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WHAT IS COBRA AND HOW LONG DOES IT LAST?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 is a federal law that **requires all group health plans with 20 or more employees to allow employees to continue health insurance coverage for 18 months after termination of employment.** However, you may be eligible for an **11-month extension**; if it is determined that you were disabled at the time of a qualifying event (the date you left work). We encourage you to apply for Social Security Disability Income to receive a disability determination. A copy of the award letter from the Social Security Administration must then be submitted to your former employer requesting the 11-month extension. To attain/maintain this coverage, employees must pay up to 102% of the cost of the premium and apply within 60 days of termination of employment.

WHO IS ELIGIBLE AND HOW TO APPLY FOR CHIC?

To be eligible you must:

- Be diagnosed with HIV/AIDS.
- Have COBRA or other health insurance coverage that is not payroll deducted.
- Meet income standards, not to exceed 500% of the 2013 federal poverty level (\$57,450 annual gross wage for a household of one).
- Be a resident and domiciled in Illinois.

To participate:

- Pay the remaining premium balance, if applicable, and all co-payments up to date before approval date to the CHIC program.
- Return all insurance payments that you receive to the original payer source of your COBRA coverage, Medicare coverage or any other insurance coverage that is being paid by the State of Illinois.
- If all combined premium payments for your insurance(s) exceeds \$750.00 dollars per month, which is the maximum amount CHIC can pay toward your policy(s). It is your responsibility to pay the additional amount, which must be paid within 30 days time frame of when it is due or your CHIC services will be terminated.
- Provide the CHIC program with the official start date and billing invoices of your COBRA coverage. Medicare coverage or any other insurance coverage.
- Forward the CHIC Program all information that involves changes in premiums and/or insurance coverage.
- Sign the CHIC Release of Information form. This form is to protect your HIV/AIDS status.
- Reapply every six (6) months or it could be grounds for dismissal from the program.

To APPLY you must submit:

- Completed CHIC Program Application form, which a link for the electronic application can be found on the www.hivcreconnect.com under the CHIC section directly below the link for this cover letter labeled "CHIC Application".

- Verification of income and assets. This includes, but is not limited to: wages (most recent pay stubs (2) or federal tax return form); disability benefits (most recent award letter); annuities; or other income such as rental income; Confirmation of Support letter (if \$500.00 or less income); savings, checking, or other types of bank accounts; stocks or bonds; estimated value of any property you own other than your primary residence; estimated value of vehicles you own other than your primary vehicle.
- Proof of HIV/AIDS diagnosis, that includes CD4 count AND viral load tests performed within past six (6) months;
- Proof of legal residency in Illinois: valid Driver's License, State ID, Voter's Registration Card, utility bill or verification statement on letterhead from physician or case manager.
- Proof of health insurance coverage and applicable COBRA information: valid insurance card, COBRA election form, recent premium notice, Medicare invoice or coupon. Provide a copy of front/back of all insurance cards and all billing information on premium payments for your insurance(s).
- Signed Release of Information form.
- Confirmation of Support Letter needs filled out if income is \$500 dollars or less.

SUBMIT COMPLETED APPLICATION & DOCUMENTATION:

Submit the completed CHIC Program Application form along with the other required documentation listed above. Please be sure to accurately and completely answer all questions pertaining to your insurance, and sign and date the form. It is your responsibility to notify the CHIC Program, at the address below, of any changes in your insurance premium payments, residence or other factors that may affect your eligibility for the Program.

To submit the CHIC Application or to receive additional information, please contact:

Continuation of Health Insurance Coverage (CHIC)
Illinois Department of Public Health
525 West Jefferson Street, 1st floor
Springfield, Illinois 62761
Phone: 800- 825-3518 (in Illinois only)
217- 524-5983
217- 785-8013(Fax)
800-547-0466 (TTY-for hearing impaired only).
dph.adapfax@illinois.gov (e-mail)