



## Illinois Department of Public Health HIV/AIDS Section Continuation of Health Insurance Program (CHIC)

### WHAT IS THE CONTINUATION OF HEALTH INSURANCE COVERAGE (CHIC) PROGRAM?

The Illinois Department of Public Health offers a health insurance premium payment program to assist people with HIV/AIDS who may have had to leave their employment due to illness and will continue to receive health insurance coverage through the COBRA or other group health insurance plan. This special program, which may include a spouse and children on a family health insurance plan, pays a monthly health insurance premium of up to **\$500**.

### 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 group health insurance coverage.
- Meet income standards, not to exceed 300% of the 2008 federal poverty level (\$31,200 annual gross wage for a household of one) and asset eligibility standards not to exceed \$10,000.
- Be a resident and domiciled in Illinois.

#### To participate:

- Pay the remaining premium balance, if applicable, and all co-payments.
- Return all insurance payments that you receive to the original payer source of your COBRA coverage.
- Provide the CHIC program with the official start date of your COBRA 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, and at the same time, to give permission to speak to your health insurance provider regarding any issues that may arise during your COBRA coverage.
- 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, signed and dated.
- 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 no 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/or viral load test performed within past 12 months;
- Proof of legal residency in Illinois: valid Driver's License, State ID, Voter's Registration Card, 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 and recent premium notice.
- Signed Release of Information form.

**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).**