

<b>Client First Name</b>	<b>Middle Initial</b>	<b>Client Last Name</b>
<b>Social Security Number (Leave blank if no valid SS number for client)</b>		<b>Date of Birth (mm/dd/yyyy)</b>

The Ryan White Part B Program is required to ensure that the program is the “Payer of Last Resort” for all services it provides. With the implementation of the Affordable Care Act, all persons have increased access to some form of insurance coverage. To ensure compliance with the Federal Payer of Last Resort requirements, all clients that do not have a form of insurance coverage that is able to coordinate with the Program are required to submit this completed for at every eligibility determination.

There are a variety of options that clients may qualify for. These options include Traditional Medicaid, Expanded Medicaid/Managed Care Plans, Medicare, and Private Insurance including employer based plans, Illinois Marketplace Plans, and private insurance plans outside the Illinois Marketplace. If you have any questions, please contact your case manager or local Lead Agent to find the Medical Benefits Coordinator in your area (see back of document for contact listing).

**By signing this affidavit, I acknowledge and understand the statements below and agree to comply with any requirement identified herein.**

- I understand that I am expected to enroll in health coverage through one of the ways listed above, to satisfy the Payer of Last Resort criteria.
- I understand that failure to meet this requirement could potentially affect future enrollments via waitlists, jeopardized eligibility, or negatively impact my enrollment due to cost saving requirements.
- I understand that the Ryan White Part B Program can assist with premium costs up to \$750 per month for any health plan that qualifies for the program (please see criteria listed on back of document).
- I understand that if I enroll in health coverage, that my insurance plan(s) must meet the requirements listed on page 2 of this affidavit if I want to receive medication assistance or premium assistance services. If my plan does not meet these requirements, I will be unable to receive these services from the program.
- I understand that regardless of my citizenship or documentation status, I still have insurance coverage options available to me and that these options are outlined above.
- I understand that even if I am exempt under the Affordable Care Act legal enrollment requirements (Veterans Benefits or American Indian heritage), I still have Insurance coverage options available to me and that these options are outlined above.
- I understand that if I am not enrolled in the appropriate insurance coverage, I may incur fines and/or fees that will require payment.
  - **Medicare** – if you qualify for Medicare and do not enroll you will incur an additional **LIFETIME** fee for EACH YEAR you do not enroll.
  - **Marketplace/Private Insurance** – if you qualify for private insurance through the marketplace or outside the marketplace and do not enroll, you will incur a fine that will require payment when you file taxes.
- I understand that I will be required to submit this completed affidavit at every eligibility determination.

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<b>Client Signature (age <u>12</u> and older)</b>	/ /
	<b>Date</b>

**Plan requirements to qualify for Premium Assistance (not to exceed a combined total of \$750/month):**

1. The Illinois Department of Public Health must be able to pay the insurance company directly.
  - a. Your premiums cannot be auto deducted from pay checks, Social Security checks, bank account, credit cards, etc.
  - b. You will not be reimbursed for any premium payments you make.
  - c. The insurance company must accept 3<sup>rd</sup> party payments.
2. Your insurance plan must have prescription coverage included.
  - a. Plan can also have Dental and/or Vision coverage.
  - b. We cannot pay for Life Insurance portions of plans
3. Your insurance plan must allow CVS Specialty Pharmacy's Mail Order program to fill your prescriptions.
4. Your insurance plan's medication formulary must be representative of the IL Ryan White Part B Program formulary.
5. Cannot be a Medicare Part A or Part B plan.
6. When selecting an insurance plan through from the Illinois Marketplace you must:
  - a. Elect the Advance Premium Tax Credit Option
    - i. Documentation will be required
  - b. Elect only silver plans from one of the approved providers. The list of approved providers can be found at XXXXXXXXXXXXXXXXXXXXXXXX.
    - i. If you are age 50 or over and there are no silver plans available with a monthly premium of \$750 or less, you can choose a bronze plan from the approved providers.

**For assistance from your local Medical Benefit Coordinator, contact your case manager or your regional Lead Agent:**

**SIU School of Medicine - Springfield: 217-545-7683**

**Champaign Urbana Public Health District: 217-531-5365**

**UIC College of Medicine Peoria: 309-671-8418**

**AFC - Chicago: 312-784-9060**

**Winnebago County Health Department – Rockford: 815-720-4071**

**Jackson County Health Department - Murphysboro: 618-684-3143**

**St. Clair County Health Department – Belleville: 618-233-7703**

Please feel free to give us a call if you have any questions.  
Contact us at 800-825-3518 if you have questions or concerns about this process.  
The Department wide TTY number is 800-547-0466 (for hearing impaired only).