medicaid is required to meet the essential health benefits required of all plans in the Marketplace. By January 1, 2014, the state Medicaid program will equal benefits required to be in the “silver” level benchmark plan.

Question 9: If my employer-based insurance premium is less than 9.5% of the gross total household income, can I decline my employer-based coverage and get insurance through the Marketplace instead?

Answer 9: In this scenario, you would be allowed to decline your employer-based insurance and enroll in a plan outside the Marketplace, but you would not qualify for any federal subsidies to assist with premium costs. Remember, if you have creditable coverage through your employer you are required to accept that insurance plans or go outside the Marketplace.

Question 10: Will clients eligible for Medicaid expansion coverage have to pay co-pays and spend downs?

Answer 10: There are no co-pays or spend-down requirements for clients eligible for Medicaid expansion coverage. Clients who receive traditional Medicaid coverage may still be required to pay co-pays and have spend-down. Ryan White will assist clients with those costs as long as the individual meets Ryan White eligibility requirements and 6 month recertification process.

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Question 11: Does the ACA enrollment period impact Ryan White clients' recertification periods?

Answer 11: It is a HRSA requirement that Ryan White clients are required to complete recertification every 6 months. ACA does not impact re-certification deadlines.

Question 12: My provider is currently not a Medicaid provider. He has said that Illinois Medicaid is limiting the number of Medicaid providers and that the application process is too difficult. Is this correct?

Answer 12: It is a provider decision whether or not to be a Medicaid provider. The Program has been informed by the Illinois Department of Healthcare & Families Services (HFS) that the application process is an easy one. Providers must initiate the enrollment; however, HFS stated that the state is trying to get more providers in its Medicaid managed care plan networks.

Question 13: Why does the Ryan White AIDS Drug Assistance Program (ADAP) have to review the insurance plans on the state's Marketplace to determine the ones it will approve for Ryan White clients to use?

Answer 13: HRSA requires that the state ADAP Program vets the plans on the state's Marketplace. Only insurance plans that have a robust formulary of drugs comparable to the state's ADAP formulary and who will allow the ADAP dispensing pharmacy to be in network with the plans will be approved by the Ryan White Program. This will enable the ADAP and Continuation of Health Insurance Coverage (CHIC) program to wrap around the Medicaid and Marketplace health insurance plans and provide assistance with drug co-pays and deductibles and insurance premiums.

Question 14: Will Ryan White clients who receive insurance from the marketplace and receive a federal subsidy, but are still responsible for a portion of the premium cost, still eligible to receive premium assistance through CHIC?

Answer 14: Yes, for eligible clients, CHIC can still pay up to \$750/month in premium payments, so going to the marketplace for insurance should not be a financial burden for most clients.

Question 15: Can Ryan White pay co-pays and deductibles for HIV medical services other than prescriptions?

Answer 15: The state Ryan White program is currently building a medical benefits management system to enable this to happen. Currently, assistance for co-pays and deductibles of HIV-

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related medical services, other than prescriptions, may be available at the regional HIV Care Connect consortia level.

Question 16: What if a client who has coverage via Medicaid expansion has monthly income that fluctuates, say from 120% to 140% FPL?

Answer 16: Clients are encouraged to inform the Marketplace when they experience significant fluctuations in income. Report occurs through the same web base portal that you enrolled into your insurance plan. If you have enrolled into Medicaid and been approved, you will need to do no further reporting until your next enrollment period...Medicaid enrollment is good for 12 months. What is important to know is that if you are an individual that is enrolled in the Marketplace and receiving a subsidy and your income drops below 138% FPL, making yourself Medicaid eligible, you will need to report this income change and enroll into to Medicaid. If you fail to do so, you will receive a penalty at tax time, which could result in paying back federal subsidy.

Question 17: What is the penalty if people who are uninsured choose not to enroll in the marketplace?

Answer 17: The first year (2014), there is a penalty of \$95 per adult in the household plus half that amount per each child in the household, or 1% of the gross household income, whichever is higher (with the highest penalty for first year to be \$285). In 2015, the penalty will be \$325 per adult in the household plus half that amount per child in the household, or 2% of the gross household income. In 2016, the penalty will be \$695/adult plus half that amount per child in the household, or 2.5% of the gross household income. The amount will go up every year until the penalty caps at 9.5% of the household income.

Question 18: How do we deal with clients who may work with a falsified social security number and name?

Answer 18: It is incumbent on case managers to let clients know that this is identification fraud and could resort in deportation. The Marketplace talks with the IRS and may ask clients to provide backup documentation if there is a question about the accuracy of information. Clients should also never be entered into the Provide® Enterprise system with a false social security number or name.

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Question 19: Are undocumented clients eligible to apply for the marketplace?

Answer 19: No, undocumented individuals are not eligible for Medicaid or insurance through the Marketplace. However, undocumented individuals are eligible for insurance plans outside of the Marketplace, which is not eligible for subsidies.

Question 20: Are advance premium tax credits paid up front to the client?

Answer 20: No, advance premium tax credits are paid up front to the insurance plan.

Question 21: What about clients who do not file a tax return?

Answer 21: The Ryan White program uses the client's most current income tax statement or completes a mock Modified Adjusted Gross Income statement. To be eligible to receive federal tax credit subsidies, however, clients will be required to file tax returns. Anyone who currently does not file a tax return is now required to do so.

Question 22: Is my employer required to offer a certain "metal level" in its employer based insurance plan?

Answer 22: Yes, employer based insurance plans are required to be at the "bronze" level, at minimum.

Question 23: Can my case manager help me enroll in the Marketplace?

Answer 23: No, case managers are legally not allowed to enroll clients. There are trained In-Person Counselors (IPCs) and Certified Application Counselors (CACs) that will do that. Case managers can help clients determine what information they need to gather before they enroll in the Marketplace or meet with an IPC or CAC. Your case manager will be able to refer you to the appropriate assister. In some unique instances, your case manager may have been certified as either an IPC or CAC, at which time they would be able to assist.

We recommend you see your Case Manager first to discuss Ryan White requirements and information regarding the IPC or CAC closest to you. Below is the contact information for the Lead Agency that serves your county. The Lead Agent organization that serves your county will be able to connect with your assigned case manager or to answer questions regarding the closest IPC or CAC in your area.

Note – you should never have to pay for ACA enrollment assistance as it is FREE!

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(Referenced below by County)

SIU School of Medicine - Springfield, IL. 217-545-7683 or Toll Free 888-308-8105

Adams, Brown, Cass, Christian, DeWitt, Greene, Logan, Macon, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Sangamon, Schuyler, Scott, and Shelby

Champaign-Urbana Public Health District - Champaign, IL.

217-531-5365 or Toll Free 888-801-3172

Champaign, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Ford, Iroquois, Jasper, Kankakee, Lawrence, Livingston, Richland, and Vermilion

UIC College of Medicine - Peoria, IL. 309-671-8418 or Toll Free 800-801-8751

Fulton, Hancock, Henderson, Knox, LaSalle, Marshall, Mason, McDonough, McLean, Peoria, Putnam, Stark, Tazewell, Warren, and Woodford

AFC - Chicago, IL. 312-922-2322 or 312-334-0958

Cook, Dupage, Grundy, Kane, Kendall, Lake, McHenry, and Will

Winnebago County Health Department - Rockford, IL. 815-720-4071

Boone, Bureau, Carroll, DeKalb, Henry, JoDaviess, Lee, Mercer, Ogle, Rock Island, Stephenson, Whiteside, and Winnebago

Jackson County Health Department - Murphysboro, IL.

618-684-3143 or Toll Free 877-745-1424

Alexander, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jefferson, Johnson, Massac, Perry, Pope, Pulaski, Saline, Union, Wabash, Wayne, White, and Williamson

St. Clair County Health Department - Belleville, IL. 618-233-7703

Bond, Calhoun, Clinton, Fayette, Jersey, Macoupin, Madison, Marion, Monroe, Randolph, St. Clair, Washington

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Question 24: After a client enrolls in the Marketplace, when is the first premium payment due, if applicable?

Answer 24: The first payment for premium is due at the time of enrollment or a time frame determined by the insurance company. In order to have the insurance plan implemented by January 1, 2014, the client must enroll and have the entire first premium (this includes subsidy, client portion, and CHIC payment) paid by December 15th. If the client is eligible for CHIC, he should work with his case manager and the Ryan White program to ensure his CHIC application is in order, that CHIC has all the information/documentation it needs from the client's insurance plan, that CHIC is provided with proof of any premium payment client is responsible for well before the deadline so that CHIC can make its premium payment by the deadline as well.

Question 25: If a husband stays on his employer-based insurance plan, can the wife and kids opt to enroll in a Marketplace plan?

Answer 25: Yes, they can opt to enroll in the Marketplace. They should shop around and compare plans. The federal subsidy amount the wife and kids will receive will still be based on the total household income, including the husband's.

Question 26: If my client gets a new job after he enrolls in the Marketplace, what should he do?

Answer 26: Anyone who has a significant change in his/her income must report that to the Marketplace. They may be eligible for a "special condition" for enrollment outside the predetermined enrollment period.

Question 27: Why is there a specific enrollment period for ACA?

Answer 27: The assumption is that it is a way to actually control enrollment and likely tied to changes in actuarial values and premium that are annually set by the insurance plans.

Question 28: My COBRA ends in March. What should I do?

Answer 28: Recommended that the client start shopping for plans now. Client should ensure his/her new Marketplace plan has kicked in before they cancel his/her COBRA plan or before it ends. Client should ensure his premium payments were made before March 15th so the new Marketplace insurance plan was in place by April 1, 2014.

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Question 29: Will my HIV providers be in the provider network of the Marketplace insurance plans?

Answer 29: The Program could not say for sure, but said that the ADAP Program did everything it could to ensure HIV providers are providers in the Marketplace plans. The program provided a list of all HIV providers the Ryan White program works with to the Department of Healthcare and Families Services (HFS) so that those names could be included in the federal list of providers to be in the Marketplace provider networks.

Question 30: Can a client change its Medicaid managed care plan if their provider is not on the plan?

Answer 30: A client can change its Medicaid managed care plan twice during a year period, but needs to wait 30 days between changes.

Question 31: When and how will the Ryan White/ADAP approved Illinois Marketplace insurance plans be communicated to clients?

Answer 31: The Ryan White/ADAP Program plans to make a decision and draft a letter communicating the approved plans to the regional HIV Care Connect lead agents and their case managers by the end of October 2013. All Ryan White enrolled clients will also be sent a letter from the program.

Question 32: Is dental care provided in Medicaid expansion and the Marketplace insurance plans?

Answer 32: The SMART Act passed by the state last year limits dental coverage for adults on Medicaid to extractions only. Dental care is a covered expense for children on Medicaid. Dental care for children is also one of the essential health services that all plans on the marketplace are required to cover. That doesn't mean that some plans may not cover adult dental care. Clients will need to shop the plans on the Marketplace to determine this. People will also be able to purchase stand-alone dental insurance on the Marketplace.

Question 33: Should I go to the federal or the state website to enroll in the Marketplace?

Answer 33: The ACA has a "no wrong door" policy and consumers should be able to access the marketplace via multiple web portals, including the state's new Medicaid enrollment site, Application for Benefits Eligibility (ABE). ABE is very new and the state is currently working on building a "bridge" between it and the <https://healthcare.gov/> federal Marketplace enrollment

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site. Until then, consumers should be encouraged to use the <https://getcoveredillinois.gov/> website.

Question 34: My son is 18, living at home, working part-time and currently not insured. Is he eligible for insurance?

Answer 34: If the son is listed as a legal dependent on your tax return, he should be eligible for inclusion in the household insurance plan the parent(s) select until he turns 26 years of age. Since the son lives at home and works, his income would be included with the parent(s) to determine the total household income when the parent(s) complete the enrollment.

Question 35: Will managed care Medicaid plans also not cover adult dental services (other than extractions)?

Answer 35: The program believes the Medicaid managed care plans would be held to the same provisions of the SMART Act as is non-managed care Medicaid.

Question 36: In order to be eligible for health insurance premium payments through the CHIC program does the Ryan White program set a limit on which “metal” plan a client is able to enroll in?

Answer 36: Yes, the Illinois Ryan White program does state NO BRONZE or Catastrophic plans.

Recommendation: If your income is between **139%-250%** of the Federal Poverty Level, a **Silver Plan** with the **Cost Share Reduction** could be the most beneficial plan.

Cost Share Reductions allow for a lower deductible and Maximum Out-of-Pocket.

139% - 250% for a household size of 1 = \$1,321-\$2,394 per month, or \$15,856-\$28,725 yearly

Question 37: Can an insurance plan on the Marketplace exclude enrollment based on a client’s pre-existing illness/condition?

Answer 37: No, the ACA prohibits insurance companies on the Marketplace from excluding an individual from enrollment because of a pre-existing condition.

Question 38: Can premium costs for the same insurance plan on the Marketplace vary in different areas of the state?

Answer 38: Yes, Marketplace insurance premium costs can vary state to state and county to county, same as they do now for private insurance (location, smoking status, and age are all considered in the cost of the premium package).

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Question 39: Is an individual eligible for a federal tax credit subsidy on all “metal” level plans?

Answer 39: Individuals and families with incomes between 100 percent and 400 percent of the federal poverty levels are eligible to receive premium tax credits or subsidies for all “metal” level plans. Only those clients who select a “silver” level plan on the marketplace are eligible for cost-sharing reductions.

Question 40: What if a client’s religious beliefs do not allow a client to have medical insurance?

Answer 40: A client who is a member of an established religious organization that the federal government recognizes as objecting to medical care can request a “hardship exemption”.

Question 41: Is there still a penalty for employers of more than 50 employees who do not provide employer-based health insurance?

Answer 41: That is the only part of the ACA that has been put on hold through the first year (2014).

Question 42: I have heard about catastrophic plans. What are these and who is eligible?

Answer 42: Individuals under age 30 with limited incomes may select “catastrophic” plans via the Marketplace. Catastrophic plans provide limited assistance with medical costs (three primary care provider visits/year and preventive services). The individual is responsible for all other healthcare costs until there is what is considered a major medical event. These plans are considered “worst-case scenario” plans. Individuals who opt for catastrophic plans are not eligible for federal premium tax credit subsidies. Please note that ADAP/CHIC does NOT support premium assistance for catastrophic plans.

Question 43: How should an individual make a determination on whether he should select a bronze, silver, gold, or platinum plan?

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Answer 43: The program cannot recommend specific plans, but individuals should base their decision on income, medical needs, and premium/out-of-pocket costs. Research shows that for households under 250% of the federal poverty level, “silver” plans are the “best bang for the buck”. Research also shows that for households over 250% of the federal poverty level, the “gold” plans are the best bang for the buck. Individuals and households with multiple chronic diseases in need of frequent, high cost medical care may want to consider “platinum” plans.

Recommendation: If your income is between **139%-250%** of the Federal Poverty Level, a **Silver Plan** with the **Cost Share Reduction** could be the most beneficial plan.

Cost Share Reductions allow for a lower deductible and Maximum Out-of-Pocket.

139% - 250% for a household size of 1 = \$1,321-\$2,394 per month, or \$15,856-\$28,725 yearly

Question 44: If a provider currently accepts Medicaid clients, will that provider be able to accept new clients who enroll in Medicaid expansion?

Answer 44: Yes, a current Medicaid provider can accept newly eligible Medicaid expansion clients; however, the provider may be asked or required to be in network with a Medicaid managed care plan.

Question 45: What are the ten essential health services?

Answer 45: The ten Essential Health Services: are a set of health care service categories that must be covered by insurance plans both inside and outside of the Marketplace, starting in 2014. Minimum requirements have been established for what must be provided in the following 10 Essential Health Services categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. Insurance policies must cover these benefits in order to be certified and offered in the Health Insurance Marketplace. States expanding their Medicaid programs must provide these benefits to people newly eligible for Medicaid.

Question 46: How can I get an estimate of premium costs and subsidy amounts for health insurance I am eligible for on the Marketplace?

Answer 46: Until you fill out a Marketplace application, you can use tools like the Kaiser Family Foundation calculator to get a rough estimate of how much health insurance may cost in 2014. Visit the Kaiser Family Foundation website at <http://kff.org/interactive/subsidy-calculator/> to use the health insurance costs and savings calculator. Please remember that the health insurance costs and savings calculator provides only an estimate. Your final premium costs and

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subsidy amounts may differ from the estimates, perhaps significantly, depending on the coverage you select and a given insurer's pricing policies. You'll learn your final costs for specific plans only when you fill out an application in the Marketplace.

Question 47: How can I apply for Marketplace health insurance?

Answer 47: You can apply for Marketplace coverage three ways: online, by mail, or in-person with or without the help of an In Person Counselor or a Certified Application Counselor. Telephone help and online chat are available 24/7 via the federal call center (800) 318-2596 and at <https://healthcare.gov/> to help you complete your application. You can also call the call center to have a copy of the paper application mailed to you. The Illinois call center is open seven days a week from 8 a.m. to 8 p.m. at (866) 311-1119. Online assistance in Illinois may also be obtained from the <https://getcoveredillinois.gov/>.

Question 48: In a state that did not expand Medicaid, are childless adults ages 19-64 who are not eligible for traditional Medicaid and below 100% of the federal poverty level eligible for Marketplace health insurance?

Answer 48: The ACA is for uninsured individuals and households starting at 100% of the federal poverty level, so those under 100% of the federal poverty level would not be eligible for health insurance via the Marketplace. This is a gap and a reason why we are fortunate that Illinois approved Medicaid expansion.

Question 49: My granddaughter is 19 years old, HIV positive, and has no income. She lost her Medicaid when she turned 19. She currently lives in central Illinois but sees a physician for HIV care in Chicago. Will she be eligible for Medicaid expansion and if so, will Medicaid cover her Chicago provider?

Answer 49: In that situation, the individual should be eligible for Medicaid expansion as a newly eligible. Individuals eligible for Medicaid expansion will likely be required to select a managed care plan within their geographical location. The individual would need to check with Medicaid to see if her specialty provider in Chicago was in network and if she would be allowed to continue receiving medical care from that provider.

Question 50: A Ryan White case manager asked about ADAP's "90 Day No Use Policy" in which clients who have not accessed drugs via ADAP within 90 days were terminated and would need to become recertified if needing ADAP drugs.

Answer 50: Jeff stated that during this initial ACA enrollment and transition period, the "90 Day No Use Policy" has been suspended to ensure that clients are able to access drugs via ADAP as they transition to Medicaid expansion and the Marketplace health insurance.

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Question 51: Should clients assume that Ryan White case managers are not very knowledgeable about Medicaid expansion and the Marketplace insurance plans?

Answer 51: Case managers are well-trained in Medicaid, Medicare, and the Marketplace exchange. Case managers can assist clients with documentation they need to get ready for enrollment and can refer clients to an IPC for enrollment in Medicaid expansion or the Marketplace plans. Case managers are not allowed to assist clients in selected insurance plans unless they are certified IPCs or CACs.

Question 52: If a client already has Medicare or Medicaid, is he required to enroll in the Marketplace?

Answer 52: If a client has Medicaid and Medicare, the client is fully covered and not required to enroll in the Marketplace.

Question 53: If a client is in Medicaid, will they be required to select a Medicaid managed care plan?

Answer 53: If the client is in an area that has Medicaid managed care plans, the client should be sent a letter to select a managed care plan. If the client does not select a plan, one will be assigned to him.

Question 54: If a client currently receives traditional Medicaid with co-pays and spend-down, can he switch to Medicaid expansion with no co-pays and spend-down?

Answer 54: A client currently receiving traditional Medicaid and between 100-138% of the federal poverty level can ask to switch to the newly eligible Medicaid expansion option.

Question 55: Can ADAP contributions to a client's Medicaid spend-down be used to meet a client's spend-down requirement?

Answer 55: The Ryan White ADAP Program can provide services to clients in spend-down status with ADAP drugs and assist with co-pays of ADAP drugs, but ADAP's contribution cannot be used to meet a client's spend-down requirement.

Question 56: If a client's household income is under 138% federal poverty level, can he opt to not receive Medicaid and go to the Marketplace insurance plans instead?

Answer 56: In Illinois, if you are 138% federal poverty level or below, you are required to go to Medicaid. You cannot opt to go to the Marketplace, but can enroll in private insurance outside of the Marketplace, but in that case, you will not be eligible to receive a federal subsidy. In this

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scenario the Program is waiting for guidance from HRSA, but as payer of last resort it would not be unreasonable that ADAP/CHIC will not assist in these instances.

Question 57: Are catastrophic plans available on the Marketplace required to have the ten essential health benefits?

Answer 57: Catastrophic plans on the Marketplace are required to include the ten essential health benefits, but the co-pays and deductibles for these services are higher.

Question 58: Is ADAP able to wrap around all level plans on the Marketplace?

Answer 58: ADAP is able to wrap around approved silver, gold, and platinum level plans on the Marketplace but not bronze and catastrophic plans.

Question 59: Do all silver level plans on the Marketplace have a cost-sharing reduction?

Answer 59: Not every silver level plan has a cost sharing reduction. These are set by the insurance plan and can vary plan to plan. These will be identified on the Marketplace by the acronym “CSR” (cost sharing reduction).

Question 60: Can ADAP wrap around all Medicare plans?

Answer 60: ADAP currently can wrap around all Medicare plans except CIGNA and Mutual of Omaha. This is because CIGNA will not allow CVS Specialty Pharmacy (the ADAP mail order pharmacy) in its network. In addition, Mutual of Omaha does not allow third party payers.

Question 61: Can CHIC assist with insurance premium payments for a client’s employer-based insurance?

Answer 61: Yes, unless the client’s portion of his premium payment is payroll tax deducted. That is because the Ryan White Program is prohibited from issuing checks directly to clients; therefore, we would be unable to reimburse clients for premium payments already made.