



Medical Insurance Grant Application for the 2023 Calendar Year

Our Vision

Prepare kids with autism for the world and prepare the world for them.

Our Mission

To be the financial bridge to help children on the autism spectrum that are uninsured or underinsured access medical insurance coverage in order to attain Applied Behavior Analysis (ABA) Therapy. ABA Therapy focuses on communication, life, and social skills and helps individuals reach their full potential. We strive to create a world of inclusion, where ALL means ALL.

Important Information for Applicants

- Applicants **MUST** have a current autism diagnosis.
- Applicants **MUST** be a resident of Illinois or Florida.
- Applicants **can be** on MEDICAID, uninsured, or have existing medical insurance.
- Applicant's Household income and size will be taken into consideration (Priority will go to low-income and/or families with multiple dependents on the spectrum.)
- Applicants **MUST** complete a *Personal Statement* explaining their need for assistance.
- If awarded, applicants can use their medical insurance grant for any and all therapies and medical needs, but we **ONLY** audit for ABA Therapy.
- One application per applicant. (All family members and siblings **MUST** have their own application).
- Applicants **MUST** be seeking Applied Behavior Analysis (ABA) Therapy with a **MINIMUM of 12 HOURS Weekly**. (We require that all grantees maintain twelve (12) hours at minimum of ABA per calendar week).
- **Applicants should please note that new health insurance plans typically require that your dependent's autism diagnosis be within the last three (3) years or may require that you get an updated evaluation in order to be applicable for ABA services.**
- Applicants **may be** contacted for a phone interview or emailed to obtain more information.
- Applications **MUST** be received no later than **MIDNIGHT (No Exceptions)** along with your **2021 TAX RETURN AND TWO OF YOUR MOST RECENT PAY STUBS OR UNEMPLOYMENT PAY STUBS FROM YOUR APPLICATION DATE.**

****FAILURE TO INCLUDE ALL SOURCES OF INCOME ON APPLICATION INCLUDING SELF-EMPLOYMENT CAN DISQUALIFY YOUR APPLICATION.**

GRANT RECIPIENTS WILL BE NOTIFIED PRIOR TO DECEMBER 11TH, 2022

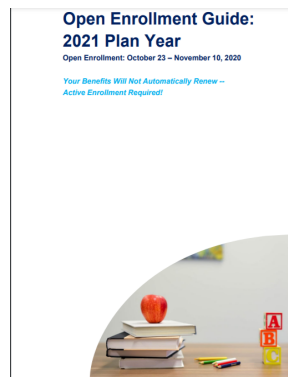
If the applicant does NOT have medical insurance or has medical insurance through their employer, the state, or Medicaid that DOES NOT cover Applied Behavior Analysis (ABA) Therapy, in that case, applicant may apply with the understanding that:

- Applicants with **MEDICAID MUST** apply for health insurance through a **PRIVATE INSURANCE BROKER** and **NOT** from *The Marketplace* otherwise known as the *Affordable Health Care Act*. (****This is necessary because The Marketplace is a government-subsidized health insurance plan and insureds are NOT allowed to have more than one type of government-subsidized insurance plan. If you make this mistake, MEDICAID will automatically cancel. Additionally, it is important to note that private insurance will become your primary insurance and MEDICAID will be a secondary insurance.***)

- All other applicants **without** medical insurance or medical insurance that **does not** specifically cover ABA Therapy **can** apply for health insurance that will cover ABA Therapy from a private insurance broker or The Marketplace at <https://www.healthcare.gov> (**The Marketplace allows for premium tax credits based on income where attaining insurance from a private insurance broker may not.)
- The open enrollment period for 2023 coverage is November 1-December 15, 2022 for a January 1st, 2023 start date, otherwise open enrollment will remain open through January 15th, 2023 but will have a Feb. 1st start date.
- Marketplace recommended plans are Silver or Gold due to deductible and out-of-pocket maximum. **IT makes it seem like **BRONZE IS THE MOST AFFORDABLE MONTHLY BUT LONG-TERM CAN BE THE MOST COSTLY BECAUSE OF DEDUCTIBLE, COPAYMENTS, AND COINSURANCE.**
- Our Medical Insurance Grant covers medical insurance premiums for an individual plan with evidence that ABA Therapy is ongoing and occurring in the month with an average minimum of twelve (12) hours weekly.
- ABA Audits will occur a minimum of four (4) times throughout the year to verify therapy is taking place.
- Applicants will send AHP their monthly insurance premium invoice for reimbursement within 30 days of invoice date along with evidence that the monthly premium payments are being paid on time. AHP will not pay any late fees or other fees of any kind. **Both are required in ONE email to be sent to applications@autismheroproject.org**

Applicants who DO have medical insurance through their employer that DOES cover ABA Therapy.

- AHP will pay the difference in coverage that covers the applicant’s portion of the premium **ONLY**. (For Example: If the **Employee** premium is \$75 per pay period for medical insurance and the **Employee plus a dependent** premium is \$125. AHP will pay the difference of coverage for the applicant in the amount of \$50 (\$125 - \$75 = \$50). Another example for an **Employee** that carries a **family plan**. **Employee** premium is \$75 per pay period for medical insurance and the **family plan** premium is \$125. AHP will pay the difference of coverage for the applicant in the amount of \$50 (\$125 - \$75 = \$50).
- When completing an application if you have your Employee 2023 “Open Enrollment Plan Guide”, please use the most current employee portion payroll deductions for insurance. (*We have provided a sample of a 2021 Open enrollment guide to help you understand where your grant application amounts should be pulled from.)
- ABA Audits will occur a minimum of four (4) times throughout the year to verify therapy is taking place.
- Applicants will send AHP evidence that monthly premium payments are being paid through employer deductions on the current pay stubs.



MEDICAL PLAN OPTIONS					
Contributions for Employees					
Coverage Tier by Plan	Annual Premium	Annual Cost	Employee Portion	Employee Contribution Per Deduction	
		Annual Cost	Employee Portion	2x Pay Periods	2x Pay Periods
Special Individual					
Employee only	\$5,564	\$4,334	\$190	\$39.23	\$40.00
Employee plus spouse	\$12,287	\$8,824	\$1,527	\$12.28	\$87.00
Employee plus children	\$8,710	\$7,403	\$1,007	\$50.27	\$69.75
Family	\$14,420	\$10,288	\$4,160	\$60.27	\$113.85
Dependent Veterans Child	\$5,564	\$0	\$5,564	\$194.77	\$266.00
Local Plan					
Employee only	\$8,989	\$8,485	\$1,494	\$97.46	\$78.00
Employee plus spouse	\$25,877	\$17,568	\$2,983	\$119.80	\$156.00
Employee plus children	\$17,120	\$14,980	\$2,570	\$88.85	\$136.20
Family	\$33,288	\$24,128	\$4,258	\$163.37	\$224.10
Dependent Veterans Child	\$8,989	\$0	\$8,989	\$289.86	\$394.10
World #184					
Employee only	\$10,314	\$8,787	\$1,547	\$88.80	\$81.40
Employee plus spouse	\$21,148	\$17,972	\$3,172	\$122.00	\$156.80
Employee plus children	\$17,740	\$14,579	\$2,661	\$102.26	\$140.00
Family	\$33,288	\$24,186	\$4,459	\$181.88	\$212.00
Dependent Veterans Child	\$10,314	\$0	\$10,314	\$336.88	\$442.80
World #185					
Employee only	\$863	\$863	\$0	\$0.00	\$0.00
Employee plus spouse	\$1,338	\$863	\$506	\$26.76	\$36.00
Employee plus children	\$1,140	\$863	\$477	\$19.36	\$25.00
Family	\$1,868	\$863	\$1,226	\$47.16	\$64.00
Dependent Veterans Child	\$863	\$0	\$863	\$28.50	\$34.80
World #186					
Employee only	\$92	\$46	\$46	\$1.76	\$1.41
Employee plus spouse	\$174	\$97	\$97	\$3.34	\$4.87
Employee plus children	\$162	\$91	\$91	\$3.12	\$4.41
Family	\$268	\$134	\$134	\$5.17	\$7.22
Dependent Veterans Child	\$92	\$0	\$92	\$3.12	\$4.41



*****TO COMPLETE THE ONLINE APPLICATION NOW: [CLICK HERE](#)**

Following FORMS MUST ALSO be uploaded in the online application:

- [More Than 3 Therapy Provider Form](#) (Only if applicable.)
- [Authorization to Use and Disclose Protected Health Information \(PHI\) Form](#) (Must be uploaded within the Google Form application.)
- [AFFIDAVIT Form](#) (Must be uploaded within the Google Form application.)

Application Checklist

In order to be considered for a grant, please be sure to submit all of the following:

If you need support completing or uploading documents onto the application please contact via email autismheroproject@gmail.com or call us at 224-269-1074.

- Completed Online Application
- Signed Authorization to Use and Disclose Protected Health Information (PHI) (upload into Online Application)
- Personal Statement within the Online application
- Signed Affidavit (upload into Online Application)
- Last 2 current pay stubs (dated within 30 days) for all parents/guardians. If Self-Employed please provide proof of income and expenses in the last 30 days. (upload into Online Application)
- 2021 Tax Returns for parents/guardians (upload into Online Application)
*If you do not have income or income taxes please indicate No Tax Return or Pay Stubs when you submit your application in the comments.
- Applicants seeking insurance in 2023 from The Marketplace must speak to a private insurance broker or visit <https://www.healthcare.gov/>

[Online applications will close on November 15th, 2022 at midnight.](#)

Please Note: All Applicants may be contacted to conduct a phone interview.

GRANT RECIPIENTS WILL BE NOTIFIED PRIOR TO DECEMBER 11TH