Case Examples
James

- Age 41
- Single, no children
- Unemployed, Uninsured
- Income $220/month county relief
- HIV Symptomatic
  - Fatigue, weakness, chronic diarrhea, depression, anxiety
- Denied disability claim, SSI and Medicaid
- Health care through Ryan White funded public health clinic ADAP

- Automatically eligible for Medicaid
- Eligibility based on income alone. Income under 133% FPL
- May need Ryan White support for things that aren’t covered under a Medicaid package

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Vicky

- Age 49
- Single, one adult child
- Self-Employed, $20k
- Uninsured
- HIV Symptomatic
- Wasting syndrome, chronic sinusitis, fatigue, cardiac complications
- Community health clinic and ADAP. Unable to obtain two medications not on ADAP formulary.

Current Profile
- Uninsured

2014 Health Care Reform
- Eligible to purchase insurance through the insurance exchange
- Eligible for insurance subsidy (133%-400% FPL)
- Able to access medications through insurance
- Exchange rules will allow her to shop for a policy that meets her medication/health care needs
- May need RW support to pay premiums and out-of-pocket costs and get dental and vision care
Everardo

- Age 56
- Domestic Partner, No Children
- AIDS, Disabled
- SSDI $22K
- Medicare Eligible
- Enrolled in Part D drug plan. ADAP pays wrap-around costs
- Pays $300 month for non-ADAP formulary medications when stuck in donut hole 9mos year.

Medicare eligibility will continue
- 2010: will receive $250 donut hole rebate
- 2011: ADAP will count towards TrOOP
- Everardo will not be stuck in the donut hole for the year
- While he is in the donut hole he will receive a 50% discount on the brand name drugs he needs that aren’t covered by ADAP
- His coverage will advance to the Part D catastrophic level
- Instead of paying 100% cost of drugs he will only be required to pay 5% or low co-pay.
Mario

- Age 51
- Married, one child
- Family is undocumented
- Uninsured, working part-time $15k
- AIDS, Disabled
- Community/RW Funded health clinic, ADAP

- Ineligible for Medicaid
- Ineligible for coverage through the insurance exchange/subsidy
- Exempt from insurance mandates
- Ongoing need for support through public/community health system and ADAP