WISCONSIN AIDS / HIV INSURANCE ASSISTANCE PROGRAM AND AIDS/HIV DRUG ASSISTANCE PROGRAM FACT SHEET

This fact sheet provides information about the Wisconsin AIDS/HIV Insurance Assistance Program and the AIDS/HIV Drug Assistance Program. The Wisconsin Department of Health Services administers both programs.

AIDS/HIV INSURANCE ASSISTANCE PROGRAM

The Wisconsin AIDS/HIV Insurance Assistance Program is authorized by s.252.16 and 252.17 of the Wisconsin Statutes. The Insurance Assistance Program assists eligible individuals by covering all or part of the cost of their health insurance premiums.

The Insurance Assistance Program subsidizes premiums for the following types of policies:

Basic Medicare Supplement Plans – Individuals who leave work due to illness may become eligible for federal Social Security Disability Income (SSDI) benefits. After 24 months of disability, SSDI recipients become eligible for Medicare. Individuals age 65 and older are also eligible for Medicare. Many Medicare recipients obtain additional coverage through private Medicare supplement policies. The Insurance Assistance Program provides coverage for Basic Medicare Supplement Plans and the Part-A Deductible Rider and Part B Excess Charges Rider when added to a Basic Medicare Supplement Plan.

Silver-Level Individual Health Insurance Policies – Silver-level individual health insurance policies purchased by an individual through the Federal Health Insurance Marketplace. In addition to enrolling in a Silver Plan, the individual must also choose to receive Premium Tax Credits as advanced payments.

Group Health Insurance – Employer-sponsored health insurance that provides prescription drug coverage. If an employer maintains an escrow account to collect contributions towards a group health plan, the Insurance Assistance Program will not pay premiums until the employer has spent that money. If such an account exists, but does not include enough money to cover the entire length of an individual's leave, the Insurance Assistance Program can pay premiums after the escrowed funds have been spent.

If you have an insurance policy that does not fit any of the above categories, you may still submit an application to determine if the cost of the policy can be subsidized under this program. The Insurance Assistance Program does not subsidize Medicare Part B premiums, Medicaid spend-downs or Medicaid copayments.

If you have questions about the program or the information requested on the application form, call the AIDS/HIV Program at 1-800-991-5532.

ELIGIBLITY REQUIREMENTS

To be eligible for the Insurance Assistance Program you must:

- Live in Wisconsin.
- Have a family income that does not exceed 300 percent of the federal poverty guideline for your family size.
- Have a doctor certify that you have HIV infection.
- Have or be eligible for health insurance coverage under a group health plan or an individual health policy.

Enrollees in the Insurance Assistance Program must complete recertification every six months to verify ongoing eligibility for the program. Recertification takes place in April and October of each year.

AIDS/HIV DRUG ASSISTANCE PROGRAM

The Wisconsin AIDS/HIV Drug Assistance Program (ADAP) is authorized by s.49.686 of the Wisconsin Statutes. ADAP is designed to maintain the health and independence of persons living with HIV infection by providing payment for antiretroviral and other HIV-related prescriptions. The current drug formulary list is available through a local AIDS Service Organization (ASO) or by calling the AIDS/HIV Program at 1-800-991-5532. HIV-infected persons who have an actual or suspected infection of tuberculosis (TB), as confirmed by a physician, can obtain TB prescriptions through their local health department.

ELIGIBILITY REQUIREMENTS

To be eligible to receive ADAP benefits you must:

- Live in Wisconsin.
- Have a family income that does not exceed 300 percent of the federal poverty level for your family size
- Have a doctor certify that you have HIV infection.
- Have no, or insufficient, insurance coverage.

Enrollees in ADAP must complete recertification every six months to verify ongoing eligibility for the program. Recertification takes place in April and October of each year.

Before applying for ADAP, if you do not have health insurance coverage, you should apply for Medicaid (MA, Title 19) and/or individual health insurance through the Federal Health Insurance Marketplace. Medicaid eligibility information is available from county social/human services agencies.

ADAP is usually the last source of payment for enrolled clients' prescriptions (exceptions include Ryan White Title III). When an ADAP client becomes eligible for Medicaid, coverage under the ADAP is usually discontinued.

If your health insurance does not cover 100 percent of the cost of a prescription, the ADAP can pay the prescription costs not covered by insurance, up to the ADAP allowable payment rate for ADAP formulary medications. This can include copayments (except Medicaid copayments), deductibles, out-of-pocket maximums or Medicaid spend-downs.



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