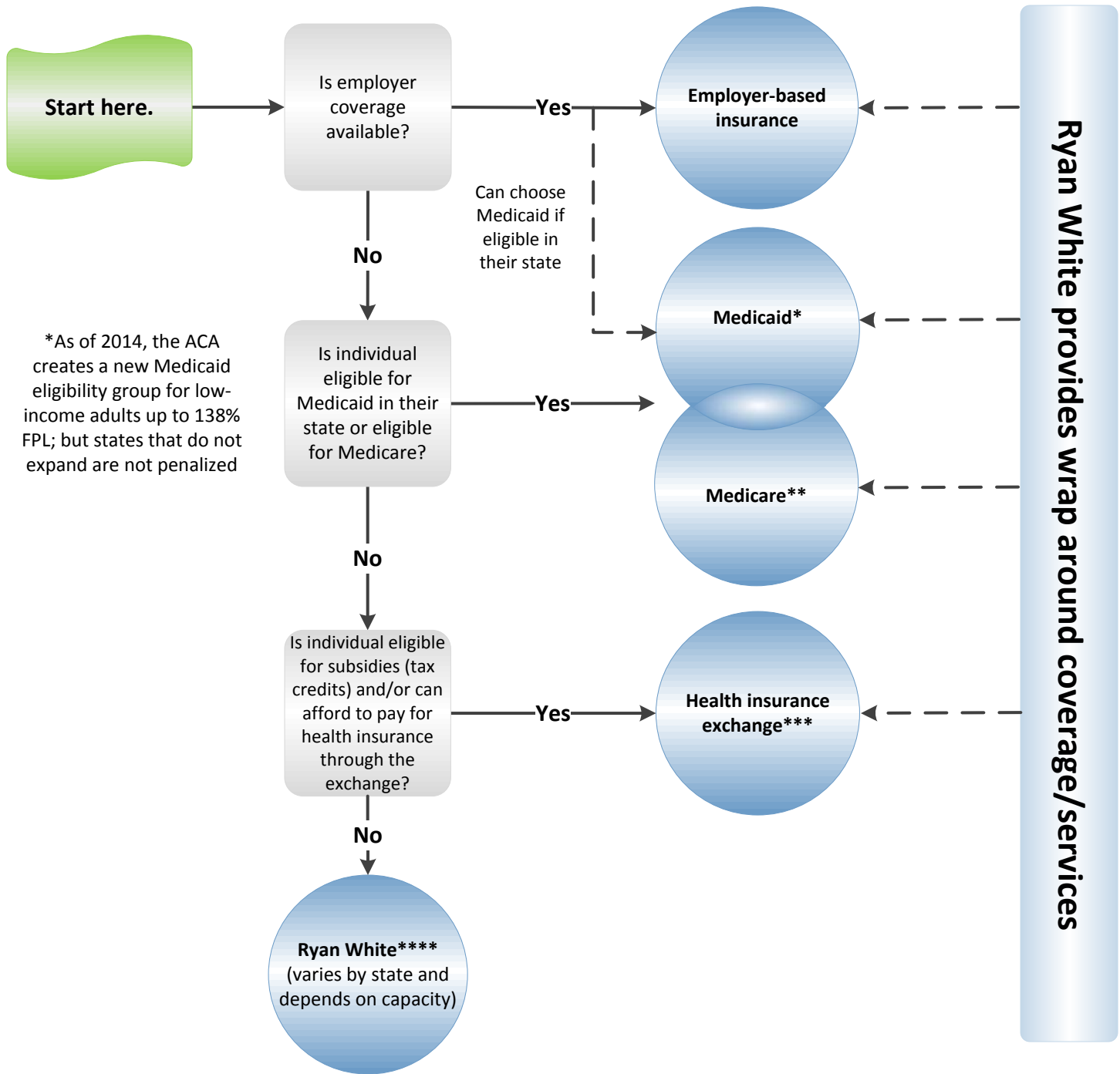


# Figure 3: Pathways to Coverage for People with HIV: Full Implementation of the Affordable Care Act (ACA) (2014 & Beyond)



**NOTES:** The ACA provides new dependent coverage for children up to age 26 for all individual and group policies. Also, as of 2014, the ACA prohibits health plans from being able to deny coverage to individuals with pre-existing health conditions. Such individuals will be able to obtain insurance in the exchange or non-group market (the temporary PCIP program will no longer be needed).

\*Medicaid Eligibility (state-based): low-income and categorically eligible (disabled, pregnant women, children, medically needy); states may seek waivers to cover other groups (such as non-disabled, childless adults); must be a U.S. citizen or a legal resident for at least 5 years. Under the ACA, as of 2014, low-income adults up to 138% of the FPL become a new Medicaid eligibility group. The Supreme Court has limited the authority of the federal government to enforce this provision, making it uncertain whether all states will comply. For current state eligibility requirements and information on which states have moved to expand Medicaid as permitted by the ACA, see, Kaiser Family Foundation, State Health Facts, *Medicaid Income Eligibility Limits for Adults as a Percent of Federal Poverty Level*, <http://statehealthfacts.org/comparereport.jsp?rep=130&cat=4>. For more information on Medicaid, see, Kaiser Family Foundation, *Medicaid: A Primer*, <http://www.kff.org/medicaid/7334.cfm>.

\*\*Medicare Eligibility (national): ≥65, disabled (SSDI), or end stage renal disease; must be a U.S. citizen or a legal resident for at least 5 years. For more information on Medicare, see, Kaiser Family Foundation, *Medicare: A Primer*, <http://www.kff.org/medicare/7615.cfm>

\*\*\*Health Insurance Exchange: A key component of the ACA, exchanges are entities that will be set up in states to facilitate the purchasing of health insurance by qualified individuals and employers. All legal, non-incarcerated residents are eligible to purchase insurance through the exchanges. Additionally, all legal, non-incarcerated residents are eligible for subsidies, in the form of tax credits, if they do not have access to employer-sponsored insurance, Medicaid, or Medicare, and their incomes are between 100 and 400 percent of the FPL. In addition, if an employer plan does not cover at least 60 percent of average health expenses or an employee must pay more than 9.5 percent of their income for the premium, they may be eligible for a tax credit to offset premiums for coverage purchased through an exchange, depending on their income. Exchanges are required to be fully operational in every state by 2014. See, Kaiser Family Foundation, State Health Facts, *State Action Toward Creating Health Insurance Exchanges*, <http://www.statehealthfacts.org/comparereportable.jsp?ind=962&cat=17>.

\*\*\*\*Ryan White: The Ryan White HIV/AIDS Program, the single largest federal program designed specifically for people with HIV in the U.S., provides care and services for people with HIV who are uninsured or underinsured, serving as payer of last resort. It includes the AIDS Drug Assistance Program (ADAP). Federal funding is provided to states, cities and providers but may not match the number of people who need services or the cost of their care. For more information, see, Kaiser Family Foundation, *The Ryan White Program*, <http://www.kff.org/hivaids/7582.cfm>.